

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: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 2:24 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/29/2019	Time: 2:24 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ 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 CHILDREN'S HOSPITAL OF WISCONSIN (52-3300) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 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) MARC CADIEUX

Officer or Administrator of Provider(s)

CORP VP&CHIEF FINANCIAL OFCR

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-7,867	-50,571	0	25,520,718	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-7,867	-50,571	0	25,520,718	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: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:24 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 9000 W. WISCONSIN AVE			PO Box:				1.00		
2.00	City: MILWAUKEE			State: WI		Zip Code: 53226		County: MILWAUKEE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		CHILDREN'S HOSPITAL OF WISCONSIN	523300	33340	7	01/01/1984	0	T	0
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis		RENAL DIALYSIS	522319	33340		01/01/2004			
18.01	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		
21.00	Type of Control (see instructions)						2			
							1.00	2.00	3.00	
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.					N	N			
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)					N	N			
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			
22.03	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	N		
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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-3300

Period:
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To 12/31/2018Worksheet S-2
Part I
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5/29/2019 2:24 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.	0	0	0	0	0	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
					Urban/Rural S 1.00	Date of Geogr 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: 1.00	Ending: 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)							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 1.00	Y/N 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), (ii), or (iii)? 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), (ii), or (iii)? 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 1.00	XVIII 2.00	XIX 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	N	N
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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		
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		
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		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

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			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)		N				60.00		
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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		
							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)					Y	63.00		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
				1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	110.57	0.000000	64.00

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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		
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	2200	2.85	61.09	0.044573	65.00
65.01		FAMILY MEDICINE	1350	0.00	4.99	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	65.02
65.03		INTERNAL MED & PEDS	1450	0.00	10.67	0.000000	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	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	117.45	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	5.64	56.83	0.090283	67.00
67.01		FAMILY MEDICINE	1350	0.00	6.73	0.000000	67.01
67.02		INTERNAL MED & PEDS	1450	11.19	12.01	0.482328	67.02
67.03		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.03
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS				N		70.00
71.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						
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)					0	71.00

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			1.00	2.00	3.00
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	Y		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	Y		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	8.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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.	N	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.	N	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.	N	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.	N	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)	N			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.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:24 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					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
						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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	158,018		25,000		0	
						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.	Y				5.00	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.	01/01/1984					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.	03/05/2015					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.	04/25/2013					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y					140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:24 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				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.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
161.10	CORF			N		N		N		161.10
								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)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					01/01/2018	12/31/2018		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			0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 2:24 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 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 1.00	Type 2.00	Date 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	04/24/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N		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.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 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
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	03/22/2019	Y
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/29/2019 2:24 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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HELEN	REMPEL		41.00
42.00	Enter the employer/company name of the cost report preparer.	CHILDREN'S HOSPITAL OF WI			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-266-7653	HREMPEL@CHW.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 2:24 pm
		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.	SR.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: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 2:24 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		30.00	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	132	48,180	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)		132	48,180	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	142	51,830	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01	BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE HOT UNIT	35.00	24	8,760	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		298	108,770	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		298				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 2:24 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)	31	7,956	23,752			1.00
2.00	HMO and other (see instructions)	0	16,628				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)	31	7,956	23,752			7.00
8.00	INTENSIVE CARE UNIT	89	11,227	38,008			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE HOT UNIT	63	1,604	5,379			12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	183	20,787	67,139	186.00	2,616.90	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				186.00	2,616.90	27.00
28.00	Observation Bed Days		792	4,146			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	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	34	2,420	9,036	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 BURN INTENSIVE CARE UNIT						10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE HOT UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	34	2,420	9,036	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-5

Date/Time Prepared:
5/29/2019 2:24 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	15	0	0	5	0	12	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	3.00	5.00	0.00	7.00	2.00	
3.00	Average patient dialysis time including setup	3.50	0.00	3.50	9.00			3.00	
4.00	CAPD exchanges per day				8.00		10.00	4.00	
5.00	Number of days in year dialysis furnished	156	0					5.00	
6.00	Number of stations	5	0	0	0			6.00	
7.00	Treatment capacity per day per station	12	0					7.00	
8.00	Utilization (see instructions)	0.00	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)						N	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						4		11.00
12.00	Number of patients transplanted during the cost reporting period						7		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)	ARANESP, EPOGEN	46,772	0	36,453	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-5

Date/Time Prepared:
5/29/2019 2:24 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)	522319	9,526	23.00
23.01			0	23.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (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		23,706,820	23,706,820	21,448,698	45,155,518	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,577,527	26,577,527	2,352,864	28,930,391	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	8,013,428	8,013,428	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,844,558	143,306,328	151,150,886	-16,039,571	135,111,315	5.00
7.00	00700	OPERATION OF PLANT	3,993,670	21,136,974	25,130,644	-2,566,291	22,564,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,159,940	1,159,940	0	1,159,940	8.00
9.00	00900	HOUSEKEEPING	3,310,999	4,757,295	8,068,294	-94,139	7,974,155	9.00
10.00	01000	DIETARY	1,552,703	3,393,665	4,946,368	-86,040	4,860,328	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,131,904	3,350,435	11,482,339	4,423	11,486,762	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,251,968	1,605,267	3,857,235	-2,878,805	978,430	14.00
15.00	01500	PHARMACY	215,251	3,589,652	3,804,903	0	3,804,903	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,167,076	3,167,076	16.00
17.00	01700	SOCIAL SERVICE	2,305,890	991,650	3,297,540	-207,826	3,089,714	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,633,774	15,633,774	3,555,454	19,189,228	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	253,178	253,178	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,897,258	8,319,232	30,216,490	68,323	30,284,813	30.00
31.00	03100	INTENSIVE CARE UNIT	34,156,722	15,097,473	49,254,195	-1,196,171	48,058,024	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,719,381	4,034,793	7,754,174	124,654	7,878,828	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,174,300	8,087,526	18,261,826	-599,058	17,662,768	50.00
51.00	05100	RECOVERY ROOM	1,873,936	550,018	2,423,954	-59,603	2,364,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	494,326	1,890,336	2,384,662	-1,519,828	864,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,113,018	6,334,870	13,447,888	-1,683,786	11,764,102	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	596,814	430,661	1,027,475	5,371	1,032,846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,487,281	1,061,908	2,549,189	-238,323	2,310,866	58.00
59.00	05900	CARDIAC CATHETERIZATION	655,282	2,475,527	3,130,809	-2,108,244	1,022,565	59.00
60.00	06000	LABORATORY	6,512,166	16,057,342	22,569,508	69,044	22,638,552	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,296,071	4,296,071	-103	4,295,968	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,529,447	5,514,879	12,044,326	-782,490	11,261,836	65.00
66.00	06600	PHYSICAL THERAPY	3,872,927	1,452,454	5,325,381	618,573	5,943,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,610,847	1,498,479	4,109,326	-116,005	3,993,321	68.00
69.00	06900	ELECTROCARDIOLOGY	2,480,538	2,548,373	5,028,911	-1,271,466	3,757,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	926,966	734,629	1,661,595	-130,178	1,531,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,869,244	3,064,368	4,933,612	13,489,681	18,423,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,093,199	8,093,199	0	8,093,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,461,605	37,700,830	46,162,435	-55,609	46,106,826	73.00
74.00	07400	RENAL DIALYSIS	217,456	550,644	768,100	146,177	914,277	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	556,835	283,891	840,726	42,246	882,972	90.01
90.02	09002	PAIN/PALLIATIVE CARE	385,316	148,619	533,935	25,365	559,300	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	DIABETIC CLINIC	715,212	327,302	1,042,514	98,622	1,141,136	90.03
90.04	09004	GI CLINIC	1,327,306	569,700	1,897,006	-76,694	1,820,312	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,062,180	2,492,482	3,554,662	18,833	3,573,495	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	307,965	144,453	452,418	-3,776	448,642	90.07
90.08	09008	CARDIOLOGY CLINIC	1,168,818	451,575	1,620,393	-62,136	1,558,257	90.08
90.09	09009	PULMONARY CLINIC	409,396	214,194	623,590	969	624,559	90.09
90.10	09010	ENT CLINIC	673,205	272,100	945,305	75,033	1,020,338	90.10
90.11	09011	ORTHOPEDIC CLINIC	729,986	312,235	1,042,221	-50,992	991,229	90.11
90.12	09012	EYE CLINIC	343,183	151,552	494,735	7,051	501,786	90.12
90.13	09013	ONCOLOGY CLINIC	1,709,977	744,766	2,454,743	-125,246	2,329,497	90.13
90.14	09014	SURGICAL SPECIALTIES	637,246	231,422	868,668	-19,052	849,616	90.14
90.15	09015	ALLERGY CLINIC	730,374	383,441	1,113,815	-97,848	1,015,967	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	382,378	201,788	584,166	79,328	663,494	90.17
90.18	09018	CLINIC ADMINISTRATOR	2,905,313	5,201,821	8,107,134	-7,984,979	122,155	90.18
90.19	09019	CRANIOFACIAL CENTER	187,526	64,117	251,643	24,995	276,638	90.19
90.20	09020	HEMATOLOGY CLINIC	343,861	96,856	440,717	-110,537	330,180	90.20
90.21	09021	SPINA BIFIDA	194,803	70,010	264,813	-22,691	242,122	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,328,412	429,678	1,758,090	14,864	1,772,954	90.22
90.23	09023	RHEUMATOLOGY CLINIC	204,610	80,699	285,309	34,088	319,397	90.23
90.24	09024	ENDOCRINE CLINIC	166,721	60,277	226,998	27,098	254,096	90.24
90.25	09025	RENAL CLINIC	196,060	73,173	269,233	0	269,233	90.25
90.26	09026	GREENFIELD CLINIC	664,090	752,095	1,416,185	-395,760	1,020,425	90.26
90.27	09027	NEW BERLIN CLINIC	1,362,025	3,058,660	4,420,685	-1,077,903	3,342,782	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	265,217	146,165	411,382	264,805	676,187	90.29
90.30	09030	MEQUON CLINIC	502,865	257,530	760,395	382,413	1,142,808	90.30
90.31	09031	KENOSHA CLINIC	68	124	192	460,911	461,103	90.31
90.32	09032	WEST DEPERE CLINIC	27,685	14,894	42,579	266	42,845	90.32
90.33	09033	APPLETON CLINIC	4,117	2,503	6,620	48	6,668	90.33
90.34	09034	UROLOGY CLINIC	492,308	220,403	712,711	-21,608	691,103	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	38,951	84,668	123,619	-50,469	73,150	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1,227	375	1,602	-1,602	0	90.36
91.00	09100	EMERGENCY	7,153,924	3,579,990	10,733,914	15,988	10,749,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	15,190	299,597	314,787	23,455	338,242	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,133,302	775,142	2,908,444	204,394	3,112,838	98.00
98.01	09851	TRANSPORT	2,221,167	923,986	3,145,153	11,642	3,156,795	98.01
98.02	09852	GENETICS CENTER	216,537	866,077	1,082,614	-70,579	1,012,035	98.02
98.03	09853	NUCLEAR MEDICINE	297,610	571,524	869,134	2,317	871,451	98.03
98.04	09854	CHILD DEVELOPMENT	114,927	442,962	557,889	-348,097	209,792	98.04
98.05	09855	CHILD PROTECTION CENTER	1,304,082	1,248,675	2,552,757	-402,755	2,150,002	98.05
98.06	09856	DENTAL SRVS	3,576,520	1,656,569	5,233,089	-620,767	4,612,322	98.06
98.07	09857	ADOLESCENT MEDICINE	132,735	58,748	191,483	2,716	194,199	98.07
98.08	09858	OTHER OFFSITE CLINICS	43,377	14,118	57,495	0	57,495	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	105,008	495,859	600,867	89,121	689,988	105.00
106.00	10600	HEART ACQUISITION	720,412	823,819	1,544,231	-783,361	760,870	106.00
107.00	10700	LIVER ACQUISITION	143,554	324,546	468,100	25,551	493,651	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		12,809,720	12,809,720	-12,809,720	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	377,827	377,827	-377,827	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	183,460,038	421,815,666	605,275,704	-1,898,872	603,376,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	330,544	330,544	0	330,544	190.00
191.00	19100	RESEARCH	2,708,192	3,388,893	6,097,085	367,342	6,464,427	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	56,740	43,693	100,433	0	100,433	194.00
194.01	07951	POISON CONTROL	1,421,844	1,065,333	2,487,177	0	2,487,177	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	1,540,866	1,540,866	194.02
194.03	07953	OUTREACH	294,293	170,343	464,636	0	464,636	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	510,061	222,937	732,998	0	732,998	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	647,600	647,600	-9,336	638,264	194.06
194.07	07957	CAC WAUKESHA	36,490	42,356	78,846	0	78,846	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	188,487,658	427,727,365	616,215,023	0	616,215,023	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-10,149,936	35,005,582	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	28,930,391	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,013,428	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,385,745	131,725,570	5.00
7.00	00700	OPERATION OF PLANT	-654,043	21,910,310	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,159,940	8.00
9.00	00900	HOUSEKEEPING	0	7,974,155	9.00
10.00	01000	DIETARY	-482,221	4,378,107	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-412,512	11,074,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	978,430	14.00
15.00	01500	PHARMACY	-3,436,490	368,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,167,076	16.00
17.00	01700	SOCIAL SERVICE	-61,998	3,027,716	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	19,189,228	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	253,178	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-864,800	29,420,013	30.00
31.00	03100	INTENSIVE CARE UNIT	-320,235	47,737,789	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	-106,377	7,772,451	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-413,192	17,249,576	50.00
51.00	05100	RECOVERY ROOM	0	2,364,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	864,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-134,161	11,629,941	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,032,846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,310,866	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,022,565	59.00
60.00	06000	LABORATORY	-88,915	22,549,637	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,295,968	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-108,196	11,153,640	65.00
66.00	06600	PHYSICAL THERAPY	0	5,943,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-100	3,993,221	68.00
69.00	06900	ELECTROCARDIOLOGY	-116,038	3,641,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,531,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-6,361	18,416,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,093,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-6,873,221	39,233,605	73.00
74.00	07400	RENAL DIALYSIS	-1,715	912,562	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	882,972	90.01
90.02	09002	PAIN/PALLIATIVE CARE	-80,880	478,420	90.02
90.03	09003	DIABETIC CLINIC	0	1,141,136	90.03
90.04	09004	GI CLINIC	0	1,820,312	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,573,495	90.05
90.06	09006	DIETETICS	0	0	90.06
90.07	09007	INFUSION ROOM	0	448,642	90.07
90.08	09008	CARDIOLOGY CLINIC	0	1,558,257	90.08
90.09	09009	PULMONARY CLINIC	0	624,559	90.09
90.10	09010	ENT CLINIC	-219,391	800,947	90.10
90.11	09011	ORTHOPEDIC CLINIC	-218,325	772,904	90.11
90.12	09012	EYE CLINIC	-182	501,604	90.12
90.13	09013	ONCOLOGY CLINIC	0	2,329,497	90.13
90.14	09014	SURGICAL SPECIALTIES	-16,959	832,657	90.14
90.15	09015	ALLERGY CLINIC	-213,741	802,226	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	663,494	90.17
90.18	09018	CLINIC ADMINISTRATOR	-122,155	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	276,638	90.19
90.20	09020	HEMATOLOGY CLINIC	0	330,180	90.20
90.21	09021	SPINA BIFIDA	0	242,122	90.21
90.22	09022	NEUROSCIENCES CLINIC	-205,327	1,567,627	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	319,397	90.23
90.24	09024	ENDOCRINE CLINIC	0	254,096	90.24
90.25	09025	RENAL CLINIC	0	269,233	90.25
90.26	09026	GREENFIELD CLINIC	-67,754	952,671	90.26
90.27	09027	NEW BERLIN CLINIC	-40,608	3,302,174	90.27
90.28	09028	FOX POINT CLINIC	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	676,187	90.29
90.30	09030	MEQUON CLINIC	-4,935	1,137,873	90.30
90.31	09031	KENOSHA CLINIC	0	461,103	90.31
90.32	09032	WEST DEPERE CLINIC	0	42,845	90.32
90.33	09033	APPLETON CLINIC	0	6,668	90.33
90.34	09034	UROLOGY CLINIC	0	691,103	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	73,150	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	90.36
91.00	09100	EMERGENCY	0	10,749,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	338,242	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	-59,780	3,053,058	98.00
98.01	09851	TRANSPORT	0	3,156,795	98.01
98.02	09852	GENETICS CENTER	0	1,012,035	98.02
98.03	09853	NUCLEAR MEDICINE	0	871,451	98.03
98.04	09854	CHILD DEVELOPMENT	-6,594	203,198	98.04
98.05	09855	CHILD PROTECTION CENTER	-35,401	2,114,601	98.05
98.06	09856	DENTAL SRVS	-6,530	4,605,792	98.06
98.07	09857	ADOLESCENT MEDICINE	0	194,199	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	57,495	98.08
98.09	09859	OTHER	0	0	98.09
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	689,988	105.00
106.00	10600	HEART ACQUISITION	-143,504	617,366	106.00
107.00	10700	LIVER ACQUISITION	0	493,651	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,058,322	574,318,510	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	330,544	190.00
191.00	19100	RESEARCH	-72,453	6,391,974	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	100,433	194.00
194.01	07951	POISON CONTROL	-393,581	2,093,596	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.02	07952	PUBLIC RELATIONS	0	1,540,866	194.02
194.03	07953	OUTREACH	-97,492	367,144	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	-132,354	600,644	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	638,264	194.06
194.07	07957	CAC WAUKESHA	0	78,846	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,754,202	586,460,821	200.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/29/2019 2:24 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	189,961		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	187,866		2.00
	0		0	377,827		
	B - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,809,720		1.00
	0		0	12,809,720		
	C - RECLASS MALPRACTICE INSURANCE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	253,178		1.00
	0		0	253,178		
	D - RECLASS DENTAL I&R FROM A&G					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	343,505	102,049		1.00
	0		343,505	102,049		
	F - RECLASS SAL/BEN FOR MED SUPP STAFF					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,939,083	701,035		1.00
	0		1,939,083	701,035		
	G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,751,128		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,649,548		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
	0		0	6,400,676		
	H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	140,300		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	5,400		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
	0		0	145,700		
	J - RECLASS MCW PURCHASED SERVICES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,503,348		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	521,504		2.00
3.00	TRANSPORT	98.01	0	169,058		3.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/29/2019 2:24 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	18,906	4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	66,142	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,000	6.00
	0		0	3,298,958	
K - RECLASS TRANSPLANT EXPENSES					
1.00	KIDNEY ACQUISITION	105.00	86,611	34,255	1.00
2.00	LIVER ACQUISITION	107.00	86,611	24,180	2.00
3.00	HEART ACQUISITION	106.00	86,611	43,336	3.00
4.00	RENAL DIALYSIS	74.00	75,885	36,846	4.00
5.00	INFUSION ROOM	90.07	25,295	9,983	5.00
6.00	OPERATING ROOM	50.00	198,068	24,952	6.00
	0		559,081	173,552	
P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	12,541	3,725	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	18,083	5,372	2.00
	0		30,624	9,097	
Q - RECLASS CHHS SALARY TO OTHER EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	44,310	1.00
2.00	PUBLIC RELATIONS	194.02	0	1,540,866	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,167,076	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,013,428	4.00
	0		0	12,765,680	
R - RECLASS AMBULATORY ADMINISTRATION					
1.00	NURSING ADMINISTRATION	13.00	3,786	637	1.00
2.00	ADULTS & PEDIATRICS	30.00	58,479	9,844	2.00
3.00	INTENSIVE CARE UNIT	31.00	50,560	8,511	3.00
4.00	OTHER SPECIAL CARE HOT UNIT	35.00	106,693	17,961	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	397,098	325,514	5.00
6.00	CT SCAN	57.00	5,004	842	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	11,552	1,945	7.00
8.00	LABORATORY	60.00	82,892	111,523	8.00
9.00	RESPIRATORY THERAPY	65.00	122,902	41,388	9.00
10.00	PHYSICAL THERAPY	66.00	507,831	338,126	10.00
11.00	SPEECH PATHOLOGY	68.00	281,479	161,911	11.00
12.00	ELECTROCARDIOLOGY	69.00	15,441	12,520	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	14,593	8,294	13.00
14.00	INFECTIOUS DISEASES	90.01	34,925	7,321	14.00
15.00	PAIN/PALLIATIVE CARE	90.02	20,969	4,396	15.00
16.00	DIABETIC CLINIC	90.03	81,531	17,091	16.00
17.00	GI CLINIC	90.04	10,080	2,113	17.00
18.00	CLINIC FOR SPECIAL NEEDS	90.05	104,743	21,957	18.00
19.00	PULMONARY CLINIC	90.09	31,589	6,622	19.00
20.00	ENT CLINIC	90.10	62,030	13,003	20.00
21.00	EYE CLINIC	90.12	5,829	1,222	21.00
22.00	ONCOLOGY CLINIC	90.13	51,085	8,600	22.00
23.00	SURGICAL SPECIALTIES	90.14	8,123	1,703	23.00
24.00	ALLERGY CLINIC	90.15	11,100	2,327	24.00
25.00	DERMATOLOGY CLINIC	90.17	65,581	13,747	25.00
26.00	CRANIOFACIAL CENTER	90.19	23,517	4,930	26.00
27.00	HEMATOLOGY CLINIC	90.20	8,267	1,392	27.00
28.00	SPINA BIFIDA	90.21	12,822	2,688	28.00
29.00	NEUROSCIENCES CLINIC	90.22	12,722	2,142	29.00
30.00	RHEUMATOLOGY CLINIC	90.23	28,181	5,907	30.00
31.00	ENDOCRINE CLINIC	90.24	22,402	4,696	31.00
32.00	GREENFIELD CLINIC	90.26	7,657	1,605	32.00
33.00	NEW BERLIN CLINIC	90.27	87,075	18,235	33.00
34.00	DELAFIELD CLINIC	90.29	125,261	143,508	34.00
35.00	MEQUON CLINIC	90.30	152,843	239,075	35.00
36.00	WEST DEPERE CLINIC	90.32	220	46	36.00
37.00	APPLETON CLINIC	90.33	40	8	37.00
38.00	UROLOGY CLINIC	90.34	7,792	1,633	38.00
39.00	GREENFIELD ENT/ENT CLINIC	90.35	6,198	1,299	39.00
40.00	KENOSHA CLINIC	90.31	2,457	1,399	40.00
41.00	EMERGENCY	91.00	13,684	2,304	41.00
42.00	PSYCHIATRY - OFFICE BLDG	98.00	199,749	49,700	42.00
43.00	TRANSPORT	98.01	3,488	587	43.00
44.00	GENETICS CENTER	98.02	23,278	4,880	44.00
45.00	NUCLEAR MEDICINE	98.03	2,142	361	45.00
46.00	CHILD DEVELOPMENT	98.04	2,516	527	46.00
47.00	ADOLESCENT MEDICINE	98.07	2,245	471	47.00
48.00	RESEARCH	191.00	4,758	828	48.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		2,895,209	1,627,339	
S - RECLASS SUPPLY EX CHARGED TO PTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,881,534	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
	0		0	10,881,534	
T - RECLASS COST OF EPO TO DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	47,888	1.00
	0		0	47,888	
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,155,425	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,024,698	2.00
	0		0	4,180,123	
V - RECLASS CLINICAL TRIAL COST					
1.00	RESEARCH	191.00	0	64,079	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
	0		0	64,079	
W - RECLASS RESEARCH GRANT EXPENSE					
1.00	RESEARCH	191.00	223,788	173,587	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
	0		223,788	173,587	
X - RECLASS TRANSPLANT SALARY					
1.00	ADMINISTRATIVE & GENERAL	5.00	30,969	9,003	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	68,079	19,790	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	140,430	40,823	3.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	LIVER ACQUISITION	107.00	625	182	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	78,618	22,859	5.00
6.00	KIDNEY ACQUISITION	105.00	4,962	1,443	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	21,327	6,200	7.00
8.00	KIDNEY ACQUISITION	105.00	448	130	8.00
9.00	LIVER ACQUISITION	107.00	448	130	9.00
10.00	HEART ACQUISITION	106.00	448	130	10.00
11.00	KIDNEY ACQUISITION	105.00	964	280	11.00
12.00	LIVER ACQUISITION	107.00	964	280	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	16,379	4,762	13.00
			364,661	106,012	
Y - RECLASS KENOSHA CLINIC EXPENSES					
1.00	KENOSHA CLINIC	90.31	149,171	310,585	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
	TOTALS		149,171	310,585	
500.00	Grand Total: Increases		6,505,122	54,428,619	500.00

RECLASSIFICATIONS

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	Decreases						5/29/2019 2:24 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS INSURANCE EXPENSE						
1.00	OTHER CAPITAL RELATED COSTS	117.00	0	377,827	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	377,827			
	B - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	12,809,720	11		1.00
	0		0	12,809,720			
	C - RECLASS MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	253,178	0		1.00
	0		0	253,178			
	D - RECLASS DENTAL I&R FROM A&G						
1.00	DENTAL SRVS	98.06	343,505	102,049	0		1.00
	0		343,505	102,049			
	F - RECLASS SAL/BEN FOR MED SUPP STAFF						
1.00	CENTRAL SERVICES & SUPPLY	14.00	1,939,083	701,035	0		1.00
	0		1,939,083	701,035			
	G - RECLASS RENTAL COSTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	938	9		1.00
2.00	GENETICS CENTER	98.02	0	83,810	9		2.00
3.00	GREENFIELD CLINIC	90.26	0	363,875	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,825	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	177,532	0		5.00
6.00	GREENFIELD ENT/ENT CLINIC	90.35	0	57,966	0		6.00
7.00	TRANSPORT	98.01	0	52,946	0		7.00
8.00	RESEARCH	191.00	0	12,101	0		8.00
9.00	CHILD DEVELOPMENT	98.04	0	351,140	0		9.00
10.00	CHILD PROTECTION CENTER	98.05	0	342,485	0		10.00
11.00	FLIGHT FOR LIFE	194.06	0	1,256	0		11.00
12.00	DENTAL SRVS	98.06	0	95,856	0		12.00
13.00	RESEARCH	191.00	0	20,167	0		13.00
14.00	PSYCHIATRY - OFFICE BLDG	98.00	0	45,055	0		14.00
15.00	NEW BERLIN CLINIC	90.27	0	1,180,143	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	438,519	0		16.00
17.00	LABORATORY	60.00	0	57,818	0		17.00
18.00	CLINIC ADMINISTRATOR	90.18	0	85,031	0		18.00
19.00	CHILD PROTECTION CENTER	98.05	0	54,364	0		19.00
20.00	DENTAL SRVS	98.06	0	79,357	0		20.00
21.00	CENTRAL SERVICES & SUPPLY	14.00	0	237,749	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	113,355	0		22.00
23.00	CLINIC ADMINISTRATOR	90.18	0	799,722	0		23.00
24.00	CLINIC ADMINISTRATOR	90.18	0	889,641	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	261,446	0		25.00
26.00	LABORATORY	60.00	0	26,217	0		26.00
27.00	CLINIC ADMINISTRATOR	90.18	0	29,994	0		27.00
28.00	CLINIC ADMINISTRATOR	90.18	0	31,771	0		28.00
29.00	FLIGHT FOR LIFE	194.06	0	8,080	0		29.00
30.00	RESEARCH	191.00	0	67,129	0		30.00
31.00	CAP REL COSTS-BLDG & FIXT	1.00	0	151,394	9		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	0	180,994	0		32.00
	0		0	6,400,676			
	H - RECLASS EQUIPMENT RENTAL COSTS						
1.00	OPERATING ROOM	50.00	0	1,750	9		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,884	0		2.00
3.00	RESEARCH	191.00	0	113	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,787	0		4.00
5.00	RESEARCH	191.00	0	188	0		5.00
6.00	DIETARY	10.00	0	1,226	0		6.00
7.00	HOUSEKEEPING	9.00	0	178	0		7.00
8.00	RENAL DIALYSIS	74.00	0	5,140	0		8.00
9.00	OPERATING ROOM	50.00	0	385	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	4,757	0		10.00
11.00	HOUSEKEEPING	9.00	0	93,961	0		11.00
12.00	TRANSPORT	98.01	0	392	0		12.00
13.00	RENAL DIALYSIS	74.00	0	1,939	0		13.00
	0		0	145,700			
	J - RECLASS MCW PURCHASED SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,298,958	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
	0		0	3,298,958			

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	K - RECLASS TRANSPLANT EXPENSES							
1.00	HEART ACQUISITION	106.00	559,081	173,552	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	
	0		559,081	173,552				
	P - RECLASS SAL & BEN TO RENAL DIALYSIS							
1.00	SOCIAL SERVICE	17.00	12,981	3,856	0		1.00	
2.00	DIETARY	10.00	17,643	5,241	0		2.00	
	0		30,624	9,097				
	Q - RECLASS CHHS SALARY TO OTHER EXP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,765,680	9		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	
	0		0	12,765,680				
	R - RECLASS AMBULATORY ADMINISTRATION							
1.00	CLINIC ADMINISTRATOR	90.18	2,895,209	1,627,339	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
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	
	0		2,895,209	1,627,339				
	S - RECLASS SUPPLY EX CHARGED TO PTS							
1.00	INTENSIVE CARE UNIT	31.00	0	1,260,642	0		1.00	
2.00	OPERATING ROOM	50.00	0	819,943	0		2.00	
3.00	RECOVERY ROOM	51.00	0	59,603	0		3.00	
4.00	ANESTHESIOLOGY	53.00	0	1,519,828	0		4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,120,541	0		5.00	

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	CT SCAN	57.00	0	348	0	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	249,048	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	2,108,244	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	936,488	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	22,882	0	10.00
11.00	SPEECH PATHOLOGY	68.00	0	555,437	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	1,258,836	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	153,065	0	13.00
14.00	GI CLINIC	90.04	0	88,748	0	14.00
15.00	INFUSION ROOM	90.07	0	39,054	0	15.00
16.00	CARDIOLOGY CLINIC	90.08	0	62,136	0	16.00
17.00	PULMONARY CLINIC	90.09	0	36,942	0	17.00
18.00	ORTHOPEDIC CLINIC	90.11	0	50,992	0	18.00
19.00	ONCOLOGY CLINIC	90.13	0	183,954	0	19.00
20.00	SURGICAL SPECIALTIES	90.14	0	28,784	0	20.00
21.00	ALLERGY CLINIC	90.15	0	111,275	0	21.00
22.00	CHILD PROTECTION CENTER	98.05	0	5,906	0	22.00
23.00	CRANIOFACIAL CENTER	90.19	0	3,452	0	23.00
24.00	SPINA BIFIDA	90.21	0	8,514	0	24.00
25.00	GREENFIELD CLINIC	90.26	0	41,147	0	25.00
26.00	NEW BERLIN CLINIC	90.27	0	3,070	0	26.00
27.00	DELAFIELD CLINIC	90.29	0	3,964	0	27.00
28.00	MEQUON CLINIC	90.30	0	9,505	0	28.00
29.00	UROLOGY CLINIC	90.34	0	31,033	0	29.00
30.00	TRANSPORT	98.01	0	108,153	0	30.00
0			0	10,881,534		
T - RECLASS COST OF EPO TO DIALYSIS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	47,888	0	1.00
0			0	47,888		
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP						
1.00	CLINIC ADMINISTRATOR	90.18	0	1,613,832	9	1.00
2.00	OPERATION OF PLANT	7.00	0	2,566,291	9	2.00
0			0	4,180,123		
V - RECLASS CLINICAL TRIAL COST						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,267	0	1.00
2.00	CT SCAN	57.00	0	127	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,772	0	3.00
4.00	LABORATORY	60.00	0	19,197	0	4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	103	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,685	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	804	0	7.00
8.00	SPEECH PATHOLOGY	68.00	0	3,958	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	22,065	0	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	87	0	10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,200	0	11.00
12.00	GI CLINIC	90.04	0	139	0	12.00
13.00	PULMONARY CLINIC	90.09	0	300	0	13.00
14.00	ONCOLOGY CLINIC	90.13	0	977	0	14.00
15.00	SURGICAL SPECIALTIES	90.14	0	94	0	15.00
16.00	GENETICS CENTER	98.02	0	7,118	0	16.00
17.00	NUCLEAR MEDICINE	98.03	0	186	0	17.00
0			0	64,079		
W - RECLASS RESEARCH GRANT EXPENSE						
1.00	CLINIC ADMINISTRATOR	90.18	10,104	2,336	0	1.00
2.00	DIETARY	10.00	20,501	7,497	0	2.00
3.00	GENETICS CENTER	98.02	6,224	1,585	0	3.00
4.00	HEMATOLOGY CLINIC	90.20	91,264	28,932	0	4.00
5.00	SOCIAL SERVICE	17.00	68,815	19,890	0	5.00
6.00	SPINA BIFIDA	90.21	24,709	4,978	0	6.00
7.00	CLINIC FOR SPECIAL NEEDS	90.05	0	107,867	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	2,171	502	0	8.00
0			223,788	173,587		
X - RECLASS TRANSPLANT SALARY						
1.00	KIDNEY ACQUISITION	105.00	30,969	9,003	0	1.00
2.00	LIVER ACQUISITION	107.00	68,079	19,790	0	2.00
3.00	HEART ACQUISITION	106.00	140,430	40,823	0	3.00
4.00	SOCIAL SERVICE	17.00	79,243	23,041	0	4.00
5.00	DIETARY	10.00	26,289	7,643	0	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	1,344	390	0	6.00
7.00	RENAL DIALYSIS	74.00	18,307	5,322	0	7.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/29/2019 2:24 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
			364,661	106,012			
	Y - RECLASS KENOSHA CLINIC EXPENSES						
1.00	KENOSHA CLINIC (KNO)	90.36	1,396	206	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	6,011	12,515	0		2.00
3.00	RESPIRATORY THERAPY	65.00	1,249	2,601	0		3.00
4.00	PHYSICAL THERAPY	66.00	8,490	17,676	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	124,842	259,930	0		5.00
6.00	LABORATORY	60.00	7,183	14,956	0		6.00
7.00	KENOSHA CLINIC	90.31	0	2,701	0		7.00
	TOTALS		149,171	310,585			
500.00	Grand Total: Decreases		6,505,122	54,428,619			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 2:24 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	0	0	0	0	0	1.00	
2.00	Land Improvements	10,716,972	10,395	0	10,395	0	2.00	
3.00	Buildings and Fixtures	372,834,649	0	0	0	0	3.00	
4.00	Building Improvements	198,976,455	64,222,415	0	64,222,415	38,570,989	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	230,988,520	22,065,790	0	22,065,790	34,443,608	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	813,516,596	86,298,600	0	86,298,600	73,014,597	8.00	
9.00	Reconciling Items	13,309,566	48,943,695	0	48,943,695	29,625,741	9.00	
10.00	Total (line 8 minus line 9)	800,207,030	37,354,905	0	37,354,905	43,388,856	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00	
2.00	Land Improvements	10,727,367	0				2.00	
3.00	Buildings and Fixtures	372,834,649	0				3.00	
4.00	Building Improvements	224,627,881	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	218,610,702	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	826,800,599	0				8.00	
9.00	Reconciling Items	32,627,520	0				9.00	
10.00	Total (line 8 minus line 9)	794,173,079	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 2:24 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	17,624,539	6,082,281	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	25,996,548	580,979	0	0	0	2.00
3.00	Total (sum of lines 1-2)	43,621,087	6,663,260	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	23,706,820				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,577,527				2.00
3.00	Total (sum of lines 1-2)	0	50,284,347				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 2:24 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	353,551,621	0	353,551,621	0.434597	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	459,964,975	0	459,964,975	0.565403	0	2.00
3.00	Total (sum of lines 1-2)	813,516,596	0	813,516,596	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	21,036,418	6,082,281	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	28,161,546	580,979	2.00
3.00	Total (sum of lines 1-2)	0	0	0	49,197,964	6,663,260	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	7,696,922	189,961	0	0	35,005,582	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	187,866	0	0	28,930,391	2.00
3.00	Total (sum of lines 1-2)	7,696,922	377,827	0	0	63,935,973	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,732,888	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-67,070	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-5,292	ADMINISTRATIVE & GENERAL	5.00	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)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	0	CAP REL COSTS-BLDG & FIXT	1.00	9	9.00
10.00	Provider-based physician adjustment	A-8-2	0			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-256,705	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others	B	-5,861,098	CAP REL COSTS-BLDG & FIXT	1.00	9	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	B	-6,873,221	DRUGS CHARGED TO PATIENTS	73.00	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	B	-31,179	DIETARY	10.00	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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
			3.00	4.00	5.00	
33.00 REBATES REVENUE	B	-6,361	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.00
33.01 GREENFIELD RADIOLOGY	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02 ADDBACK SITE SELECTION COSTS	A	125,840	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03 ADDBACK BUILDER'S RISK INSURANCE CRC	A	1,161	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04 1989 CAPITALIZED INTEREST	A	105,865	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05 INTEREST OFF-SET 1998 REVENUE BONDS	A	-379,910	CAP REL COSTS-BLDG & FIXT	1.00	11	33.05
33.06 DEDUCT PRESIDENT ADMINISTRATION	A	-2,730,198	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 SALE OF DRUGS OTHER THAN PATIENTS	B	-3,436,490	PHARMACY	15.00	11	33.07
33.08 CHW-CHRONIC DIALYSIS	B	0	RENAL DIALYSIS	74.00	0	33.08
33.09 CHW - NUTRITION SERVICES	B	-177,374	DIETARY	10.00	0	33.09
33.10 CHW- NURSING ADMINISTRATION	B	-412,512	NURSING ADMINISTRATION	13.00	0	33.10
33.11 MISC REVENUE - ADMINISTRATIVE	B	-583,185	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 CLINICAL ENGINEERING	B	-654,043	OPERATION OF PLANT	7.00	10	33.12
33.13 MISCELLANEOUS REVENUE	B	-320,235	INTENSIVE CARE UNIT	31.00	0	33.13
33.14 LAB REVENUE	B	-88,915	LABORATORY	60.00	0	33.14
33.15 CARDIOVASCULAR SURGERY	B	-413,192	OPERATING ROOM	50.00	0	33.15
33.16 CHILD PROTECTION	B	-25,632	CHILD PROTECTION CENTER	98.05	0	33.16
33.17 CHILD LIFE - MISC REVENUE	B	-857,232	ADULTS & PEDIATRICS	30.00	0	33.17
33.18 MISC REVENUE - OUTREACH	B	-97,492	OUTREACH	194.03	0	33.18
33.19 ALLERGY REVENUE	B	-213,741	ALLERGY CLINIC	90.15	0	33.19
33.20 MISCELLANEOUS REVENUE - EKG	B	-116,038	ELECTROCARDIOLOGY	69.00	0	33.20
33.21 MISC REVENUE - RESEARCH	B	-72,453	RESEARCH	191.00	0	33.21
33.22 MISC REVENUE - HEART TRANSPLANT	B	-143,504	HEART ACQUISITION	106.00	0	33.22
33.23 MISC REVENUE - POISON CENTER	B	-393,581	POISON CONTROL	194.01	0	33.23
33.24 MISC REVENUE - RADIOLOGY	B	-89,533	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25 MISC REVENUE/OUTSIDE SALARY SUPPORT	B	-7,568	ADULTS & PEDIATRICS	30.00	0	33.25
33.26 MISC REVENUE - RESP THERAPY	B	-108,196	RESPIRATORY THERAPY	65.00	0	33.26
33.27 PSYCHIATRY - MISC REVENUE	B	-59,780	PSYCHIATRY - OFFICE BLDG	98.00	0	33.27
33.28 FAMILY SERVICES - MISC REVENUE	B	-61,998	SOCIAL SERVICE	17.00	0	33.28
33.29 PROVIDER SUPPORT SERVICES	B	-132,354	MED STAFF/PROVIDER SUPPORT	194.04	0	33.29
33.30 ONCOLOGY - MISC REVENUE	B	-106,377	OTHER SPECIAL CARE HOT UNIT	35.00	0	33.30
33.31 MISC REVENUE - AMBULATORY ADMIN	B	-122,155	CLINIC ADMINISTRATOR	90.18	0	33.31
33.32 OUTSIDE SUPPORT - ORTHOPEDIC CLINIC	B	-218,325	ORTHOPEDIC CLINIC	90.11	0	33.32
33.33 OUTSIDE SUPPORT - SPEECH	B	-100	SPEECH PATHOLOGY	68.00	0	33.33
33.34 OUTSIDE REVENUE - PALLIATIVE CARE	B	-80,880	PAIN/PALLIATIVE CARE	90.02	0	33.34
33.35 AHA GUIDELINE	A	23,603	CAP REL COSTS-BLDG & FIXT	1.00	9	33.35
33.36 MISC REVENUE - CHILD DEVELOPMENT	B	-6,594	CHILD DEVELOPMENT	98.04	0	33.36
33.37 MISC REVENUE - EYE CLINIC	B	-182	EYE CLINIC	90.12	0	33.37
33.38 MISC REVENUE - NEUROSCIENCES CLINIC	B	-205,327	NEUROSCIENCES CLINIC	90.22	0	33.38
33.39 MISC REVENUE - GREENFIELD CLINIC	B	-67,754	GREENFIELD CLINIC	90.26	0	33.39
33.40 MISC REVENUE -CHW- NEW BERLIC CLINIC	B	-40,608	NEW BERLIN CLINIC	90.27	0	33.40
33.41 MISC REVENUE -CHW - SURG SPECIALTIES	B	-16,959	SURGICAL SPECIALTIES	90.14	9	33.41
33.42 MISC REVENUE - CLINICAL NUTRITION	B	-16,963	DIETARY	10.00	9	33.42
33.43 MISC REVENUE - CHW-ENT CLINIC	B	-219,391	ENT CLINIC	90.10	0	33.43
33.44 MISC REVENUE DENTAL CTR CLINICS BLDG	B	-6,530	DENTAL SRVS	98.06	0	33.44
33.45 MISC REVENUE - CHRONIC DIALYSIS	B	-1,715	RENAL DIALYSIS	74.00	0	33.45
33.46 MISC REVENUE - FOX POINT SCEP CLINIC	B	-4,935	MEQUON CLINIC	90.30	0	33.46
33.47 MISC REVENUE - DIAGNOSTIC NEUROLOGY	B	-9,769	CHILD PROTECTION CENTER	98.05	0	33.47
33.48 GREENFIELD RADIOLOGY	B	-44,628	RADIOLOGY-DIAGNOSTIC	54.00	0	33.48
33.49 INTEREST EXPENSE TO 2017 BOND	A	68,924	CAP REL COSTS-BLDG & FIXT	1.00	9	33.49

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.50	ALLOWABLE LOSS ON REFINANCING	A	498,567	CAP REL COSTS-BLDG & FIXT	1.00	9	33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,754,202				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 2:24 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 SERVICES	84,331,000	84,331,000	1.00
2.00	98.05	CHILD PROTECTION CENTER	PURCHASED SERVICES	157,009	157,009	2.00
3.00	90.01	INFECTIOUS DISEASES	PURCHASED SERVICES	105,866	105,866	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY RENT	795,667	795,667	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			85,389,542	85,389,542	5.00

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

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

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

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

6.00	G	CHHS	0.00		0.00	6.00
7.00	G	CSSW	0.00		0.00	7.00
8.00	G	CHHS	0.00		0.00	8.00
9.00	G	GMC	0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 2:24 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	9		4.00
5.00	0			5.00

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

Related Organization(s) and/or Home Office	
Type of Business	
6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6.00			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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 2:24 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,827,384	0	9,827,384	169,700	163,903	1.00
2.00	30.00	ADULTS & PEDIATRICS	787,023	0	787,023	169,700	20,485	2.00
3.00	31.00	INTENSIVE CARE UNIT	267,534	0	267,534	169,700	6,902	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	38,592	0	38,592	169,700	5,312	4.00
5.00	50.00	OPERATING ROOM	260,378	0	260,378	246,400	8,373	5.00
6.00	53.00	ANESTHESIOLOGY	40,536	0	40,536	239,400	1,951	6.00
7.00	60.00	LABORATORY	59,792	0	59,792	260,300	1,923	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	32,815	0	32,815	271,900	847	8.00
9.00	65.00	RESPIRATORY THERAPY	8,681	0	8,681	169,700	224	9.00
10.00	69.00	ELECTROCARDIOLOGY	24,210	0	24,210	169,700	625	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	9,548	0	9,548	169,700	640	11.00
12.00	74.00	RENAL DIALYSIS	8,662	0	8,662	169,700	223	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	166,681	0	166,681	181,300	10,695	13.00
14.00	98.02	GENETICS CENTER	78,795	0	78,795	169,700	2,033	14.00
15.00	98.04	CHILD DEVELOPMENT	130,082	0	130,082	169,700	3,356	15.00
16.00	98.05	CHILD PROTECTION CENTER	147,837	0	147,837	169,700	3,814	16.00
17.00	90.01	INFECTIOUS DISEASES	162,662	0	162,662	169,700	4,197	17.00
18.00	90.02	PAIN/PALLIATIVE CARE	38	0	38	169,700	1	18.00
19.00	90.04	GI CLINIC	20,683	0	20,683	169,700	534	19.00
20.00	90.13	ONCOLOGY CLINIC	2,101	0	2,101	169,700	54	20.00
21.00	90.15	ALLERGY CLINIC	18,803	0	18,803	169,700	485	21.00
22.00	90.10	ENT CLINIC	8,141	0	8,141	169,700	369	22.00
23.00	90.12	EYE CLINIC	12,308	0	12,308	169,700	298	23.00
24.00	90.17	DERMATOLOGY CLINIC	16,534	0	16,534	169,700	1,049	24.00
25.00	66.00	PHYSICAL THERAPY	1,326	0	1,326	169,700	248	25.00
26.00	90.22	NEUROSCIENCES CLINIC	9,548	0	9,548	169,700	640	26.00
27.00	90.23	RHEUMATOLOGY CLINIC	55,935	0	55,935	169,700	1,443	27.00
28.00	90.24	ENDOCRINE CLINIC	43,272	0	43,272	169,700	1,116	28.00
29.00	91.00	EMERGENCY	16,185	0	16,185	169,700	418	29.00
30.00	98.07	ADOLESCENT MEDICINE	61,557	0	61,557	169,700	1,588	30.00
200.00			12,317,643	0	12,317,643		243,746	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,372,278	668,614	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,671,300	83,565	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	563,110	28,156	0	0	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	433,388	21,669	0	0	0	4.00
5.00	50.00	OPERATING ROOM	991,879	49,594	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	224,553	11,228	0	0	0	6.00
7.00	60.00	LABORATORY	240,652	12,033	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	110,721	5,536	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	18,275	914	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	50,992	2,550	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	52,215	2,611	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	18,194	910	0	0	0	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	932,213	46,611	0	0	0	13.00
14.00	98.02	GENETICS CENTER	165,865	8,293	0	0	0	14.00
15.00	98.04	CHILD DEVELOPMENT	273,805	13,690	0	0	0	15.00
16.00	98.05	CHILD PROTECTION CENTER	311,171	15,559	0	0	0	16.00
17.00	90.01	INFECTIOUS DISEASES	342,419	17,121	0	0	0	17.00
18.00	90.02	PAIN/PALLIATIVE CARE	82	4	0	0	0	18.00
19.00	90.04	GI CLINIC	43,567	2,178	0	0	0	19.00
20.00	90.13	ONCOLOGY CLINIC	4,406	220	0	0	0	20.00
21.00	90.15	ALLERGY CLINIC	39,569	1,978	0	0	0	21.00
22.00	90.10	ENT CLINIC	30,105	1,505	0	0	0	22.00
23.00	90.12	EYE CLINIC	24,313	1,216	0	0	0	23.00
24.00	90.17	DERMATOLOGY CLINIC	85,584	4,279	0	0	0	24.00
25.00	66.00	PHYSICAL THERAPY	20,234	1,012	0	0	0	25.00
26.00	90.22	NEUROSCIENCES CLINIC	52,215	2,611	0	0	0	26.00
27.00	90.23	RHEUMATOLOGY CLINIC	117,729	5,886	0	0	0	27.00
28.00	90.24	ENDOCRINE CLINIC	91,050	4,553	0	0	0	28.00
29.00	91.00	EMERGENCY	34,103	1,705	0	0	0	29.00
30.00	98.07	ADOLESCENT MEDICINE	129,560	6,478	0	0	0	30.00
200.00			20,445,547	1,022,279	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 2:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13,372,278	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	1,671,300	0	0		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	563,110	0	0		3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	0	433,388	0	0		4.00
5.00	50.00	OPERATING ROOM	0	991,879	0	0		5.00
6.00	53.00	ANESTHESIOLOGY	0	224,553	0	0		6.00
7.00	60.00	LABORATORY	0	240,652	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	110,721	0	0		8.00
9.00	65.00	RESPIRATORY THERAPY	0	18,275	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	50,992	0	0		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	52,215	0	0		11.00
12.00	74.00	RENAL DIALYSIS	0	18,194	0	0		12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	0	932,213	0	0		13.00
14.00	98.02	GENETICS CENTER	0	165,865	0	0		14.00
15.00	98.04	CHILD DEVELOPMENT	0	273,805	0	0		15.00
16.00	98.05	CHILD PROTECTION CENTER	0	311,171	0	0		16.00
17.00	90.01	INFECTIOUS DISEASES	0	342,419	0	0		17.00
18.00	90.02	PAIN/PALLATIVE CARE	0	82	0	0		18.00
19.00	90.04	GI CLINIC	0	43,567	0	0		19.00
20.00	90.13	ONCOLOGY CLINIC	0	4,406	0	0		20.00
21.00	90.15	ALLERGY CLINIC	0	39,569	0	0		21.00
22.00	90.10	ENT CLINIC	0	30,105	0	0		22.00
23.00	90.12	EYE CLINIC	0	24,313	0	0		23.00
24.00	90.17	DERMATOLOGY CLINIC	0	85,584	0	0		24.00
25.00	66.00	PHYSICAL THERAPY	0	20,234	0	0		25.00
26.00	90.22	NEUROSCIENCES CLINIC	0	52,215	0	0		26.00
27.00	90.23	RHEUMATOLOGY CLINIC	0	117,729	0	0		27.00
28.00	90.24	ENDOCRINE CLINIC	0	91,050	0	0		28.00
29.00	91.00	EMERGENCY	0	34,103	0	0		29.00
30.00	98.07	ADOLESCENT MEDICINE	0	129,560	0	0		30.00
200.00			0	20,445,547	0	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	35,005,582	35,005,582			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	28,930,391		28,930,391		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,013,428	315,976	2,801	8,332,205	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	131,725,570	3,876,003	12,971,614	349,037	5.00
7.00	00700	OPERATION OF PLANT	21,910,310	787,170	293,381	175,346	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,159,940	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,974,155	223,794	478,794	145,373	9.00
10.00	01000	DIETARY	4,378,107	673,394	229,581	65,256	10.00
11.00	01100	CAFETERIA	0	141,328	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,074,250	406,944	204,865	357,206	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	978,430	235,863	46,637	18,224	14.00
15.00	01500	PHARMACY	368,413	33,890	0	9,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,167,076	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,027,716	276,849	16,545	94,172	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,189,228	54,535	0	15,170	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	253,178	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,420,013	5,242,147	1,108,618	963,989	30.00
31.00	03100	INTENSIVE CARE UNIT	47,737,789	5,618,276	2,286,875	1,501,976	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	7,772,451	781,781	154,903	167,988	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,249,576	2,129,557	2,501,541	455,409	50.00
51.00	05100	RECOVERY ROOM	2,364,351	428,879	17,622	82,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	864,834	191,802	388,816	21,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,629,941	1,459,388	671,381	329,739	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,032,846	68,501	171,020	26,423	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,310,866	136,053	1,807,056	65,808	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,022,565	149,487	345,700	28,771	59.00
60.00	06000	LABORATORY	22,549,637	975,784	629,686	289,563	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,295,968	0	21,960	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,153,640	379,050	236,074	292,078	65.00
66.00	06600	PHYSICAL THERAPY	5,943,954	888,422	35,283	192,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,993,221	192,827	45,893	126,990	68.00
69.00	06900	ELECTROCARDIOLOGY	3,641,407	709,410	388,514	109,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,531,417	46,831	332,749	41,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,416,932	504,780	598,024	162,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,093,199	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,233,605	464,401	62,336	371,456	73.00
74.00	07400	RENAL DIALYSIS	912,562	78,026	6,906	12,626	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.01	09001	INFECTIOUS DISEASES	882,972	3,264	0	25,982	912,218	90.01
90.02	09002	PAIN/PALLATIVE CARE	478,420	39,658	4,930	17,838	540,846	90.02
90.03	09003	DIABETIC CLINIC	1,141,136	157,077	15,872	34,982	1,349,067	90.03
90.04	09004	GI CLINIC	1,820,312	61,746	90,962	58,719	2,031,739	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,573,495	102,049	18,671	51,235	3,745,450	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	448,642	130,360	22,582	14,632	616,216	90.07
90.08	09008	CARDIOLOGY CLINIC	1,558,257	37,305	10,179	51,318	1,657,059	90.08
90.09	09009	PULMONARY CLINIC	624,559	86,224	18,266	19,362	748,411	90.09
90.10	09010	ENT CLINIC	800,947	117,571	76,478	32,281	1,027,277	90.10
90.11	09011	ORTHOPEDIC CLINIC	772,904	440,075	3,776	32,051	1,248,806	90.11
90.12	09012	EYE CLINIC	501,604	90,588	97,511	15,324	705,027	90.12
90.13	09013	ONCOLOGY CLINIC	2,329,497	617,190	174,283	77,321	3,198,291	90.13
90.14	09014	SURGICAL SPECIALTIES	832,657	106,110	3,374	28,336	970,477	90.14
90.15	09015	ALLERGY CLINIC	802,226	153,206	35,677	32,555	1,023,664	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	663,494	125,540	36,931	19,668	845,633	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	276,638	125,540	258	9,266	411,702	90.19
90.20	09020	HEMATOLOGY CLINIC	330,180	178,785	0	11,453	520,418	90.20
90.21	09021	SPINA BIFIDA	242,122	87,210	0	8,031	337,363	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,567,627	256,204	27,932	58,884	1,910,647	90.22
90.23	09023	RHEUMATOLOGY CLINIC	319,397	136,926	8,570	10,221	475,114	90.23
90.24	09024	ENDOCRINE CLINIC	254,096	79,430	0	8,304	341,830	90.24
90.25	09025	RENAL CLINIC	269,233	90,967	1,786	8,608	370,594	90.25
90.26	09026	GREENFIELD CLINIC	952,671	484,325	46,573	29,494	1,513,063	90.26
90.27	09027	NEW BERLIN CLINIC	3,302,174	558,177	359,381	63,624	4,283,356	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	676,187	236,963	372,096	17,144	1,302,390	90.29
90.30	09030	MEQUON CLINIC	1,137,873	384,667	923,632	28,789	2,474,961	90.30
90.31	09031	KENOSHA CLINIC	461,103	0	16,862	3	477,968	90.31
90.32	09032	WEST DEPERE CLINIC	42,845	41,821	0	1,225	85,891	90.32
90.33	09033	APPLETON CLINIC	6,668	58,216	0	183	65,067	90.33
90.34	09034	UROLOGY CLINIC	691,103	151,157	35,049	21,887	899,196	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	73,150	41,062	0	2,052	116,264	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	162	162	90.36
91.00	09100	EMERGENCY	10,749,902	790,586	158,294	314,701	12,013,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	338,242	0	0	1,461	339,703	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	3,053,058	162,390	23,970	102,435	3,341,853	98.00
98.01	09851	TRANSPORT	3,156,795	6,072	74,090	97,676	3,334,633	98.01
98.02	09852	GENETICS CENTER	1,012,035	0	5,469	10,256	1,027,760	98.02
98.03	09853	NUCLEAR MEDICINE	871,451	60,949	5,556	13,161	951,117	98.03
98.04	09854	CHILD DEVELOPMENT	203,198	0	7,409	5,156	215,763	98.04
98.05	09855	CHILD PROTECTION CENTER	2,114,601	42,960	101,858	57,257	2,316,676	98.05
98.06	09856	DENTAL SRVS	4,605,792	195,180	63,840	141,949	5,006,761	98.06
98.07	09857	ADOLESCENT MEDICINE	194,199	91,081	12,222	5,926	303,428	98.07
98.08	09858	OTHER OFFSITE CLINICS	57,495	0	0	1,905	59,400	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	689,988	9,222	617	15,665	715,492	105.00
106.00	10600	HEART ACQUISITION	617,366	9,222	617	13,662	640,867	106.00
107.00	10700	LIVER ACQUISITION	493,651	9,222	617	14,499	517,989	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	574,318,510	34,027,445	28,911,365	8,058,667	573,047,809	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	330,544	53,700	0	0	384,244	190.00
191.00	19100	RESEARCH	6,391,974	610,169	12,854	128,849	7,143,846	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	100,433	0	0	2,491	102,924	194.00
194.01	07951	POISON CONTROL	2,093,596	113,662	202	62,427	2,269,887	194.01
194.02	07952	PUBLIC RELATIONS	1,540,866	175,445	903	0	1,717,214	194.02
194.03	07953	OUTREACH	367,144	0	0	12,921	380,065	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	600,644	25,161	0	33,425	659,230	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	5,067	0	5,067	194.05
194.06	07956	FLIGHT FOR LIFE	638,264	0	0	0	638,264	194.06
194.07	07957	CAC WAUKESHA	78,846	0	0	33,425	112,271	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers					0	201.00
202.00		TOTAL (sum lines 118 through 201)	586,460,821	35,005,582	28,930,391	8,332,205	586,460,821	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	148,922,224					5.00
7.00	00700	OPERATION OF PLANT	7,884,943	31,051,150				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	394,802	0	1,554,742			8.00
9.00	00900	HOUSEKEEPING	3,002,731	231,432	36,192	12,092,471		9.00
10.00	01000	DIETARY	1,819,701	696,376	0	286,637	8,149,052	10.00
11.00	01100	CAFETERIA	48,103	146,151	0	60,158	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,099,094	420,832	0	173,219	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	435,378	243,912	0	100,397	0	14.00
15.00	01500	PHARMACY	140,146	35,046	0	14,426	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,077,959	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,162,439	286,297	0	117,843	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,555,047	56,396	0	23,213	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	86,173	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,503,192	5,421,046	515,303	2,231,369	5,840,620	30.00
31.00	03100	INTENSIVE CARE UNIT	19,449,908	5,810,006	277,478	2,391,474	1,226,400	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,021,453	808,461	57,200	332,773	914,393	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,602,399	2,202,233	141,223	906,466	19,803	50.00
51.00	05100	RECOVERY ROOM	984,717	443,516	53,606	182,556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	499,367	198,348	0	81,642	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,795,882	1,509,193	77,355	621,202	1,095	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	442,061	70,838	0	29,158	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,470,299	140,696	40,837	57,912	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	526,381	154,589	0	63,631	0	59.00
60.00	06000	LABORATORY	8,320,086	1,009,085	0	415,352	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,469,667	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,105,076	391,986	31,054	161,346	9,126	65.00
66.00	06600	PHYSICAL THERAPY	2,402,970	918,742	10,742	378,165	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,483,623	199,407	0	82,079	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,650,397	733,620	24,321	301,967	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	664,505	48,429	60,192	19,934	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,699,200	522,007	22,328	214,864	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,754,634	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,659,419	480,249	0	197,677	0	73.00
74.00	07400	RENAL DIALYSIS	343,808	80,689	7,095	33,213	8,669	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	310,486	3,375	0	1,389	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	184,085	41,012	7,175	16,881	0	90.02
90.03	09003	DIABETIC CLINIC	459,174	162,438	0	66,861	13,141	90.03
90.04	09004	GI CLINIC	691,531	63,853	0	26,283	10,038	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,274,816	105,532	0	43,438	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	209,738	134,809	5,024	55,489	56,397	90.07
90.08	09008	CARDIOLOGY CLINIC	564,003	38,579	0	15,879	0	90.08
90.09	09009	PULMONARY CLINIC	254,732	89,166	0	36,702	0	90.09
90.10	09010	ENT CLINIC	349,648	121,583	7,652	50,045	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	425,049	455,093	28,344	187,322	0	90.11
90.12	09012	EYE CLINIC	239,966	93,679	0	38,560	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,088,583	638,253	0	262,713	0	90.13
90.14	09014	SURGICAL SPECIALTIES	330,315	109,731	7,625	45,167	0	90.14
90.15	09015	ALLERGY CLINIC	348,418	158,435	0	65,214	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	287,823	129,825	0	53,437	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	140,129	129,825	0	53,437	0	90.19
90.20	09020	HEMATOLOGY CLINIC	177,132	184,886	0	76,102	0	90.20
90.21	09021	SPINA BIFIDA	114,826	90,187	0	37,122	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	650,315	264,948	0	109,056	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	161,712	141,598	9,154	58,284	0	90.23
90.24	09024	ENDOCRINE CLINIC	116,347	82,141	0	33,810	0	90.24
90.25	09025	RENAL CLINIC	126,137	94,072	0	38,721	0	90.25
90.26	09026	GREENFIELD CLINIC	514,992	500,853	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,457,900	577,226	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	443,287	245,050	0	0	0	90.29
90.30	09030	MEQUON CLINIC	842,388	397,794	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	162,683	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	29,234	43,249	0	0	0	90.32
90.33	09033	APPLETON CLINIC	22,146	60,203	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	306,054	156,316	0	64,341	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	39,572	42,464	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	55	0	0	0	0	90.36
91.00	09100	EMERGENCY	4,088,957	817,566	118,617	336,520	47,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	115,623	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,137,446	167,932	0	69,123	0	98.00
98.01	09851	TRANSPORT	1,134,989	6,279	0	2,585	0	98.01
98.02	09852	GENETICS CENTER	349,813	0	0	148,342	0	98.02
98.03	09853	NUCLEAR MEDICINE	323,726	63,029	16,225	25,943	0	98.03
98.04	09854	CHILD DEVELOPMENT	73,438	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	788,513	44,426	0	0	0	98.05
98.06	09856	DENTAL SRVS	1,704,121	201,841	0	138,844	0	98.06
98.07	09857	ADOLESCENT MEDICINE	103,276	94,190	0	38,770	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	20,218	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243,528	9,537	0	3,925	0	105.00
106.00	10600	HEART ACQUISITION	218,128	9,537	0	3,925	0	106.00
107.00	10700	LIVER ACQUISITION	176,305	9,537	0	3,925	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	144,356,917	30,039,631	1,554,742	11,686,828	8,146,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,783	55,533	0	22,858	0	190.00
191.00	19100	RESEARCH	2,431,508	630,992	0	259,724	2,281	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	35,032	0	0	0	0	194.00
194.01	07951	POISON CONTROL	772,588	117,541	0	48,381	0	194.01
194.02	07952	PUBLIC RELATIONS	584,478	181,433	0	74,680	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07953	OUTREACH	129,360	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	224,378	26,020	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	1,725	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	217,242	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	38,213	0	0	0	0	194.07
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)	148,922,224	31,051,150	1,554,742	12,092,471	8,149,052	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	395,740					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	19,107	0	16,755,517			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,058,841		14.00
15.00	01500	PHARMACY	480	0	0	0	601,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,338	0	473,238	198	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,084	0	0	2,079	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,397	0	4,260,713	64,234	18	30.00
31.00	03100	INTENSIVE CARE UNIT	83,465	0	6,419,490	75,017	3	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	9,705	0	735,500	25,075	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,564	0	115,674	68,122	4	50.00
51.00	05100	RECOVERY ROOM	3,962	0	0	1,857	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,750	0	0	3,204	2,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,115	0	0	321,525	602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,374	0	0	1,048	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,175	0	0	3,611	1,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,339	0	102,996	1,999	0	59.00
60.00	06000	LABORATORY	17,851	0	0	133,020	206	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,797	0	990,211	56,457	0	65.00
66.00	06600	PHYSICAL THERAPY	5,223	0	0	323,712	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,960	0	0	171,546	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,897	0	386,055	14,409	8	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,652	0	214,539	10,265	81	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,487	0	0	86,527	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,514	0	0	85,900	597,043	73.00
74.00	07400	RENAL DIALYSIS	611	0	0	356	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,243	0	0	6,527	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	1,021	0	11,396	4,128	0	90.02
90.03	09003	DIABETIC CLINIC	2,154	0	0	15,943	0	90.03
90.04	09004	GI CLINIC	3,547	0	0	3,264	1	90.04

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,728	0	0	20,195	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	856	0	0	777	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2,980	0	229,211	3,529	0	90.08
90.09	09009	PULMONARY CLINIC	1,271	0	0	6,666	0	90.09
90.10	09010	ENT CLINIC	2,052	0	0	17,746	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,202	0	0	1,332	0	90.11
90.12	09012	EYE CLINIC	1,139	0	0	1,658	0	90.12
90.13	09013	ONCOLOGY CLINIC	4,647	0	352,151	14,173	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,587	0	0	1,785	0	90.14
90.15	09015	ALLERGY CLINIC	2,169	0	0	3,906	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,519	0	0	13,594	19	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	545	0	0	4,395	0	90.19
90.20	09020	HEMATOLOGY CLINIC	482	0	570	1,241	0	90.20
90.21	09021	SPINA BIFIDA	426	0	0	2,396	15	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,495	0	267,532	2,541	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	654	0	0	5,305	2	90.23
90.24	09024	ENDOCRINE CLINIC	593	0	0	4,186	0	90.24
90.25	09025	RENAL CLINIC	598	0	0	419	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	3,006	1	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	19,801	10,565	8	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	3,134	128,123	4	90.29
90.30	09030	MEQUON CLINIC	0	0	13,818	213,477	2	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	1,099	2	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	41	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	186	0	90.33
90.34	09034	UROLOGY CLINIC	1,508	0	0	2,886	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	3,254	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	142	1,247	0	90.36
91.00	09100	EMERGENCY	18,468	0	1,361,023	27,318	7	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	43	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	3,688	0	0	45,430	0	98.00
98.01	09851	TRANSPORT	4,516	0	346,880	4,350	0	98.01
98.02	09852	GENETICS CENTER	600	0	0	5,037	0	98.02
98.03	09853	NUCLEAR MEDICINE	589	0	0	420	1	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	1,009	0	98.04
98.05	09855	CHILD PROTECTION CENTER	350	0	0	1,645	75	98.05
98.06	09856	DENTAL SRVS	6,488	0	0	7,849	17	98.06
98.07	09857	ADOLESCENT MEDICINE	439	0	0	898	1	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	29	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	572	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	596	0	18,092	0	0	106.00
107.00	10700	LIVER ACQUISITION	652	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	380,264	0	16,322,166	2,043,736	601,461	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	494	0	190.00
191.00	19100	RESEARCH	5,944	0	164,964	9,227	391	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
194.01	07951	POISON CONTROL	2,871	0	220,807	3,988	0	194.01
194.02	07952	PUBLIC RELATIONS	565	0	0	0	0	194.02
194.03	07953	OUTREACH	6,096	0	47,580	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	1,396	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
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)	395,740	0	16,755,517	2,058,841	601,852	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,245,035					16.00
17.00	01700	SOCIAL SERVICE	0	5,461,635				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	420,556	1,780,510	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	939,099	1,346,290	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	116,043	216,893	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	109,748	91,596	0	0	0	50.00
51.00	05100	RECOVERY ROOM	60,272	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	59,346	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,636	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	50,216	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	107,546	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,805	0	0	0	0	59.00
60.00	06000	LABORATORY	396,016	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,789	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	153,332	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	68,185	7,777	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	39,648	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	99,603	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,359	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	304,636	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,974	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,893	864	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	77	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	571	0	0	0	0	90.02

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			16.00	17.00	18.00	19.00	20.00	
90.03	09003	DIABETIC CLINIC	2,667	1,728	0	0	0	90.03
90.04	09004	GI CLINIC	8,034	9,505	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	13,639	43,206	0	0	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	8,773	864	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2,939	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	1,921	864	0	0	0	90.09
90.10	09010	ENT CLINIC	3,473	2,592	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	6,313	3,456	0	0	0	90.11
90.12	09012	EYE CLINIC	2,321	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	18,094	441,562	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,960	90,732	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	4,872	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	4,170	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	925	864	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,685	4,321	0	0	0	90.20
90.21	09021	SPINA BIFIDA	1,863	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,566	16,418	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	593	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	816	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	612	3,456	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	5,242	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	12,438	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	3,723	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	7,958	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	1,503	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	685	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	342	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	4,554	6,049	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1,098	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0	90.36
91.00	09100	EMERGENCY	185,453	1,377,398	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,885	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	13,570	6,049	0	0	0	98.00
98.01	09851	TRANSPORT	8,502	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	2,055	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	11,520	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	687	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	5,294	864	0	0	0	98.05
98.06	09856	DENTAL SRVS	36,322	0	0	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1,192	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	364	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,072	864	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,361	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,565	6,913	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,236,971	5,461,635	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
					16.00			
191.00	19100	RESEARCH	1,861	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	1,904	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	41	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	4,258	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
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)	4,245,035	5,461,635	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,908,752					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		339,351				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,852,214	115,947	0	78,795,886	-8,968,161	30.00
31.00	03100	INTENSIVE CARE UNIT	3,073,338	40,254	0	98,277,138	-3,113,592	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	552,017	7,230	0	15,673,866	-559,247	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,470,457	19,260	0	35,106,632	-1,489,717	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,623,615	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,320,115	30,389	0	4,663,404	-2,350,504	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	530,950	6,954	0	22,183,958	-537,904	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	1,893,485	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,145,112	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,413,263	0	59.00
60.00	06000	LABORATORY	111,043	1,454	0	34,848,783	-112,497	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,820,384	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	267,669	3,506	0	18,246,402	-271,175	65.00
66.00	06600	PHYSICAL THERAPY	10,596	139	0	11,186,253	-10,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,337,194	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,044,030	13,675	0	9,121,901	-1,057,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,098	145	0	3,036,536	-11,243	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,533,507	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,847,833	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	55,743,574	0	73.00
74.00	07400	RENAL DIALYSIS	202,398	2,651	0	1,705,367	-251,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00		24.00	25.00	
90.01	09001	INFECTIOUS DISEASES	429,186	5,621	0	1,670,122	-434,807	90.01
90.02	09002	PAIN/PALLIATIVE CARE	4,514	59	0	811,688	-4,573	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	2,073,173	0	90.03
90.04	09004	GI CLINIC	582,302	7,627	0	3,437,724	-589,929	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	5,250,004	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	1,088,943	0	90.07
90.08	09008	CARDIOLOGY CLINIC	126,405	1,656	0	2,642,240	-128,061	90.08
90.09	09009	PULMONARY CLINIC	306,481	4,014	0	1,450,228	-310,495	90.09
90.10	09010	ENT CLINIC	0	0	0	1,582,068	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	2,357,917	0	90.11
90.12	09012	EYE CLINIC	140,324	1,838	0	1,224,512	-142,162	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	6,018,467	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	1,559,379	0	90.14
90.15	09015	ALLERGY CLINIC	167,348	2,192	0	1,776,218	-169,540	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	440,911	5,775	0	1,782,706	-446,686	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	741,822	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	966,837	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	584,198	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	392,256	5,138	0	3,624,912	-397,394	90.22
90.23	09023	RHEUMATOLOGY CLINIC	197,507	2,587	0	1,052,510	-200,094	90.23
90.24	09024	ENDOCRINE CLINIC	115,808	1,517	0	697,048	-117,325	90.24
90.25	09025	RENAL CLINIC	0	0	0	634,609	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	2,537,157	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	6,361,294	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	2,125,711	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	3,950,398	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	643,255	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	159,100	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	147,944	0	90.33
90.34	09034	UROLOGY CLINIC	310,306	4,064	0	1,755,274	-314,370	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	202,652	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	1,606	0	90.36
91.00	09100	EMERGENCY	2,255,846	29,547	0	22,677,292	-2,285,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	458,254	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	707,766	9,270	0	5,502,127	-717,036	98.00
98.01	09851	TRANSPORT	0	0	0	4,842,734	0	98.01
98.02	09852	GENETICS CENTER	92,672	1,214	0	1,627,493	-93,886	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	1,392,570	0	98.03
98.04	09854	CHILD DEVELOPMENT	26,021	341	0	317,259	-26,362	98.04
98.05	09855	CHILD PROTECTION CENTER	113,175	1,482	0	3,272,500	-114,657	98.05
98.06	09856	DENTAL SRVS	1,019,890	13,358	0	8,135,491	-1,033,248	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	542,194	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	79,982	0	98.08
98.09	09859	OTHER	0	0	0	29	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	977,990	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	895,506	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	718,886	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2018
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,874,643	338,904	0	566,556,116	-26,260,319	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	593,912	0	190.00
191.00	19100	RESEARCH	34,109	447	0	10,685,294	-34,556	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	139,860	0	194.00
194.01	07951	POISON CONTROL	0	0	0	3,436,063	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	2,558,370	0	194.02
194.03	07953	OUTREACH	0	0	0	563,101	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	909,669	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	8,188	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	859,764	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	150,484	0	194.07
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)	25,908,752	339,351	0	586,460,821	-26,294,875	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
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
56.00	05600	RADIOISOTOPE	56.00
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	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
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
75.00	07500	ASC (NON-DISTINCT PART)	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	INFECTIOUS DISEASES	90.01
90.02	09002	PAIN/PALLIATIVE CARE	90.02
90.03	09003	DIABETIC CLINIC	90.03
90.04	09004	GI CLINIC	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	90.05
90.06	09006	DIETETICS	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description		Total	
		26.00	
90.07	09007	INFUSION ROOM	1,088,943
90.08	09008	CARDIOLOGY CLINIC	2,514,179
90.09	09009	PULMONARY CLINIC	1,139,733
90.10	09010	ENT CLINIC	1,582,068
90.11	09011	ORTHOPEDIC CLINIC	2,357,917
90.12	09012	EYE CLINIC	1,082,350
90.13	09013	ONCOLOGY CLINIC	6,018,467
90.14	09014	SURGICAL SPECIALTIES	1,559,379
90.15	09015	ALLERGY CLINIC	1,606,678
90.16	09016	LASER CLINIC	0
90.17	09017	DERMATOLOGY CLINIC	1,336,020
90.18	09018	CLINIC ADMINISTRATOR	0
90.19	09019	CRANIOFACIAL CENTER	741,822
90.20	09020	HEMATOLOGY CLINIC	966,837
90.21	09021	SPINA BIFIDA	584,198
90.22	09022	NEUROSCIENCES CLINIC	3,227,518
90.23	09023	RHEUMATOLOGY CLINIC	852,416
90.24	09024	ENDOCRINE CLINIC	579,723
90.25	09025	RENAL CLINIC	634,609
90.26	09026	GREENFIELD CLINIC	2,537,157
90.27	09027	NEW BERLIN CLINIC	6,361,294
90.28	09028	FOX POINT CLINIC	0
90.29	09029	DELAFIELD CLINIC	2,125,711
90.30	09030	MEQUON CLINIC	3,950,398
90.31	09031	KENOSHA CLINIC	643,255
90.32	09032	WEST DEPERE CLINIC	159,100
90.33	09033	APPLETON CLINIC	147,944
90.34	09034	UROLOGY CLINIC	1,440,904
90.35	09035	GREENFIELD ENT/ENT CLINIC	202,652
90.36	09036	KENOSHA CLINIC (KNO)	1,606
91.00	09100	EMERGENCY	20,391,899
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	458,254
95.00	09500	AMBULANCE SERVICES	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,785,091
98.01	09851	TRANSPORT	4,842,734
98.02	09852	GENETICS CENTER	1,533,607
98.03	09853	NUCLEAR MEDICINE	1,392,570
98.04	09854	CHILD DEVELOPMENT	290,897
98.05	09855	CHILD PROTECTION CENTER	3,157,843
98.06	09856	DENTAL SRVS	7,102,243
98.07	09857	ADOLESCENT MEDICINE	542,194
98.08	09858	OTHER OFFSITE CLINICS	79,982
98.09	09859	OTHER	29
99.00	09900	CMHC	0
99.10	09910	CORF	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0
101.00	10100	HOME HEALTH AGENCY	0
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	977,990
106.00	10600	HEART ACQUISITION	895,506
107.00	10700	LIVER ACQUISITION	718,886
108.00	10800	LUNG ACQUISITION	0
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
114.00	11400	UTILIZATION REVIEW-SNF	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0
116.00	11600	HOSPICE	0
117.00	06950	OTHER CAPITAL RELATED COSTS	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	540,295,797
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	593,912
191.00	19100	RESEARCH	10,650,738
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
194.00	07950	DENTAL - SURGICENTER	139,860
194.01	07951	POISON CONTROL	3,436,063
194.02	07952	PUBLIC RELATIONS	2,558,370
194.03	07953	OUTREACH	563,101
194.04	07954	MED STAFF/PROVIDER SUPPORT	909,669

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.05	07955	CHILDREN'S SPECIALTY GROUP	8,188	194.05
194.06	07956	FLIGHT FOR LIFE	859,764	194.06
194.07	07957	CAC WAUKESHA	150,484	194.07
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	560,165,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	315,976	2,801	318,777	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,876,003	12,971,614	16,847,617	5.00
7.00	00700	OPERATION OF PLANT	0	787,170	293,381	1,080,551	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	223,794	478,794	702,588	9.00
10.00	01000	DIETARY	0	673,394	229,581	902,975	10.00
11.00	01100	CAFETERIA	0	141,328	0	141,328	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	406,944	204,865	611,809	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	237,749	235,863	46,637	520,249	14.00
15.00	01500	PHARMACY	0	33,890	0	33,890	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	276,849	16,545	293,394	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	54,535	0	54,535	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,242,147	1,108,618	6,350,765	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,618,276	2,286,875	7,905,151	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	781,781	154,903	936,684	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,129,557	2,501,541	4,631,098	50.00
51.00	05100	RECOVERY ROOM	0	428,879	17,622	446,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	191,802	388,816	580,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,825	1,459,388	671,381	2,233,594	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	68,501	171,020	239,521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	136,053	1,807,056	1,943,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	149,487	345,700	495,187	59.00
60.00	06000	LABORATORY	0	975,784	629,686	1,605,470	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	21,960	21,960	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	379,050	236,074	615,124	65.00
66.00	06600	PHYSICAL THERAPY	177,532	888,422	35,283	1,101,237	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	192,827	45,893	238,720	68.00
69.00	06900	ELECTROCARDIOLOGY	0	709,410	388,514	1,097,924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,831	332,749	379,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	504,780	598,024	1,102,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	464,401	62,336	526,737	73.00
74.00	07400	RENAL DIALYSIS	0	78,026	6,906	84,932	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	3,264	0	3,264	90.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.02	09002	PAIN/PALLATIVE CARE	0	39,658	4,930	44,588	683	90.02
90.03	09003	DIABETIC CLINIC	0	157,077	15,872	172,949	1,339	90.03
90.04	09004	GI CLINIC	0	61,746	90,962	152,708	2,247	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	102,049	18,671	120,720	1,960	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	130,360	22,582	152,942	560	90.07
90.08	09008	CARDIOLOGY CLINIC	0	37,305	10,179	47,484	1,964	90.08
90.09	09009	PULMONARY CLINIC	0	86,224	18,266	104,490	741	90.09
90.10	09010	ENT CLINIC	0	117,571	76,478	194,049	1,235	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	440,075	3,776	443,851	1,226	90.11
90.12	09012	EYE CLINIC	0	90,588	97,511	188,099	586	90.12
90.13	09013	ONCOLOGY CLINIC	0	617,190	174,283	791,473	2,959	90.13
90.14	09014	SURGICAL SPECIALTIES	0	106,110	3,374	109,484	1,084	90.14
90.15	09015	ALLERGY CLINIC	0	153,206	35,677	188,883	1,246	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	125,540	36,931	162,471	753	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	125,540	258	125,798	355	90.19
90.20	09020	HEMATOLOGY CLINIC	0	178,785	0	178,785	438	90.20
90.21	09021	SPINA BIFIDA	0	87,210	0	87,210	307	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	256,204	27,932	284,136	2,253	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	136,926	8,570	145,496	391	90.23
90.24	09024	ENDOCRINE CLINIC	0	79,430	0	79,430	318	90.24
90.25	09025	RENAL CLINIC	0	90,967	1,786	92,753	329	90.25
90.26	09026	GREENFIELD CLINIC	363,875	484,325	46,573	894,773	1,129	90.26
90.27	09027	NEW BERLIN CLINIC	0	558,177	359,381	917,558	2,434	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	236,963	372,096	609,059	656	90.29
90.30	09030	MEQUON CLINIC	0	384,667	923,632	1,308,299	1,102	90.30
90.31	09031	KENOSHA CLINIC	85,031	0	16,862	101,893	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	41,821	0	41,821	47	90.32
90.33	09033	APPLETON CLINIC	0	58,216	0	58,216	7	90.33
90.34	09034	UROLOGY CLINIC	0	151,157	35,049	186,206	837	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	57,966	41,062	0	99,028	79	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	6	90.36
91.00	09100	EMERGENCY	0	790,586	158,294	948,880	12,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	56	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	162,390	23,970	186,360	3,920	98.00
98.01	09851	TRANSPORT	52,946	6,072	74,090	133,108	3,737	98.01
98.02	09852	GENETICS CENTER	83,810	0	5,469	89,279	392	98.02
98.03	09853	NUCLEAR MEDICINE	0	60,949	5,556	66,505	504	98.03
98.04	09854	CHILD DEVELOPMENT	351,140	0	7,409	358,549	197	98.04
98.05	09855	CHILD PROTECTION CENTER	396,849	42,960	101,858	541,667	2,191	98.05
98.06	09856	DENTAL SRVS	175,214	195,180	63,840	434,234	5,431	98.06
98.07	09857	ADOLESCENT MEDICINE	0	91,081	12,222	103,303	227	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	73	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	9,222	617	9,839	599	105.00
106.00	10600	HEART ACQUISITION	0	9,222	617	9,839	523	106.00
107.00	10700	LIVER ACQUISITION	0	9,222	617	9,839	555	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,084,937	34,027,445	28,911,365	65,023,747	308,311	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,700	0	53,700	0 190.00
191.00	19100	RESEARCH	0	610,169	12,854	623,023	4,930 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	95 194.00
194.01	07951	POISON CONTROL	0	113,662	202	113,864	2,389 194.01
194.02	07952	PUBLIC RELATIONS	0	175,445	903	176,348	0 194.02
194.03	07953	OUTREACH	0	0	0	0	494 194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	25,161	0	25,161	1,279 194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	5,067	5,067	0 194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0 194.06
194.07	07957	CAC WAUKESHA	9,336	0	0	9,336	1,279 194.07
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	2,094,273	35,005,582	28,930,391	66,030,246	318,777 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,860,972					5.00
7.00	00700	OPERATION OF PLANT	892,733	1,979,993				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,699	0	44,699			8.00
9.00	00900	HOUSEKEEPING	339,969	14,757	1,041	1,063,917		9.00
10.00	01000	DIETARY	206,026	44,405	0	25,219	1,181,122	10.00
11.00	01100	CAFETERIA	5,446	9,319	0	5,293	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	464,099	26,835	0	15,240	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,293	15,553	0	8,833	0	14.00
15.00	01500	PHARMACY	15,867	2,235	0	1,269	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122,046	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	131,611	18,256	0	10,368	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	742,162	3,596	0	2,042	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,756	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,415,611	345,676	14,815	196,320	846,537	30.00
31.00	03100	INTENSIVE CARE UNIT	2,202,128	370,477	7,978	210,405	177,754	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	342,089	51,552	1,645	29,278	132,532	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	860,743	140,427	4,060	79,752	2,870	50.00
51.00	05100	RECOVERY ROOM	111,490	28,281	1,541	16,062	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	56,538	12,648	0	7,183	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	542,990	96,234	2,224	54,654	159	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	50,050	4,517	0	2,565	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	166,467	8,972	1,174	5,095	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,597	9,857	0	5,598	0	59.00
60.00	06000	LABORATORY	942,000	64,345	0	36,543	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	166,396	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	464,777	24,995	893	14,196	1,323	65.00
66.00	06600	PHYSICAL THERAPY	272,064	58,584	309	33,272	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	167,976	12,715	0	7,221	0	68.00
69.00	06900	ELECTROCARDIOLOGY	186,858	46,780	699	26,568	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,235	3,088	1,731	1,754	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	758,483	33,286	642	18,904	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	311,880	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,546,519	30,623	0	17,392	0	73.00
74.00	07400	RENAL DIALYSIS	38,926	5,145	204	2,922	1,257	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	35,153	215	0	122	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	20,842	2,615	206	1,485	0	90.02
90.03	09003	DIABETIC CLINIC	51,988	10,358	0	5,883	1,905	90.03
90.04	09004	GI CLINIC	78,295	4,072	0	2,312	1,455	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	144,335	6,729	0	3,822	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	23,746	8,596	144	4,882	8,174	90.07
90.08	09008	CARDIOLOGY CLINIC	63,856	2,460	0	1,397	0	90.08
90.09	09009	PULMONARY CLINIC	28,841	5,686	0	3,229	0	90.09
90.10	09010	ENT CLINIC	39,587	7,753	220	4,403	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	48,124	29,019	815	16,481	0	90.11
90.12	09012	EYE CLINIC	27,169	5,974	0	3,393	0	90.12
90.13	09013	ONCOLOGY CLINIC	123,249	40,699	0	23,114	0	90.13
90.14	09014	SURGICAL SPECIALTIES	37,398	6,997	219	3,974	0	90.14
90.15	09015	ALLERGY CLINIC	39,448	10,103	0	5,738	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	32,587	8,278	0	4,702	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	15,865	8,278	0	4,702	0	90.19
90.20	09020	HEMATOLOGY CLINIC	20,055	11,789	0	6,696	0	90.20
90.21	09021	SPINA BIFIDA	13,001	5,751	0	3,266	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	73,629	16,895	0	9,595	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	18,309	9,029	263	5,128	0	90.23
90.24	09024	ENDOCRINE CLINIC	13,173	5,238	0	2,975	0	90.24
90.25	09025	RENAL CLINIC	14,281	5,999	0	3,407	0	90.25
90.26	09026	GREENFIELD CLINIC	58,307	31,937	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	165,063	36,807	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	50,189	15,626	0	0	0	90.29
90.30	09030	MEQUON CLINIC	95,375	25,366	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	18,419	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	3,310	2,758	0	0	0	90.32
90.33	09033	APPLETON CLINIC	2,507	3,839	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	34,651	9,968	0	5,661	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	4,480	2,708	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	6	0	0	0	0	90.36
91.00	09100	EMERGENCY	462,952	52,133	3,410	29,608	6,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	13,091	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	128,782	10,708	0	6,082	0	98.00
98.01	09851	TRANSPORT	128,503	400	0	227	0	98.01
98.02	09852	GENETICS CENTER	39,606	0	0	13,051	0	98.02
98.03	09853	NUCLEAR MEDICINE	36,652	4,019	466	2,283	0	98.03
98.04	09854	CHILD DEVELOPMENT	8,315	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	89,275	2,833	0	0	0	98.05
98.06	09856	DENTAL SRVS	192,941	12,870	0	12,216	0	98.06
98.07	09857	ADOLESCENT MEDICINE	11,693	6,006	0	3,411	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	2,289	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	27,572	608	0	345	0	105.00
106.00	10600	HEART ACQUISITION	24,696	608	0	345	0	106.00
107.00	10700	LIVER ACQUISITION	19,961	608	0	345	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,344,090	1,915,493	44,699	1,028,228	1,180,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,807	3,541	0	2,011	0	190.00
191.00	19100	RESEARCH	275,295	40,236	0	22,851	331	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	3,966	0	0	0	0	194.00
194.01	07951	POISON CONTROL	87,472	7,495	0	4,257	0	194.01
194.02	07952	PUBLIC RELATIONS	66,175	11,569	0	6,570	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07953	OUTREACH	14,646	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	25,404	1,659	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	195	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	24,596	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	4,326	0	0	0	0	194.07
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)	16,860,972	1,979,993	44,699	1,063,917	1,181,122	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	161,386					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	7,792	0	1,139,443			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	594,625		14.00
15.00	01500	PHARMACY	196	0	0	0	53,819	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,585	0	32,182	57	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,336	0	0	601	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,591	0	289,746	18,552	2	30.00
31.00	03100	INTENSIVE CARE UNIT	34,039	0	436,552	21,666	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,958	0	50,017	7,242	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,609	0	7,866	19,675	0	50.00
51.00	05100	RECOVERY ROOM	1,616	0	0	536	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	714	0	0	925	187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,349	0	0	92,861	54	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	560	0	0	303	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,295	0	0	1,043	112	58.00
59.00	05900	CARDIAC CATHETERIZATION	546	0	7,004	577	0	59.00
60.00	06000	LABORATORY	7,280	0	0	38,418	18	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,442	0	67,338	16,306	0	65.00
66.00	06600	PHYSICAL THERAPY	2,130	0	0	93,497	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	799	0	0	49,545	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,997	0	26,253	4,162	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,082	0	14,589	2,965	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	607	0	0	24,990	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,735	0	0	24,809	53,390	73.00
74.00	07400	RENAL DIALYSIS	249	0	0	103	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	507	0	0	1,885	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	416	0	775	1,192	0	90.02
90.03	09003	DIABETIC CLINIC	878	0	0	4,604	0	90.03
90.04	09004	GI CLINIC	1,446	0	0	943	0	90.04

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,520	0	0	5,833	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	349	0	0	224	0	90.07
90.08	09008	CARDIOLOGY CLINIC	1,215	0	15,587	1,019	0	90.08
90.09	09009	PULMONARY CLINIC	518	0	0	1,925	0	90.09
90.10	09010	ENT CLINIC	837	0	0	5,125	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	898	0	0	385	0	90.11
90.12	09012	EYE CLINIC	465	0	0	479	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,895	0	23,948	4,093	0	90.13
90.14	09014	SURGICAL SPECIALTIES	647	0	0	515	0	90.14
90.15	09015	ALLERGY CLINIC	884	0	0	1,128	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	619	0	0	3,926	2	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	222	0	0	1,269	0	90.19
90.20	09020	HEMATOLOGY CLINIC	196	0	39	358	0	90.20
90.21	09021	SPINA BIFIDA	174	0	0	692	1	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,425	0	18,193	734	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	267	0	0	1,532	0	90.23
90.24	09024	ENDOCRINE CLINIC	242	0	0	1,209	0	90.24
90.25	09025	RENAL CLINIC	244	0	0	121	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	868	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	1,347	3,051	1	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	213	37,004	0	90.29
90.30	09030	MEQUON CLINIC	0	0	940	61,656	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	317	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	12	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	54	0	90.33
90.34	09034	UROLOGY CLINIC	615	0	0	833	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	940	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	10	360	0	90.36
91.00	09100	EMERGENCY	7,531	0	92,555	7,890	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	17	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,504	0	0	13,121	0	98.00
98.01	09851	TRANSPORT	1,842	0	23,589	1,256	0	98.01
98.02	09852	GENETICS CENTER	245	0	0	1,455	0	98.02
98.03	09853	NUCLEAR MEDICINE	240	0	0	121	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	291	0	98.04
98.05	09855	CHILD PROTECTION CENTER	143	0	0	475	7	98.05
98.06	09856	DENTAL SRVS	2,646	0	0	2,267	1	98.06
98.07	09857	ADOLESCENT MEDICINE	179	0	0	259	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	8	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	233	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	243	0	1,230	0	0	106.00
107.00	10700	LIVER ACQUISITION	266	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,075	0	1,109,973	590,262	53,784	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	143	0	190.00
191.00	19100	RESEARCH	2,424	0	11,218	2,665	35	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
194.01	07951	POISON CONTROL	1,171	0	15,016	1,152	0	194.01
194.02	07952	PUBLIC RELATIONS	230	0	0	0	0	194.02
194.03	07953	OUTREACH	2,486	0	3,236	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	403	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
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)	161,386	0	1,139,443	594,625	53,819	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122,046					16.00
17.00	01700	SOCIAL SERVICE	0	492,056				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,088	160,410	0			30.00
31.00	03100	INTENSIVE CARE UNIT	27,030	121,292	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,335	19,541	0			35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,154	8,252	0			50.00
51.00	05100	RECOVERY ROOM	1,732	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	1,706	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,198	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	1,443	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,091	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	454	0	0			59.00
60.00	06000	LABORATORY	11,382	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	942	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	4,407	0	0			65.00
66.00	06600	PHYSICAL THERAPY	1,960	701	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	1,140	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,863	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,756	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,526	0	0			73.00
74.00	07400	RENAL DIALYSIS	428	78	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	INFECTIOUS DISEASES	2	0	0			90.01
90.02	09002	PAIN/PALLIATIVE CARE	16	0	0			90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.03	09003	DIABETIC CLINIC	77	156	0			90.03
90.04	09004	GI CLINIC	231	856	0			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	392	3,893	0			90.05
90.06	09006	DIETETICS	0	0	0			90.06
90.07	09007	INFUSION ROOM	252	78	0			90.07
90.08	09008	CARDIOLOGY CLINIC	84	0	0			90.08
90.09	09009	PULMONARY CLINIC	55	78	0			90.09
90.10	09010	ENT CLINIC	100	234	0			90.10
90.11	09011	ORTHOPEDIC CLINIC	181	311	0			90.11
90.12	09012	EYE CLINIC	67	0	0			90.12
90.13	09013	ONCOLOGY CLINIC	520	39,782	0			90.13
90.14	09014	SURGICAL SPECIALTIES	56	8,174	0			90.14
90.15	09015	ALLERGY CLINIC	140	0	0			90.15
90.16	09016	LASER CLINIC	0	0	0			90.16
90.17	09017	DERMATOLOGY CLINIC	120	0	0			90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0			90.18
90.19	09019	CRANIOFACIAL CENTER	27	78	0			90.19
90.20	09020	HEMATOLOGY CLINIC	48	389	0			90.20
90.21	09021	SPINA BIFIDA	54	0	0			90.21
90.22	09022	NEUROSCIENCES CLINIC	74	1,479	0			90.22
90.23	09023	RHEUMATOLOGY CLINIC	17	0	0			90.23
90.24	09024	ENDOCRINE CLINIC	23	0	0			90.24
90.25	09025	RENAL CLINIC	18	311	0			90.25
90.26	09026	GREENFIELD CLINIC	151	0	0			90.26
90.27	09027	NEW BERLIN CLINIC	357	0	0			90.27
90.28	09028	FOX POINT CLINIC	0	0	0			90.28
90.29	09029	DELAFIELD CLINIC	107	0	0			90.29
90.30	09030	MEQUON CLINIC	229	0	0			90.30
90.31	09031	KENOSHA CLINIC	43	0	0			90.31
90.32	09032	WEST DEPERE CLINIC	20	0	0			90.32
90.33	09033	APPLETON CLINIC	10	0	0			90.33
90.34	09034	UROLOGY CLINIC	131	545	0			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	32	0	0			90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0			90.36
91.00	09100	EMERGENCY	5,330	124,094	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	83	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	390	545	0			98.00
98.01	09851	TRANSPORT	244	0	0			98.01
98.02	09852	GENETICS CENTER	59	0	0			98.02
98.03	09853	NUCLEAR MEDICINE	331	0	0			98.03
98.04	09854	CHILD DEVELOPMENT	20	0	0			98.04
98.05	09855	CHILD PROTECTION CENTER	152	78	0			98.05
98.06	09856	DENTAL SRVS	1,044	0	0			98.06
98.07	09857	ADOLESCENT MEDICINE	34	0	0			98.07
98.08	09858	OTHER OFFSITE CLINICS	10	0	0			98.08
98.09	09859	OTHER	0	0	0			98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	117	78	0			105.00
106.00	10600	HEART ACQUISITION	125	0	0			106.00
107.00	10700	LIVER ACQUISITION	102	623	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,815	492,056	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
					16.00			
191.00	19100	RESEARCH	53	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DENTAL - SURGICENTER	55	0	0			194.00
194.01	07951	POISON CONTROL	0	0	0			194.01
194.02	07952	PUBLIC RELATIONS	0	0	0			194.02
194.03	07953	OUTREACH	0	0	0			194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	1	0	0			194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0			194.05
194.06	07956	FLIGHT FOR LIFE	122	0	0			194.06
194.07	07957	CAC WAUKESHA	0	0	0			194.07
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)	122,046	492,056	0	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	808,852					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		9,756				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				9,709,999	0	30.00
31.00	03100	INTENSIVE CARE UNIT				11,571,901	0	31.00
32.00	03200	CORONARY CARE UNIT				0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT				0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				1,584,301	0	35.00
40.00	04000	SUBPROVIDER - IPF				0	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				0	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				5,784,932	0	50.00
51.00	05100	RECOVERY ROOM				610,907	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				661,349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				3,046,934	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00	05600	RADIOISOTOPE				0	0	56.00
57.00	05700	CT SCAN				299,970	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				2,132,876	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				579,921	0	59.00
60.00	06000	LABORATORY				2,716,536	0	60.00
60.01	06001	BLOOD LABORATORY				0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				189,298	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				1,226,977	0	65.00
66.00	06600	PHYSICAL THERAPY				1,571,114	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	0	67.00
68.00	06800	SPEECH PATHOLOGY				482,975	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,398,298	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				483,118	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,954,698	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				311,880	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,236,944	0	73.00
74.00	07400	RENAL DIALYSIS				134,727	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC				0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
90.01	09001	INFECTIOUS DISEASES				42,142	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE				72,818	0	90.02
90.03	09003	DIABETIC CLINIC				250,137	0	90.03
90.04	09004	GI CLINIC				244,565	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS				289,204	0	90.05
90.06	09006	DIETETICS				0	0	90.06
90.07	09007	INFUSION ROOM				199,947	0	90.07
90.08	09008	CARDIOLOGY CLINIC				135,066	0	90.08
90.09	09009	PULMONARY CLINIC				145,563	0	90.09
90.10	09010	ENT CLINIC				253,543	0	90.10
90.11	09011	ORTHOPEDIC CLINIC				541,291	0	90.11
90.12	09012	EYE CLINIC				226,232	0	90.12
90.13	09013	ONCOLOGY CLINIC				1,051,732	0	90.13
90.14	09014	SURGICAL SPECIALTIES				168,548	0	90.14
90.15	09015	ALLERGY CLINIC				247,570	0	90.15
90.16	09016	LASER CLINIC				0	0	90.16
90.17	09017	DERMATOLOGY CLINIC				213,458	0	90.17
90.18	09018	CLINIC ADMINISTRATOR				0	0	90.18
90.19	09019	CRANIOFACIAL CENTER				156,594	0	90.19
90.20	09020	HEMATOLOGY CLINIC				218,793	0	90.20
90.21	09021	SPINA BIFIDA				110,456	0	90.21
90.22	09022	NEUROSCIENCES CLINIC				408,413	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC				180,432	0	90.23
90.24	09024	ENDOCRINE CLINIC				102,608	0	90.24
90.25	09025	RENAL CLINIC				117,463	0	90.25
90.26	09026	GREENFIELD CLINIC				987,165	0	90.26
90.27	09027	NEW BERLIN CLINIC				1,126,618	0	90.27
90.28	09028	FOX POINT CLINIC				0	0	90.28
90.29	09029	DELAFIELD CLINIC				712,854	0	90.29
90.30	09030	MEQUON CLINIC				1,492,967	0	90.30
90.31	09031	KENOSHA CLINIC				120,672	0	90.31
90.32	09032	WEST DEPERE CLINIC				47,968	0	90.32
90.33	09033	APPLETON CLINIC				64,633	0	90.33
90.34	09034	UROLOGY CLINIC				239,447	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC				107,267	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)				382	0	90.36
91.00	09100	EMERGENCY				1,753,251	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				13,247	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG				351,412	0	98.00
98.01	09851	TRANSPORT				292,906	0	98.01
98.02	09852	GENETICS CENTER				144,087	0	98.02
98.03	09853	NUCLEAR MEDICINE				111,121	0	98.03
98.04	09854	CHILD DEVELOPMENT				367,372	0	98.04
98.05	09855	CHILD PROTECTION CENTER				636,821	0	98.05
98.06	09856	DENTAL SRVS				663,650	0	98.06
98.07	09857	ADOLESCENT MEDICINE				125,112	0	98.07
98.08	09858	OTHER OFFSITE CLINICS				2,372	0	98.08
98.09	09859	OTHER				8	0	98.09
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				39,391	0	105.00
106.00	10600	HEART ACQUISITION				37,609	0	106.00
107.00	10700	LIVER ACQUISITION				32,299	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
117.00	06950	OTHER CAPITAL RELATED COSTS				0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	63,536,861	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				74,202	0	190.00
191.00	19100	RESEARCH				983,061	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	DENTAL - SURGICENTER				4,116	0	194.00
194.01	07951	POISON CONTROL				232,816	0	194.01
194.02	07952	PUBLIC RELATIONS				260,892	0	194.02
194.03	07953	OUTREACH				20,862	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT				53,504	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP				5,665	0	194.05
194.06	07956	FLIGHT FOR LIFE				24,718	0	194.06
194.07	07957	CAC WAUKESHA				14,941	0	194.07
200.00		Cross Foot Adjustments	808,852	9,756	0	818,608	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	808,852	9,756	0	66,030,246	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
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Part II
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
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
56.00	05600	RADIOISOTOPE	56.00
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	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
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
75.00	07500	ASC (NON-DISTINCT PART)	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	INFECTIOUS DISEASES	90.01
90.02	09002	PAIN/PALLIATIVE CARE	90.02
90.03	09003	DIABETIC CLINIC	90.03
90.04	09004	GI CLINIC	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	90.05
90.06	09006	DIETETICS	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Total	
		26.00	
90.07	09007	INFUSION ROOM	199,947
90.08	09008	CARDIOLOGY CLINIC	135,066
90.09	09009	PULMONARY CLINIC	145,563
90.10	09010	ENT CLINIC	253,543
90.11	09011	ORTHOPEDIC CLINIC	541,291
90.12	09012	EYE CLINIC	226,232
90.13	09013	ONCOLOGY CLINIC	1,051,732
90.14	09014	SURGICAL SPECIALTIES	168,548
90.15	09015	ALLERGY CLINIC	247,570
90.16	09016	LASER CLINIC	0
90.17	09017	DERMATOLOGY CLINIC	213,458
90.18	09018	CLINIC ADMINISTRATOR	0
90.19	09019	CRANIOFACIAL CENTER	156,594
90.20	09020	HEMATOLOGY CLINIC	218,793
90.21	09021	SPINA BIFIDA	110,456
90.22	09022	NEUROSCIENCES CLINIC	408,413
90.23	09023	RHEUMATOLOGY CLINIC	180,432
90.24	09024	ENDOCRINE CLINIC	102,608
90.25	09025	RENAL CLINIC	117,463
90.26	09026	GREENFIELD CLINIC	987,165
90.27	09027	NEW BERLIN CLINIC	1,126,618
90.28	09028	FOX POINT CLINIC	0
90.29	09029	DELAFIELD CLINIC	712,854
90.30	09030	MEQUON CLINIC	1,492,967
90.31	09031	KENOSHA CLINIC	120,672
90.32	09032	WEST DEPERE CLINIC	47,968
90.33	09033	APPLETON CLINIC	64,633
90.34	09034	UROLOGY CLINIC	239,447
90.35	09035	GREENFIELD ENT/ENT CLINIC	107,267
90.36	09036	KENOSHA CLINIC (KNO)	382
91.00	09100	EMERGENCY	1,753,251
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	13,247
95.00	09500	AMBULANCE SERVICES	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0
98.00	09850	PSYCHIATRY - OFFICE BLDG	351,412
98.01	09851	TRANSPORT	292,906
98.02	09852	GENETICS CENTER	144,087
98.03	09853	NUCLEAR MEDICINE	111,121
98.04	09854	CHILD DEVELOPMENT	367,372
98.05	09855	CHILD PROTECTION CENTER	636,821
98.06	09856	DENTAL SRVS	663,650
98.07	09857	ADOLESCENT MEDICINE	125,112
98.08	09858	OTHER OFFSITE CLINICS	2,372
98.09	09859	OTHER	8
99.00	09900	CMHC	0
99.10	09910	CORF	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0
101.00	10100	HOME HEALTH AGENCY	0
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	39,391
106.00	10600	HEART ACQUISITION	37,609
107.00	10700	LIVER ACQUISITION	32,299
108.00	10800	LUNG ACQUISITION	0
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
114.00	11400	UTILIZATION REVIEW-SNF	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0
116.00	11600	HOSPICE	0
117.00	06950	OTHER CAPITAL RELATED COSTS	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,536,861
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,202
191.00	19100	RESEARCH	983,061
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
194.00	07950	DENTAL - SURGICENTER	4,116
194.01	07951	POISON CONTROL	232,816
194.02	07952	PUBLIC RELATIONS	260,892
194.03	07953	OUTREACH	20,862
194.04	07954	MED STAFF/PROVIDER SUPPORT	53,504

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
194.05	07955	CHILDREN'S SPECIALTY GROUP	5,665	194.05
194.06	07956	FLIGHT FOR LIFE	24,718	194.06
194.07	07957	CAC WAUKESHA	14,941	194.07
200.00		Cross Foot Adjustments	818,608	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	66,030,246	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	922,400					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		28,925,410				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,326	2,801	189,772,147			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	102,133	12,969,376	7,949,646	-148,922,224	437,538,597	5.00
7.00	00700	OPERATION OF PLANT	20,742	293,331	3,993,670	0	23,166,207	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,159,940	8.00
9.00	00900	HOUSEKEEPING	5,897	478,712	3,310,999	0	8,822,116	9.00
10.00	01000	DIETARY	17,744	229,542	1,486,271	0	5,346,338	10.00
11.00	01100	CAFETERIA	3,724	0	0	0	141,328	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,723	204,830	8,135,690	0	12,043,265	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,215	46,629	415,075	0	1,279,154	14.00
15.00	01500	PHARMACY	893	0	215,251	0	411,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,167,076	16.00
17.00	01700	SOCIAL SERVICE	7,295	16,542	2,144,851	0	3,415,282	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,437	0	345,505	0	19,258,933	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	253,178	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	138,131	1,108,427	21,955,737	0	36,734,767	30.00
31.00	03100	INTENSIVE CARE UNIT	148,042	2,286,482	34,207,282	0	57,144,916	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	154,876	3,826,074	0	8,877,123	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,114	2,501,111	10,372,367	0	22,336,083	50.00
51.00	05100	RECOVERY ROOM	11,301	17,619	1,873,936	0	2,893,129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,054	388,749	494,326	0	1,467,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,455	671,266	7,510,116	0	14,090,449	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,805	170,991	601,817	0	1,298,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,585	1,806,745	1,498,833	0	4,319,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,939	345,641	655,282	0	1,546,523	59.00
60.00	06000	LABORATORY	25,712	629,578	6,595,058	0	24,444,670	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	21,956	0	0	4,317,928	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,988	236,033	6,652,349	0	12,060,842	65.00
66.00	06600	PHYSICAL THERAPY	23,410	35,277	4,380,758	0	7,060,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,081	45,885	2,892,326	0	4,358,931	68.00
69.00	06900	ELECTROCARDIOLOGY	18,693	388,447	2,495,980	0	4,848,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,234	332,692	941,559	0	1,952,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,301	597,921	3,706,137	0	19,682,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,093,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,237	62,325	8,460,262	0	40,131,798	73.00
74.00	07400	RENAL DIALYSIS	2,056	6,905	287,576	0	1,010,120	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
90.01	09001	INFECTIOUS DISEASES	86	0	591,760	0	912,218	90.01
90.02	09002	PAIN/PALLIATIVE CARE	1,045	4,929	406,286	0	540,846	90.02
90.03	09003	DIABETIC CLINIC	4,139	15,869	796,743	0	1,349,067	90.03
90.04	09004	GI CLINIC	1,627	90,946	1,337,386	0	2,031,739	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,689	18,668	1,166,923	0	3,745,450	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,435	22,578	333,260	0	616,216	90.07
90.08	09008	CARDIOLOGY CLINIC	983	10,177	1,168,818	0	1,657,059	90.08
90.09	09009	PULMONARY CLINIC	2,272	18,263	440,985	0	748,411	90.09
90.10	09010	ENT CLINIC	3,098	76,465	735,235	0	1,027,277	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	3,775	729,986	0	1,248,806	90.11
90.12	09012	EYE CLINIC	2,387	97,494	349,012	0	705,027	90.12
90.13	09013	ONCOLOGY CLINIC	16,263	174,253	1,761,062	0	3,198,291	90.13
90.14	09014	SURGICAL SPECIALTIES	2,796	3,373	645,368	0	970,477	90.14
90.15	09015	ALLERGY CLINIC	4,037	35,671	741,474	0	1,023,664	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,308	36,925	447,959	0	845,633	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	3,308	258	211,043	0	411,702	90.19
90.20	09020	HEMATOLOGY CLINIC	4,711	0	260,864	0	520,418	90.20
90.21	09021	SPINA BIFIDA	2,298	0	182,917	0	337,363	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,751	27,927	1,341,135	0	1,910,647	90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,608	8,569	232,791	0	475,114	90.23
90.24	09024	ENDOCRINE CLINIC	2,093	0	189,124	0	341,830	90.24
90.25	09025	RENAL CLINIC	2,397	1,786	196,060	0	370,594	90.25
90.26	09026	GREENFIELD CLINIC	12,762	46,565	671,747	0	1,513,063	90.26
90.27	09027	NEW BERLIN CLINIC	14,708	359,319	1,449,100	0	4,283,356	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,244	372,032	390,478	0	1,302,390	90.29
90.30	09030	MEQUON CLINIC	10,136	923,473	655,707	0	2,474,961	90.30
90.31	09031	KENOSHA CLINIC	0	16,859	68	0	477,968	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	0	27,905	0	85,891	90.32
90.33	09033	APPLETON CLINIC	1,534	0	4,157	0	65,067	90.33
90.34	09034	UROLOGY CLINIC	3,983	35,043	498,506	0	899,196	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1,082	0	46,744	0	116,264	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	3,684	0	162	90.36
91.00	09100	EMERGENCY	20,832	158,267	7,167,608	0	12,013,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	33,273	0	339,703	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,279	23,966	2,333,051	0	3,341,853	98.00
98.01	09851	TRANSPORT	160	74,077	2,224,655	0	3,334,633	98.01
98.02	09852	GENETICS CENTER	0	5,468	233,591	0	1,027,760	98.02
98.03	09853	NUCLEAR MEDICINE	1,606	5,555	299,752	0	951,117	98.03
98.04	09854	CHILD DEVELOPMENT	0	7,408	117,443	0	215,763	98.04
98.05	09855	CHILD PROTECTION CENTER	1,132	101,840	1,304,082	0	2,316,676	98.05
98.06	09856	DENTAL SRVS	5,143	63,829	3,233,015	0	5,006,761	98.06
98.07	09857	ADOLESCENT MEDICINE	2,400	12,220	134,980	0	303,428	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	43,377	0	59,400	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243	617	356,793	0	715,492	105.00
106.00	10600	HEART ACQUISITION	243	617	311,161	0	640,867	106.00
107.00	10700	LIVER ACQUISITION	243	617	330,234	0	517,989	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	896,626	28,906,387	183,542,035	-148,922,224	424,125,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	0	0	0	384,244	190.00
191.00	19100	RESEARCH	16,078	12,852	2,934,663	0	7,143,846	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	56,740	0	102,924	194.00
194.01	07951	POISON CONTROL	2,995	202	1,421,844	0	2,269,887	194.01
194.02	07952	PUBLIC RELATIONS	4,623	903	0	0	1,717,214	194.02
194.03	07953	OUTREACH	0	0	294,293	0	380,065	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	663	0	761,286	0	659,230	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	5,066	0	0	5,067	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	638,264	194.06
194.07	07957	CAC WAUKESHA	0	0	761,286	0	112,271	194.07
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)	35,005,582	28,930,391	8,332,205		148,922,224	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.950544	1.000172	0.043906		0.340364	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			318,777		16,860,972	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001680		0.038536	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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	791,199					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,061,057				8.00
9.00	00900	HOUSEKEEPING	5,897	24,700	748,574			9.00
10.00	01000	DIETARY	17,744	0	17,744	89,298		10.00
11.00	01100	CAFETERIA	3,724	0	3,724	0	213,661	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,723	0	10,723	0	10,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,215	0	6,215	0	0	14.00
15.00	01500	PHARMACY	893	0	893	0	259	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,295	0	7,295	0	3,422	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,437	0	1,437	0	7,064	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	138,131	351,676	138,131	64,002	29,909	30.00
31.00	03100	INTENSIVE CARE UNIT	148,042	189,369	148,042	13,439	45,063	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	39,037	20,600	10,020	5,240	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,114	96,380	56,114	217	12,722	50.00
51.00	05100	RECOVERY ROOM	11,301	36,584	11,301	0	2,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,054	0	5,054	0	945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,455	52,792	38,455	12	7,081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,805	0	1,805	0	742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,585	27,870	3,585	0	1,714	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,939	0	3,939	0	723	59.00
60.00	06000	LABORATORY	25,712	0	25,712	0	9,638	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,988	21,193	9,988	100	8,529	65.00
66.00	06600	PHYSICAL THERAPY	23,410	7,331	23,410	0	2,820	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,081	0	5,081	0	1,058	68.00
69.00	06900	ELECTROCARDIOLOGY	18,693	16,598	18,693	0	2,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,234	41,079	1,234	0	1,432	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,301	15,238	13,301	0	803	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,237	0	12,237	0	8,916	73.00
74.00	07400	RENAL DIALYSIS	2,056	4,842	2,056	95	330	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	86	0	86	0	671	90.01
90.02	09002	PAIN/PALLIATIVE CARE	1,045	4,897	1,045	0	551	90.02
90.03	09003	DIABETIC CLINIC	4,139	0	4,139	144	1,163	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
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To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
90.04	09004	GI CLINIC	1,627	0	1,627	110	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,689	0	2,689	0	90.05
90.06	09006	DIETETICS	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,435	3,429	3,435	618	90.07
90.08	09008	CARDIOLOGY CLINIC	983	0	983	0	90.08
90.09	09009	PULMONARY CLINIC	2,272	0	2,272	0	90.09
90.10	09010	ENT CLINIC	3,098	5,222	3,098	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	19,344	11,596	0	90.11
90.12	09012	EYE CLINIC	2,387	0	2,387	0	90.12
90.13	09013	ONCOLOGY CLINIC	16,263	0	16,263	0	90.13
90.14	09014	SURGICAL SPECIALTIES	2,796	5,204	2,796	0	90.14
90.15	09015	ALLERGY CLINIC	4,037	0	4,037	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,308	0	3,308	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	3,308	0	3,308	0	90.19
90.20	09020	HEMATOLOGY CLINIC	4,711	0	4,711	0	90.20
90.21	09021	SPINA BIFIDA	2,298	0	2,298	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,751	0	6,751	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,608	6,247	3,608	0	90.23
90.24	09024	ENDOCRINE CLINIC	2,093	0	2,093	0	90.24
90.25	09025	RENAL CLINIC	2,397	0	2,397	0	90.25
90.26	09026	GREENFIELD CLINIC	12,762	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	14,708	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,244	0	0	0	90.29
90.30	09030	MEQUON CLINIC	10,136	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	0	0	0	90.32
90.33	09033	APPLETON CLINIC	1,534	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	3,983	0	3,983	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1,082	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	90.36
91.00	09100	EMERGENCY	20,832	80,952	20,832	516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	23	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,279	0	4,279	0	98.00
98.01	09851	TRANSPORT	160	0	160	0	98.01
98.02	09852	GENETICS CENTER	0	0	9,183	0	98.02
98.03	09853	NUCLEAR MEDICINE	1,606	11,073	1,606	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	1,132	0	0	189	98.05
98.06	09856	DENTAL SRVS	5,143	0	8,595	0	98.06
98.07	09857	ADOLESCENT MEDICINE	2,400	0	2,400	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	243	0	243	0	105.00
106.00	10600	HEART ACQUISITION	243	0	243	0	106.00
107.00	10700	LIVER ACQUISITION	243	0	243	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	765,425	1,061,057	723,463	89,273	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	0	1,415	0	190.00
191.00	19100	RESEARCH	16,078	0	16,078	25	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,995	0	2,995	0	1,550	194.01
194.02	07952	PUBLIC RELATIONS	4,623	0	4,623	0	305	194.02
194.03	07953	OUTREACH	0	0	0	0	3,291	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	663	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
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)	31,051,150	1,554,742	12,092,471	8,149,052	395,740	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.245689	1.465277	16.154009	91.256825	1.852186	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,979,993	44,699	1,063,917	1,181,122	161,386	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.502522	0.042127	1.421258	13.226746	0.755337	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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	117,619				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,397,114			14.00
15.00	01500	PHARMACY	0	0	0	29,623,686		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,151,021,539	16.00
17.00	01700	SOCIAL SERVICE	0	3,322	231	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,421	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29,909	74,788	868	114,033,597	30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,063	87,343	130	254,617,779	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	5,163	29,195	16	31,464,958	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	812	79,315	206	29,758,180	50.00
51.00	05100	RECOVERY ROOM	0	0	2,162	14	16,342,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,730	102,707	16,091,607	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	374,352	29,626	58,469,602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,220	0	13,616,006	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,204	61,648	29,161,069	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	723	2,327	14	4,285,615	59.00
60.00	06000	LABORATORY	0	0	154,876	10,138	107,379,707	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,890,671	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,951	65,733	1	41,575,948	65.00
66.00	06600	PHYSICAL THERAPY	0	0	376,894	66	18,488,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	199,732	2	10,750,541	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,710	16,777	398	27,007,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,506	11,952	3,971	14,197,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100,744	0	82,601,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100,014	29,387,010	155,904,138	73.00
74.00	07400	RENAL DIALYSIS	0	0	414	0	4,038,281	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	7,599	0	20,775	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	80	4,806	0	154,891	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
90.03	09003	DIABETIC CLINIC	0	0	18,562	0	723,205	90.03
90.04	09004	GI CLINIC	0	0	3,800	54	2,178,462	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	23,513	1	3,698,133	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	905	8	2,378,918	90.07
90.08	09008	CARDIOLOGY CLINIC	0	1,609	4,109	0	796,800	90.08
90.09	09009	PULMONARY CLINIC	0	0	7,761	0	520,927	90.09
90.10	09010	ENT CLINIC	0	0	20,662	0	941,745	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	1,551	4	1,711,764	90.11
90.12	09012	EYE CLINIC	0	0	1,930	0	629,336	90.12
90.13	09013	ONCOLOGY CLINIC	0	2,472	16,502	1	4,906,139	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	2,078	0	531,518	90.14
90.15	09015	ALLERGY CLINIC	0	0	4,548	0	1,320,968	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	15,827	945	1,130,798	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	5,117	0	250,847	90.19
90.20	09020	HEMATOLOGY CLINIC	0	4	1,445	0	456,800	90.20
90.21	09021	SPINA BIFIDA	0	0	2,790	756	505,221	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	1,878	2,959	0	695,820	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	6,177	109	160,865	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	4,874	0	221,273	90.24
90.25	09025	RENAL CLINIC	0	0	488	0	165,959	90.25
90.26	09026	GREENFIELD CLINIC	0	0	3,500	27	1,421,239	90.26
90.27	09027	NEW BERLIN CLINIC	0	139	12,301	405	3,372,623	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	22	149,174	218	1,009,379	90.29
90.30	09030	MEQUON CLINIC	0	97	248,552	111	2,157,845	90.30
90.31	09031	KENOSHA CLINIC	0	0	1,279	95	407,508	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	48	0	185,759	90.32
90.33	09033	APPLETON CLINIC	0	0	217	0	92,628	90.33
90.34	09034	UROLOGY CLINIC	0	0	3,360	0	1,234,912	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	3,789	0	297,706	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	1	1,452	0	0	90.36
91.00	09100	EMERGENCY	0	9,554	31,807	324	50,285,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	782,396	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	52,894	2	3,679,540	98.00
98.01	09851	TRANSPORT	0	2,435	5,065	0	2,305,307	98.01
98.02	09852	GENETICS CENTER	0	0	5,865	0	557,191	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	489	54	3,123,745	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	1,175	0	186,268	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	1,915	3,668	1,435,335	98.05
98.06	09856	DENTAL SRVS	0	0	9,139	819	9,848,647	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	1,046	27	323,342	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	98,718	98.08
98.09	09859	OTHER	0	0	34	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,104,209	105.00
106.00	10600	HEART ACQUISITION	0	127	0	0	1,182,375	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	966,548	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	114,577	2,379,528	29,604,443	1,148,835,090	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	575	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
191.00	19100	RESEARCH	0	1,158	10,743	19,243	504,476	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	516,239	194.00
194.01	07951	POISON CONTROL	0	1,550	4,643	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	334	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	11,172	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	1,625	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	1,154,562	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
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	16,755,517	2,058,841	601,852	4,245,035	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	142.455870	0.858883	0.020317	0.003688	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,139,443	594,625	53,819	122,046	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	9.687576	0.248059	0.001817	0.000106	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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
			(TIME SPENT)	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	12,641					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				413,213	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,121	0	0	0	141,182	30.00
31.00	03100	INTENSIVE CARE UNIT	3,116	0	0	0	49,016	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	502	0	0	0	8,804	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	212	0	0	0	23,452	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	37,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	1,771	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,269	65.00
66.00	06600	PHYSICAL THERAPY	18	0	0	0	169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	16,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2	0	0	0	3,228	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	6,845	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
			(TIME SPENT)	(SPECIFY) (TIME SPENT)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
90.02	09002	PAIN/PALLATIVE CARE	0	0	0	0	72	90.02
90.03	09003	DIABETIC CLINIC	4	0	0	0	0	90.03
90.04	09004	GI CLINIC	22	0	0	0	9,287	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	100	0	0	0	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	2	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	2,016	90.08
90.09	09009	PULMONARY CLINIC	2	0	0	0	4,888	90.09
90.10	09010	ENT CLINIC	6	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	8	0	0	0	0	90.11
90.12	09012	EYE CLINIC	0	0	0	0	2,238	90.12
90.13	09013	ONCOLOGY CLINIC	1,022	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	210	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	2,669	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	7,032	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	10	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	38	0	0	0	6,256	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	3,150	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	1,847	90.24
90.25	09025	RENAL CLINIC	8	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	14	0	0	0	4,949	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0	90.36
91.00	09100	EMERGENCY	3,188	0	0	0	35,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
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
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	14	0	0	0	11,288	98.00
98.01	09851	TRANSPORT	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	1,478	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	415	98.04
98.05	09855	CHILD PROTECTION CENTER	2	0	0	0	1,805	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	16,266	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	16	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
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,641	0	0	0	412,669	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
				(SPECIFY (TIME SPENT)			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	544	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,461,635	0	0	0	25,908,752	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	432.057195	0.000000	0.000000	0.000000	62.700719	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	492,056	0	0	0	808,852	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	38.925401	0.000000	0.000000	0.000000	1.957470	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: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B-1
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			22.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	413,213			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	141,182	0		30.00
31.00	03100	INTENSIVE CARE UNIT	49,016	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	8,804	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,452	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	37,003	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,468	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	1,771	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	4,269	0		65.00
66.00	06600	PHYSICAL THERAPY	169	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	16,651	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	177	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	3,228	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	6,845	0		90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B-1
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			22.00			
90.02	09002	PAIN/PALLATIVE CARE	72	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	9,287	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	2,016	0		90.08
90.09	09009	PULMONARY CLINIC	4,888	0		90.09
90.10	09010	ENT CLINIC	0	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	2,238	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	2,669	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	7,032	0		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	6,256	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,150	0		90.23
90.24	09024	ENDOCRINE CLINIC	1,847	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	UROLOGY CLINIC	4,949	0		90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0		90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0		90.36
91.00	09100	EMERGENCY	35,978	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	11,288	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	1,478	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	415	0		98.04
98.05	09855	CHILD PROTECTION CENTER	1,805	0		98.05
98.06	09856	DENTAL SRVS	16,266	0		98.06
98.07	09857	ADOLESCENT MEDICINE	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE		0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	412,669	0		118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet B-1
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			22.00		
			23.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	544	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	194.00
194.01	07951	POISON CONTROL	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	194.02
194.03	07953	OUTREACH	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	194.07
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)	339,351	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.821250	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,756	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.023610	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

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-2

Date/Time Prepared:
5/29/2019 2:24 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			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	-46,772 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: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII	Hospital	TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	69,827,725		69,827,725	0
31.00	03100	INTENSIVE CARE UNIT	95,163,546		95,163,546	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	15,114,619		15,114,619	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	0		0	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,616,915		33,616,915	0
51.00	05100	RECOVERY ROOM	4,623,615		4,623,615	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0
53.00	05300	ANESTHESIOLOGY	2,312,900		2,312,900	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,646,054		21,646,054	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	1,893,485		1,893,485	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,145,112		6,145,112	0
59.00	05900	CARDIAC CATHETERIZATION	2,413,263		2,413,263	0
60.00	06000	LABORATORY	34,736,286		34,736,286	0
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,820,384		5,820,384	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	17,975,227	0	17,975,227	0
66.00	06600	PHYSICAL THERAPY	11,175,518	0	11,175,518	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,337,194	0	6,337,194	0
69.00	06900	ELECTROCARDIOLOGY	8,064,196		8,064,196	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,025,293		3,025,293	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,533,507		27,533,507	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,847,833		10,847,833	0
73.00	07300	DRUGS CHARGED TO PATIENTS	55,743,574		55,743,574	0
74.00	07400	RENAL DIALYSIS	1,453,546		1,453,546	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	09001	INFECTIOUS DISEASES	1,235,315		1,235,315	0
90.02	09002	PAIN/PALLIATIVE CARE	807,115		807,115	0
90.03	09003	DIABETIC CLINIC	2,073,173		2,073,173	0
90.04	09004	GI CLINIC	2,847,795		2,847,795	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,250,004		5,250,004	0
90.06	09006	DIETETICS	0		0	0
90.07	09007	INFUSION ROOM	1,088,943		1,088,943	0
90.08	09008	CARDIOLOGY CLINIC	2,514,179		2,514,179	0
90.09	09009	PULMONARY CLINIC	1,139,733		1,139,733	0
90.10	09010	ENT CLINIC	1,582,068		1,582,068	0
90.11	09011	ORTHOPEDIC CLINIC	2,357,917		2,357,917	0
90.12	09012	EYE CLINIC	1,082,350		1,082,350	0
90.13	09013	ONCOLOGY CLINIC	6,018,467		6,018,467	0
90.14	09014	SURGICAL SPECIALTIES	1,559,379		1,559,379	0
90.15	09015	ALLERGY CLINIC	1,606,678		1,606,678	0
90.16	09016	LASER CLINIC	0		0	0
90.17	09017	DERMATOLOGY CLINIC	1,336,020		1,336,020	0
90.18	09018	CLINIC ADMINISTRATOR	0		0	0
90.19	09019	CRANIOFACIAL CENTER	741,822		741,822	0
90.20	09020	HEMATOLOGY CLINIC	966,837		966,837	0
90.21	09021	SPINA BIFIDA	584,198		584,198	0
90.22	09022	NEUROSCIENCES CLINIC	3,227,518		3,227,518	0
90.23	09023	RHEUMATOLOGY CLINIC	852,416		852,416	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.24	09024	ENDOCRINE CLINIC	579,723		579,723	0	0	90.24
90.25	09025	RENAL CLINIC	634,609		634,609	0	0	90.25
90.26	09026	GREENFIELD CLINIC	2,537,157		2,537,157	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	6,361,294		6,361,294	0	0	90.27
90.28	09028	FOX POINT CLINIC	0		0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2,125,711		2,125,711	0	0	90.29
90.30	09030	MEQUON CLINIC	3,950,398		3,950,398	0	0	90.30
90.31	09031	KENOSHA CLINIC	643,255		643,255	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	159,100		159,100	0	0	90.32
90.33	09033	APPLETON CLINIC	147,944		147,944	0	0	90.33
90.34	09034	UROLOGY CLINIC	1,440,904		1,440,904	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	202,652		202,652	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1,606		1,606	0	0	90.36
91.00	09100	EMERGENCY	20,391,899		20,391,899	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,377,314		10,377,314	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	458,254		458,254	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,785,091		4,785,091	0	0	98.00
98.01	09851	TRANSPORT	4,842,734		4,842,734	0	0	98.01
98.02	09852	GENETICS CENTER	1,533,607		1,533,607	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	1,392,570		1,392,570	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	290,897		290,897	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,157,843		3,157,843	0	0	98.05
98.06	09856	DENTAL SRVS	7,102,243		7,102,243	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	542,194		542,194	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	79,982		79,982	0	0	98.08
98.09	09859	OTHER	29		29	0	0	98.09
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	977,990		977,990	0	0	105.00
106.00	10600	HEART ACQUISITION	895,506		895,506	0	0	106.00
107.00	10700	LIVER ACQUISITION	718,886		718,886	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0	0	0	117.00
200.00		Subtotal (see instructions)	550,673,111	0	550,673,111	0	0	200.00
201.00		Less Observation Beds	10,377,314		10,377,314			201.00
202.00		Total (see instructions)	540,295,797	0	540,295,797	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII		Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	114,033,598		114,033,598		30.00
31.00	03100	INTENSIVE CARE UNIT	254,617,779		254,617,779		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	31,464,958		31,464,958		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,155,422	10,602,758	29,758,180	1.129670	1.129670
51.00	05100	RECOVERY ROOM	3,029,997	13,312,774	16,342,771	0.282915	0.282915
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	5,644,815	10,446,792	16,091,607	0.143733	0.143733
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,460,327	45,009,275	58,469,602	0.370210	0.370210
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	4,763,461	8,852,545	13,616,006	0.139063	0.139063
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,822,787	21,338,283	29,161,070	0.210730	0.210730
59.00	05900	CARDIAC CATHETERIZATION	977,314	3,308,301	4,285,615	0.563108	0.563108
60.00	06000	LABORATORY	44,911,244	62,468,462	107,379,706	0.323490	0.323490
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,442,876	2,447,795	8,890,671	0.654662	0.654662
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	32,425,006	9,150,943	41,575,949	0.432347	0.432347
66.00	06600	PHYSICAL THERAPY	5,177,418	13,310,799	18,488,217	0.604467	0.604467
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	2,199,794	8,550,748	10,750,542	0.589477	0.589477
69.00	06900	ELECTROCARDIOLOGY	7,766,400	19,240,948	27,007,348	0.298593	0.298593
70.00	07000	ELECTROENCEPHALOGRAPHY	11,619,979	2,577,253	14,197,232	0.213090	0.213090
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,109,497	40,508,943	64,618,440	0.426094	0.426094
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,983,514	0	17,983,514	0.603210	0.603210
73.00	07300	DRUGS CHARGED TO PATIENTS	97,003,269	76,884,383	173,887,652	0.320572	0.320572
74.00	07400	RENAL DIALYSIS	574,809	3,463,472	4,038,281	0.359942	0.359942
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	INFECTIOUS DISEASES	62	20,714	20,776	59.458750	59.458750
90.02	09002	PAIN/PALLIATIVE CARE	62	154,829	154,891	5.210858	5.210858
90.03	09003	DIABETIC CLINIC	2,339	720,867	723,206	2.866642	2.866642
90.04	09004	GI CLINIC	169,285	2,009,177	2,178,462	1.307250	1.307250
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,397	3,696,737	3,698,134	1.419636	1.419636
90.06	09006	DIETETICS	0	0	0	0.000000	0.000000
90.07	09007	INFUSION ROOM	1,964	2,376,954	2,378,918	0.457747	0.457747
90.08	09008	CARDIOLOGY CLINIC	6,433	790,367	796,800	3.155345	3.155345
90.09	09009	PULMONARY CLINIC	10,377	510,551	520,928	2.187890	2.187890
90.10	09010	ENT CLINIC	1,175	940,569	941,744	1.679934	1.679934
90.11	09011	ORTHOPEDIC CLINIC	2,750	1,709,014	1,711,764	1.377478	1.377478
90.12	09012	EYE CLINIC	355	628,981	629,336	1.719829	1.719829
90.13	09013	ONCOLOGY CLINIC	263,510	4,642,629	4,906,139	1.226722	1.226722
90.14	09014	SURGICAL SPECIALTIES	1,699	529,820	531,519	2.933816	2.933816
90.15	09015	ALLERGY CLINIC	453	1,320,516	1,320,969	1.216287	1.216287
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000
90.17	09017	DERMATOLOGY CLINIC	1,275	1,129,524	1,130,799	1.181483	1.181483
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0.000000	0.000000
90.19	09019	CRANIOFACIAL CENTER	0	250,847	250,847	2.957269	2.957269
90.20	09020	HEMATOLOGY CLINIC	1,164	455,636	456,800	2.116543	2.116543
90.21	09021	SPINA BIFIDA	285	504,936	505,221	1.156322	1.156322
90.22	09022	NEUROSCIENCES CLINIC	4,196	691,624	695,820	4.638438	4.638438
90.23	09023	RHEUMATOLOGY CLINIC	246	160,619	160,865	5.298953	5.298953
90.24	09024	ENDOCRINE CLINIC	647	220,626	221,273	2.619945	2.619945

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.25	09025	RENAL CLINIC	431	165,528	165,959	3.823890	3.823890	90.25
90.26	09026	GREENFIELD CLINIC	0	1,421,239	1,421,239	1.785173	1.785173	90.26
90.27	09027	NEW BERLIN CLINIC	1,485	3,371,138	3,372,623	1.886156	1.886156	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	1,009,378	1,009,378	2.105961	2.105961	90.29
90.30	09030	MEQUON CLINIC	540	2,157,304	2,157,844	1.830715	1.830715	90.30
90.31	09031	KENOSHA CLINIC	0	407,508	407,508	1.578509	1.578509	90.31
90.32	09032	WEST DEPERE CLINIC	0	185,759	185,759	0.856486	0.856486	90.32
90.33	09033	APPLETON CLINIC	0	92,628	92,628	1.597184	1.597184	90.33
90.34	09034	UROLOGY CLINIC	1,440	1,233,472	1,234,912	1.166807	1.166807	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	62	297,644	297,706	0.680712	0.680712	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0.000000	0.000000	90.36
91.00	09100	EMERGENCY	7,263,685	43,021,801	50,285,486	0.405523	0.405523	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,723,239	13,598,119	16,321,358	0.635812	0.635812	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	260	782,136	782,396	0.585706	0.585706	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	144,736	3,534,804	3,679,540	1.300459	1.300459	98.00
98.01	09851	TRANSPORT	1,986,829	318,478	2,305,307	2.100689	2.100689	98.01
98.02	09852	GENETICS CENTER	19,412	537,780	557,192	2.752385	2.752385	98.02
98.03	09853	NUCLEAR MEDICINE	493,064	2,630,681	3,123,745	0.445801	0.445801	98.03
98.04	09854	CHILD DEVELOPMENT	0	186,268	186,268	1.561712	1.561712	98.04
98.05	09855	CHILD PROTECTION CENTER	0	1,435,335	1,435,335	2.200074	2.200074	98.05
98.06	09856	DENTAL SRVS	0	9,848,647	9,848,647	0.721139	0.721139	98.06
98.07	09857	ADOLESCENT MEDICINE	233	323,109	323,342	1.676844	1.676844	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	98,718	98,718	0.810207	0.810207	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,104,209	0	1,104,209			105.00
106.00	10600	HEART ACQUISITION	1,182,375	0	1,182,375			106.00
107.00	10700	LIVER ACQUISITION	986,192	366	986,548			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	721,562,130	461,597,841	1,183,159,971			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	721,562,130	461,597,841	1,183,159,971			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
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	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
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
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
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
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	DIETETICS	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
			11.00			
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27
90.28	09028	FOX POINT CLINIC	0.000000			90.28
90.29	09029	DELAFIELD CLINIC	0.000000			90.29
90.30	09030	MEQUON CLINIC	0.000000			90.30
90.31	09031	KENOSHA CLINIC	0.000000			90.31
90.32	09032	WEST DEPERE CLINIC	0.000000			90.32
90.33	09033	APPLETON CLINIC	0.000000			90.33
90.34	09034	UROLOGY CLINIC	0.000000			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.000000			90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000			90.36
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000			98.00
98.01	09851	TRANSPORT	0.000000			98.01
98.02	09852	GENETICS CENTER	0.000000			98.02
98.03	09853	NUCLEAR MEDICINE	0.000000			98.03
98.04	09854	CHILD DEVELOPMENT	0.000000			98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000			98.05
98.06	09856	DENTAL SRVS	0.000000			98.06
98.07	09857	ADOLESCENT MEDICINE	0.000000			98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000			98.08
98.09	09859	OTHER	0.000000			98.09
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
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
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				117.00
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: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,795,886		78,795,886	0
31.00	03100	INTENSIVE CARE UNIT	98,277,138		98,277,138	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	15,673,866		15,673,866	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	0		0	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,106,632		35,106,632	0
51.00	05100	RECOVERY ROOM	4,623,615		4,623,615	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0
53.00	05300	ANESTHESIOLOGY	4,663,404		4,663,404	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,183,958		22,183,958	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	1,893,485		1,893,485	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,145,112		6,145,112	0
59.00	05900	CARDIAC CATHETERIZATION	2,413,263		2,413,263	0
60.00	06000	LABORATORY	34,848,783		34,848,783	0
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,820,384		5,820,384	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	18,246,402	0	18,246,402	0
66.00	06600	PHYSICAL THERAPY	11,186,253	0	11,186,253	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,337,194	0	6,337,194	0
69.00	06900	ELECTROCARDIOLOGY	9,121,901		9,121,901	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,036,536		3,036,536	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,533,507		27,533,507	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,847,833		10,847,833	0
73.00	07300	DRUGS CHARGED TO PATIENTS	55,743,574		55,743,574	0
74.00	07400	RENAL DIALYSIS	1,658,595		1,658,595	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	09001	INFECTIOUS DISEASES	1,670,122		1,670,122	0
90.02	09002	PAIN/PALLIATIVE CARE	811,688		811,688	0
90.03	09003	DIABETIC CLINIC	2,073,173		2,073,173	0
90.04	09004	GI CLINIC	3,437,724		3,437,724	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,250,004		5,250,004	0
90.06	09006	DIETETICS	0		0	0
90.07	09007	INFUSION ROOM	1,088,943		1,088,943	0
90.08	09008	CARDIOLOGY CLINIC	2,642,240		2,642,240	0
90.09	09009	PULMONARY CLINIC	1,450,228		1,450,228	0
90.10	09010	ENT CLINIC	1,582,068		1,582,068	0
90.11	09011	ORTHOPEDIC CLINIC	2,357,917		2,357,917	0
90.12	09012	EYE CLINIC	1,224,512		1,224,512	0
90.13	09013	ONCOLOGY CLINIC	6,018,467		6,018,467	0
90.14	09014	SURGICAL SPECIALTIES	1,559,379		1,559,379	0
90.15	09015	ALLERGY CLINIC	1,776,218		1,776,218	0
90.16	09016	LASER CLINIC	0		0	0
90.17	09017	DERMATOLOGY CLINIC	1,782,706		1,782,706	0
90.18	09018	CLINIC ADMINISTRATOR	0		0	0
90.19	09019	CRANIOFACIAL CENTER	741,822		741,822	0
90.20	09020	HEMATOLOGY CLINIC	966,837		966,837	0
90.21	09021	SPINA BIFIDA	584,198		584,198	0
90.22	09022	NEUROSCIENCES CLINIC	3,624,912		3,624,912	0
90.23	09023	RHEUMATOLOGY CLINIC	1,052,510		1,052,510	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.24	09024	ENDOCRINE CLINIC	697,048		697,048	0	697,048	90.24	
90.25	09025	RENAL CLINIC	634,609		634,609	0	634,609	90.25	
90.26	09026	GREENFIELD CLINIC	2,537,157		2,537,157	0	2,537,157	90.26	
90.27	09027	NEW BERLIN CLINIC	6,361,294		6,361,294	0	6,361,294	90.27	
90.28	09028	FOX POINT CLINIC	0		0	0	0	90.28	
90.29	09029	DELAFIELD CLINIC	2,125,711		2,125,711	0	2,125,711	90.29	
90.30	09030	MEQUON CLINIC	3,950,398		3,950,398	0	3,950,398	90.30	
90.31	09031	KENOSHA CLINIC	643,255		643,255	0	643,255	90.31	
90.32	09032	WEST DEPERE CLINIC	159,100		159,100	0	159,100	90.32	
90.33	09033	APPLETON CLINIC	147,944		147,944	0	147,944	90.33	
90.34	09034	UROLOGY CLINIC	1,755,274		1,755,274	0	1,755,274	90.34	
90.35	09035	GREENFIELD ENT/ENT CLINIC	202,652		202,652	0	202,652	90.35	
90.36	09036	KENOSHA CLINIC (KNO)	1,606		1,606	0	1,606	90.36	
91.00	09100	EMERGENCY	22,677,292		22,677,292	0	22,677,292	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,377,314		10,377,314		10,377,314	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	458,254		458,254	0	458,254	94.00	
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,502,127		5,502,127	0	5,502,127	98.00	
98.01	09851	TRANSPORT	4,842,734		4,842,734	0	4,842,734	98.01	
98.02	09852	GENETICS CENTER	1,627,493		1,627,493	0	1,627,493	98.02	
98.03	09853	NUCLEAR MEDICINE	1,392,570		1,392,570	0	1,392,570	98.03	
98.04	09854	CHILD DEVELOPMENT	317,259		317,259	0	317,259	98.04	
98.05	09855	CHILD PROTECTION CENTER	3,272,500		3,272,500	0	3,272,500	98.05	
98.06	09856	DENTAL SRVS	8,135,491		8,135,491	0	8,135,491	98.06	
98.07	09857	ADOLESCENT MEDICINE	542,194		542,194	0	542,194	98.07	
98.08	09858	OTHER OFFSITE CLINICS	79,982		79,982	0	79,982	98.08	
98.09	09859	OTHER	29		29	0	29	98.09	
99.00	09900	CMHC	0		0		0	99.00	
99.10	09910	CORF	0		0		0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	977,990		977,990		977,990	105.00	
106.00	10600	HEART ACQUISITION	895,506		895,506		895,506	106.00	
107.00	10700	LIVER ACQUISITION	718,886		718,886		718,886	107.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
116.00	11600	HOSPICE	0		0		0	116.00	
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0		0	117.00	
200.00		Subtotal (see instructions)	576,886,658	0	576,886,658	0	576,886,658	200.00	
201.00		Less Observation Beds	10,377,314		10,377,314		10,377,314	201.00	
202.00		Total (see instructions)	566,509,344	0	566,509,344	0	566,509,344	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	114,033,598		114,033,598		30.00
31.00	03100	INTENSIVE CARE UNIT	254,617,779		254,617,779		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	31,464,958		31,464,958		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,155,422	10,602,758	29,758,180	1.179730	50.00
51.00	05100	RECOVERY ROOM	3,029,997	13,312,774	16,342,771	0.282915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,644,815	10,446,792	16,091,607	0.289803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,460,327	45,009,275	58,469,602	0.379410	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	4,763,461	8,852,545	13,616,006	0.139063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,822,787	21,338,283	29,161,070	0.210730	58.00
59.00	05900	CARDIAC CATHETERIZATION	977,314	3,308,301	4,285,615	0.563108	59.00
60.00	06000	LABORATORY	44,911,244	62,468,462	107,379,706	0.324538	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,442,876	2,447,795	8,890,671	0.654662	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	32,425,006	9,150,943	41,575,949	0.438869	65.00
66.00	06600	PHYSICAL THERAPY	5,177,418	13,310,799	18,488,217	0.605048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,199,794	8,550,748	10,750,542	0.589477	68.00
69.00	06900	ELECTROCARDIOLOGY	7,766,400	19,240,948	27,007,348	0.337756	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,619,979	2,577,253	14,197,232	0.213882	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,109,497	40,508,943	64,618,440	0.426094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,983,514	0	17,983,514	0.603210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,003,269	76,884,383	173,887,652	0.320572	73.00
74.00	07400	RENAL DIALYSIS	574,809	3,463,472	4,038,281	0.410718	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	62	20,714	20,776	80.387081	90.01
90.02	09002	PAIN/PALLIATIVE CARE	62	154,829	154,891	5.240382	90.02
90.03	09003	DIABETIC CLINIC	2,339	720,867	723,206	2.866642	90.03
90.04	09004	GI CLINIC	169,285	2,009,177	2,178,462	1.578051	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,397	3,696,737	3,698,134	1.419636	90.05
90.06	09006	DIETETICS	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	1,964	2,376,954	2,378,918	0.457747	90.07
90.08	09008	CARDIOLOGY CLINIC	6,433	790,367	796,800	3.316064	90.08
90.09	09009	PULMONARY CLINIC	10,377	510,551	520,928	2.783932	90.09
90.10	09010	ENT CLINIC	1,175	940,569	941,744	1.679934	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,750	1,709,014	1,711,764	1.377478	90.11
90.12	09012	EYE CLINIC	355	628,981	629,336	1.945721	90.12
90.13	09013	ONCOLOGY CLINIC	263,510	4,642,629	4,906,139	1.226722	90.13
90.14	09014	SURGICAL SPECIALTIES	1,699	529,820	531,519	2.933816	90.14
90.15	09015	ALLERGY CLINIC	453	1,320,516	1,320,969	1.344633	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	1,275	1,129,524	1,130,799	1.576501	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	250,847	250,847	2.957269	90.19
90.20	09020	HEMATOLOGY CLINIC	1,164	455,636	456,800	2.116543	90.20
90.21	09021	SPINA BIFIDA	285	504,936	505,221	1.156322	90.21
90.22	09022	NEUROSCIENCES CLINIC	4,196	691,624	695,820	5.209554	90.22
90.23	09023	RHEUMATOLOGY CLINIC	246	160,619	160,865	6.542815	90.23
90.24	09024	ENDOCRINE CLINIC	647	220,626	221,273	3.150172	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		10.00
90.25	09025	RENAL CLINIC	431	165,528	165,959	3.823890	0.000000
90.26	09026	GREENFIELD CLINIC	0	1,421,239	1,421,239	1.785173	0.000000
90.27	09027	NEW BERLIN CLINIC	1,485	3,371,138	3,372,623	1.886156	0.000000
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000
90.29	09029	DELAFIELD CLINIC	0	1,009,378	1,009,378	2.105961	0.000000
90.30	09030	MEQUON CLINIC	540	2,157,304	2,157,844	1.830715	0.000000
90.31	09031	KENOSHA CLINIC	0	407,508	407,508	1.578509	0.000000
90.32	09032	WEST DEPERE CLINIC	0	185,759	185,759	0.856486	0.000000
90.33	09033	APPLETON CLINIC	0	92,628	92,628	1.597184	0.000000
90.34	09034	UROLOGY CLINIC	1,440	1,233,472	1,234,912	1.421376	0.000000
90.35	09035	GREENFIELD ENT/ENT CLINIC	62	297,644	297,706	0.680712	0.000000
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	7,263,685	43,021,801	50,285,486	0.450971	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,723,239	13,598,119	16,321,358	0.635812	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	260	782,136	782,396	0.585706	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
98.00	09850	PSYCHIATRY - OFFICE BLDG	144,736	3,534,804	3,679,540	1.495330	0.000000
98.01	09851	TRANSPORT	1,986,829	318,478	2,305,307	2.100689	0.000000
98.02	09852	GENETICS CENTER	19,412	537,780	557,192	2.920884	0.000000
98.03	09853	NUCLEAR MEDICINE	493,064	2,630,681	3,123,745	0.445801	0.000000
98.04	09854	CHILD DEVELOPMENT	0	186,268	186,268	1.703239	0.000000
98.05	09855	CHILD PROTECTION CENTER	0	1,435,335	1,435,335	2.279956	0.000000
98.06	09856	DENTAL SRVS	0	9,848,647	9,848,647	0.826052	0.000000
98.07	09857	ADOLESCENT MEDICINE	233	323,109	323,342	1.676844	0.000000
98.08	09858	OTHER OFFSITE CLINICS	0	98,718	98,718	0.810207	0.000000
98.09	09859	OTHER	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		
99.10	09910	CORF	0	0	0		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		
101.00	10100	HOME HEALTH AGENCY	0	0	0		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,104,209	0	1,104,209		
106.00	10600	HEART ACQUISITION	1,182,375	0	1,182,375		
107.00	10700	LIVER ACQUISITION	986,192	366	986,548		
108.00	10800	LUNG ACQUISITION	0	0	0		
109.00	10900	PANCREAS ACQUISITION	0	0	0		
110.00	11000	INTESTINAL ACQUISITION	0	0	0		
111.00	11100	ISLET ACQUISITION	0	0	0		
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		
116.00	11600	HOSPICE	0	0	0		
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0		
200.00		Subtotal (see instructions)	721,562,130	461,597,841	1,183,159,971		
201.00		Less Observation Beds					
202.00		Total (see instructions)	721,562,130	461,597,841	1,183,159,971		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
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	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
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
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
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
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	DIETETICS	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
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Cost Center Description				Title XIX	Hospital	Cost
PPS Inpatient Ratio						
11.00						
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27
90.28	09028	FOX POINT CLINIC	0.000000			90.28
90.29	09029	DELAFIELD CLINIC	0.000000			90.29
90.30	09030	MEQUON CLINIC	0.000000			90.30
90.31	09031	KENOSHA CLINIC	0.000000			90.31
90.32	09032	WEST DEPERE CLINIC	0.000000			90.32
90.33	09033	APPLETON CLINIC	0.000000			90.33
90.34	09034	UROLOGY CLINIC	0.000000			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.000000			90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000			90.36
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000			98.00
98.01	09851	TRANSPORT	0.000000			98.01
98.02	09852	GENETICS CENTER	0.000000			98.02
98.03	09853	NUCLEAR MEDICINE	0.000000			98.03
98.04	09854	CHILD DEVELOPMENT	0.000000			98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000			98.05
98.06	09856	DENTAL SRVS	0.000000			98.06
98.07	09857	ADOLESCENT MEDICINE	0.000000			98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000			98.08
98.09	09859	OTHER	0.000000			98.09
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
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
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				117.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title XIX			Hospital	Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,106,632	5,784,932	29,321,700	462,795	0
51.00	05100	RECOVERY ROOM	4,623,615	610,907	4,012,708	48,873	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	4,663,404	661,349	4,002,055	52,908	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,183,958	3,046,934	19,137,024	243,755	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,893,485	299,970	1,593,515	23,998	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,145,112	2,132,876	4,012,236	170,630	0
59.00	05900	CARDIAC CATHETERIZATION	2,413,263	579,921	1,833,342	46,394	0
60.00	06000	LABORATORY	34,848,783	2,716,536	32,132,247	217,323	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,820,384	189,298	5,631,086	15,144	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	18,246,402	1,226,977	17,019,425	98,158	0
66.00	06600	PHYSICAL THERAPY	11,186,253	1,571,114	9,615,139	125,689	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,337,194	482,975	5,854,219	38,638	0
69.00	06900	ELECTROCARDIOLOGY	9,121,901	1,398,298	7,723,603	111,864	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,036,536	483,118	2,553,418	38,649	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,533,507	1,954,698	25,578,809	156,376	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,847,833	311,880	10,535,953	24,950	0
73.00	07300	DRUGS CHARGED TO PATIENTS	55,743,574	2,236,944	53,506,630	178,956	0
74.00	07400	RENAL DIALYSIS	1,611,823	134,727	1,477,096	10,778	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	INFECTIOUS DISEASES	1,670,122	42,142	1,627,980	3,371	0
90.02	09002	PAIN/PALLIATIVE CARE	811,688	72,818	738,870	5,825	0
90.03	09003	DIABETIC CLINIC	2,073,173	250,137	1,823,036	20,011	0
90.04	09004	GI CLINIC	3,437,724	244,565	3,193,159	19,565	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,250,004	289,204	4,960,800	23,136	0
90.06	09006	DIETETICS	0	0	0	0	0
90.07	09007	INFUSION ROOM	1,088,943	199,947	888,996	15,996	0
90.08	09008	CARDIOLOGY CLINIC	2,642,240	135,066	2,507,174	10,805	0
90.09	09009	PULMONARY CLINIC	1,450,228	145,563	1,304,665	11,645	0
90.10	09010	ENT CLINIC	1,582,068	253,543	1,328,525	20,283	0
90.11	09011	ORTHOPEDIC CLINIC	2,357,917	541,291	1,816,626	43,303	0
90.12	09012	EYE CLINIC	1,224,512	226,232	998,280	18,099	0
90.13	09013	ONCOLOGY CLINIC	6,018,467	1,051,732	4,966,735	84,139	0
90.14	09014	SURGICAL SPECIALTIES	1,559,379	168,548	1,390,831	13,484	0
90.15	09015	ALLERGY CLINIC	1,776,218	247,570	1,528,648	19,806	0
90.16	09016	LASER CLINIC	0	0	0	0	0
90.17	09017	DERMATOLOGY CLINIC	1,782,706	213,458	1,569,248	17,077	0
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0
90.19	09019	CRANIOFACIAL CENTER	741,822	156,594	585,228	12,528	0
90.20	09020	HEMATOLOGY CLINIC	966,837	218,793	748,044	17,503	0
90.21	09021	SPINA BIFIDA	584,198	110,456	473,742	8,836	0
90.22	09022	NEUROSCIENCES CLINIC	3,624,912	408,413	3,216,499	32,673	0
90.23	09023	RHEUMATOLOGY CLINIC	1,052,510	180,432	872,078	14,435	0
90.24	09024	ENDOCRINE CLINIC	697,048	102,608	594,440	8,209	0
90.25	09025	RENAL CLINIC	634,609	117,463	517,146	9,397	0
90.26	09026	GREENFIELD CLINIC	2,537,157	987,165	1,549,992	78,973	0
90.27	09027	NEW BERLIN CLINIC	6,361,294	1,126,618	5,234,676	90,129	0
90.28	09028	FOX POINT CLINIC	0	0	0	0	0
90.29	09029	DELAFIELD CLINIC	2,125,711	712,854	1,412,857	57,028	0
90.30	09030	MEQUON CLINIC	3,950,398	1,492,967	2,457,431	119,437	0
90.31	09031	KENOSHA CLINIC	643,255	120,672	522,583	9,654	0
90.32	09032	WEST DEPERE CLINIC	159,100	47,968	111,132	3,837	0
90.33	09033	APPLETON CLINIC	147,944	64,633	83,311	5,171	0
90.34	09034	UROLOGY CLINIC	1,755,274	239,447	1,515,827	19,156	0
90.35	09035	GREENFIELD ENT/ENT CLINIC	202,652	107,267	95,385	8,581	0
90.36	09036	KENOSHA CLINIC (KNO)	1,606	382	1,224	31	0
91.00	09100	EMERGENCY	22,677,292	1,753,251	20,924,041	140,260	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,377,314	1,443,028	8,934,286	115,442	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title XIX		Hospital		Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	458,254	13,247	445,007	1,060	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,502,127	351,412	5,150,715	28,113	0
98.01	09851	TRANSPORT	4,842,734	292,906	4,549,828	23,432	0
98.02	09852	GENETICS CENTER	1,627,493	144,087	1,483,406	11,527	0
98.03	09853	NUCLEAR MEDICINE	1,392,570	111,121	1,281,449	8,890	0
98.04	09854	CHILD DEVELOPMENT	317,259	367,372	-50,113	29,390	0
98.05	09855	CHILD PROTECTION CENTER	3,272,500	636,821	2,635,679	50,946	0
98.06	09856	DENTAL SRVS	8,135,491	663,650	7,471,841	53,092	0
98.07	09857	ADOLESCENT MEDICINE	542,194	125,112	417,082	10,009	0
98.08	09858	OTHER OFFSITE CLINICS	79,982	2,372	77,610	190	0
98.09	09859	OTHER	29	8	21	1	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	977,990	39,391	938,599	3,151	0
106.00	10600	HEART ACQUISITION	895,506	37,609	857,897	3,009	0
107.00	10700	LIVER ACQUISITION	718,886	32,299	686,587	2,584	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	384,139,768	42,113,688	341,979,308	3,369,097	0
201.00		Less Observation Beds	10,377,314	1,443,028	8,934,286	115,442	0
202.00		Total (line 200 minus line 201)	373,762,454	40,670,660	333,045,022	3,253,655	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

				Title XIX		Hospital	Cost
Cost Center Description				Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
				6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		34,643,837	29,758,180	1.164179	50.00
51.00	05100	RECOVERY ROOM		4,574,742	16,342,771	0.279924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		4,610,496	16,091,607	0.286516	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		21,940,203	58,469,602	0.375241	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0.000000	56.00
57.00	05700	CT SCAN		1,869,487	13,616,006	0.137301	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		5,974,482	29,161,070	0.204879	58.00
59.00	05900	CARDIAC CATHETERIZATION		2,366,869	4,285,615	0.552282	59.00
60.00	06000	LABORATORY		34,631,460	107,379,706	0.322514	60.00
60.01	06001	BLOOD LABORATORY		0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		5,805,240	8,890,671	0.652959	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		18,148,244	41,575,949	0.436508	65.00
66.00	06600	PHYSICAL THERAPY		11,060,564	18,488,217	0.598249	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		6,298,556	10,750,542	0.585883	68.00
69.00	06900	ELECTROCARDIOLOGY		9,010,037	27,007,348	0.333614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,997,887	14,197,232	0.211160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		27,377,131	64,618,440	0.423674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,822,883	17,983,514	0.601822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		55,564,618	173,887,652	0.319543	73.00
74.00	07400	RENAL DIALYSIS		1,601,045	4,038,281	0.396467	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES		1,666,751	20,776	80.224827	90.01
90.02	09002	PAIN/PALLIATIVE CARE		805,863	154,891	5.202775	90.02
90.03	09003	DIABETIC CLINIC		2,053,162	723,206	2.838973	90.03
90.04	09004	GI CLINIC		3,418,159	2,178,462	1.569070	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		5,226,868	3,698,134	1.413380	90.05
90.06	09006	DIETETICS		0	0	0.000000	90.06
90.07	09007	INFUSION ROOM		1,072,947	2,378,918	0.451023	90.07
90.08	09008	CARDIOLOGY CLINIC		2,631,435	796,800	3.302504	90.08
90.09	09009	PULMONARY CLINIC		1,438,583	520,928	2.761577	90.09
90.10	09010	ENT CLINIC		1,561,785	941,744	1.658397	90.10
90.11	09011	ORTHOPEDIC CLINIC		2,314,614	1,711,764	1.352181	90.11
90.12	09012	EYE CLINIC		1,206,413	629,336	1.916962	90.12
90.13	09013	ONCOLOGY CLINIC		5,934,328	4,906,139	1.209572	90.13
90.14	09014	SURGICAL SPECIALTIES		1,545,895	531,519	2.908447	90.14
90.15	09015	ALLERGY CLINIC		1,756,412	1,320,969	1.329639	90.15
90.16	09016	LASER CLINIC		0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC		1,765,629	1,130,799	1.561400	90.17
90.18	09018	CLINIC ADMINISTRATOR		0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER		729,294	250,847	2.907326	90.19
90.20	09020	HEMATOLOGY CLINIC		949,334	456,800	2.078227	90.20
90.21	09021	SPINA BIFIDA		575,362	505,221	1.138832	90.21
90.22	09022	NEUROSCIENCES CLINIC		3,592,239	695,820	5.162598	90.22
90.23	09023	RHEUMATOLOGY CLINIC		1,038,075	160,865	6.453082	90.23
90.24	09024	ENDOCRINE CLINIC		688,839	221,273	3.113073	90.24
90.25	09025	RENAL CLINIC		625,212	165,959	3.767268	90.25
90.26	09026	GREENFIELD CLINIC		2,458,184	1,421,239	1.729606	90.26
90.27	09027	NEW BERLIN CLINIC		6,271,165	3,372,623	1.859433	90.27
90.28	09028	FOX POINT CLINIC		0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC		2,068,683	1,009,378	2.049463	90.29
90.30	09030	MEQUON CLINIC		3,830,961	2,157,844	1.775365	90.30
90.31	09031	KENOSHA CLINIC		633,601	407,508	1.554819	90.31
90.32	09032	WEST DEPERE CLINIC		155,263	185,759	0.835830	90.32
90.33	09033	APPLETON CLINIC		142,773	92,628	1.541359	90.33
90.34	09034	UROLOGY CLINIC		1,736,118	1,234,912	1.405864	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		194,071	297,706	0.651888	90.35
90.36	09036	KENOSHA CLINIC (KNO)		1,575	0	0.000000	90.36
91.00	09100	EMERGENCY		22,537,032	50,285,486	0.448182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		10,261,872	16,321,358	0.628739	92.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title XIX		Hospital	Cost
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	457,194	782,396	0.584351	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,474,014	3,679,540	1.487690	98.00
98.01	09851	TRANSPORT	4,819,302	2,305,307	2.090525	98.01
98.02	09852	GENETICS CENTER	1,615,966	557,192	2.900196	98.02
98.03	09853	NUCLEAR MEDICINE	1,383,680	3,123,745	0.442955	98.03
98.04	09854	CHILD DEVELOPMENT	287,869	186,268	1.545456	98.04
98.05	09855	CHILD PROTECTION CENTER	3,221,554	1,435,335	2.244461	98.05
98.06	09856	DENTAL SRVS	8,082,399	9,848,647	0.820661	98.06
98.07	09857	ADOLESCENT MEDICINE	532,185	323,342	1.645889	98.07
98.08	09858	OTHER OFFSITE CLINICS	79,792	98,718	0.808282	98.08
98.09	09859	OTHER	28	0	0.000000	98.09
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	974,839	1,104,209	0.882839	105.00
106.00	10600	HEART ACQUISITION	892,497	1,182,375	0.754834	106.00
107.00	10700	LIVER ACQUISITION	716,302	986,548	0.726069	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0.000000	117.00
200.00		Subtotal (sum of lines 50 thru 199)	380,723,899	783,043,636		200.00
201.00		Less Observation Beds	10,261,872	0		201.00
202.00		Total (line 200 minus line 201)	370,462,027	783,043,636		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title V		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,795,886		78,795,886	0	0
31.00	03100	INTENSIVE CARE UNIT	98,277,138		98,277,138	0	0
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	15,673,866		15,673,866	0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	0		0	0	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,106,632		35,106,632	0	0
51.00	05100	RECOVERY ROOM	4,623,615		4,623,615	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	4,663,404		4,663,404	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,183,958		22,183,958	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	1,893,485		1,893,485	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,145,112		6,145,112	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,413,263		2,413,263	0	0
60.00	06000	LABORATORY	34,848,783		34,848,783	0	0
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,820,384		5,820,384	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	18,246,402	0	18,246,402	0	0
66.00	06600	PHYSICAL THERAPY	11,186,253	0	11,186,253	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,337,194	0	6,337,194	0	0
69.00	06900	ELECTROCARDIOLOGY	9,121,901		9,121,901	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,036,536		3,036,536	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,533,507		27,533,507	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,847,833		10,847,833	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	55,743,574		55,743,574	0	0
74.00	07400	RENAL DIALYSIS	1,658,595		1,658,595	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	09001	INFECTIOUS DISEASES	1,670,122		1,670,122	0	0
90.02	09002	PAIN/PALLIATIVE CARE	811,688		811,688	0	0
90.03	09003	DIABETIC CLINIC	2,073,173		2,073,173	0	0
90.04	09004	GI CLINIC	3,437,724		3,437,724	0	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,250,004		5,250,004	0	0
90.06	09006	DIETETICS	0		0	0	0
90.07	09007	INFUSION ROOM	1,088,943		1,088,943	0	0
90.08	09008	CARDIOLOGY CLINIC	2,642,240		2,642,240	0	0
90.09	09009	PULMONARY CLINIC	1,450,228		1,450,228	0	0
90.10	09010	ENT CLINIC	1,582,068		1,582,068	0	0
90.11	09011	ORTHOPEDIC CLINIC	2,357,917		2,357,917	0	0
90.12	09012	EYE CLINIC	1,224,512		1,224,512	0	0
90.13	09013	ONCOLOGY CLINIC	6,018,467		6,018,467	0	0
90.14	09014	SURGICAL SPECIALTIES	1,559,379		1,559,379	0	0
90.15	09015	ALLERGY CLINIC	1,776,218		1,776,218	0	0
90.16	09016	LASER CLINIC	0		0	0	0
90.17	09017	DERMATOLOGY CLINIC	1,782,706		1,782,706	0	0
90.18	09018	CLINIC ADMINISTRATOR	0		0	0	0
90.19	09019	CRANIOFACIAL CENTER	741,822		741,822	0	0
90.20	09020	HEMATOLOGY CLINIC	966,837		966,837	0	0
90.21	09021	SPINA BIFIDA	584,198		584,198	0	0
90.22	09022	NEUROSCIENCES CLINIC	3,624,912		3,624,912	0	0
90.23	09023	RHEUMATOLOGY CLINIC	1,052,510		1,052,510	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

				Title V		Hospital		Cost	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
				1.00	2.00	3.00	4.00	5.00	
90.24	09024	ENDOCRINE CLINIC	697,048		697,048	0	0	90.24	
90.25	09025	RENAL CLINIC	634,609		634,609	0	0	90.25	
90.26	09026	GREENFIELD CLINIC	2,537,157		2,537,157	0	0	90.26	
90.27	09027	NEW BERLIN CLINIC	6,361,294		6,361,294	0	0	90.27	
90.28	09028	FOX POINT CLINIC	0		0	0	0	90.28	
90.29	09029	DELAFIELD CLINIC	2,125,711		2,125,711	0	0	90.29	
90.30	09030	MEQUON CLINIC	3,950,398		3,950,398	0	0	90.30	
90.31	09031	KENOSHA CLINIC	643,255		643,255	0	0	90.31	
90.32	09032	WEST DEPERE CLINIC	159,100		159,100	0	0	90.32	
90.33	09033	APPLETON CLINIC	147,944		147,944	0	0	90.33	
90.34	09034	UROLOGY CLINIC	1,755,274		1,755,274	0	0	90.34	
90.35	09035	GREENFIELD ENT/ENT CLINIC	202,652		202,652	0	0	90.35	
90.36	09036	KENOSHA CLINIC (KNO)	1,606		1,606	0	0	90.36	
91.00	09100	EMERGENCY	22,677,292		22,677,292	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	458,254		458,254	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,502,127		5,502,127	0	0	98.00	
98.01	09851	TRANSPORT	4,842,734		4,842,734	0	0	98.01	
98.02	09852	GENETICS CENTER	1,627,493		1,627,493	0	0	98.02	
98.03	09853	NUCLEAR MEDICINE	1,392,570		1,392,570	0	0	98.03	
98.04	09854	CHILD DEVELOPMENT	317,259		317,259	0	0	98.04	
98.05	09855	CHILD PROTECTION CENTER	3,272,500		3,272,500	0	0	98.05	
98.06	09856	DENTAL SRVS	8,135,491		8,135,491	0	0	98.06	
98.07	09857	ADOLESCENT MEDICINE	542,194		542,194	0	0	98.07	
98.08	09858	OTHER OFFSITE CLINICS	79,982		79,982	0	0	98.08	
98.09	09859	OTHER	29		29	0	0	98.09	
99.00	09900	CMHC	0		0	0	0	99.00	
99.10	09910	CORF	0		0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	977,990		977,990	0	0	105.00	
106.00	10600	HEART ACQUISITION	895,506		895,506	0	0	106.00	
107.00	10700	LIVER ACQUISITION	718,886		718,886	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00	
116.00	11600	HOSPICE	0		0	0	0	116.00	
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0	0	0	117.00	
200.00		Subtotal (see instructions)	566,509,344	0	566,509,344	0	0	200.00	
201.00		Less Observation Beds	0		0	0	0	201.00	
202.00		Total (see instructions)	566,509,344	0	566,509,344	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title V			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0		0			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0	0	0.000000	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0.000000	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0.000000	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	0.000000	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	0.000000	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	0.000000	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0.000000	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0.000000	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0.000000	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0.000000	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0.000000	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0.000000	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0.000000	0.000000	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

			Title V			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.25	09025	RENAL CLINIC	0	0	0	0.000000	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0.000000	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0.000000	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0.000000	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0.000000	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0.000000	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0.000000	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0.000000	0.000000	90.33
90.34	09034	UROLOGY CLINIC	0	0	0	0.000000	0.000000	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	0.000000	0.000000	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0.000000	0.000000	90.36
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0.000000	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	0.000000	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	0.000000	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0.000000	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0.000000	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0.000000	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	0.000000	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0.000000	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0.000000	0.000000	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
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	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
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
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
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
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	DIETETICS	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description				Title V	Hospital	Cost
PPS Inpatient Ratio						
11.00						
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27
90.28	09028	FOX POINT CLINIC	0.000000			90.28
90.29	09029	DELAFIELD CLINIC	0.000000			90.29
90.30	09030	MEQUON CLINIC	0.000000			90.30
90.31	09031	KENOSHA CLINIC	0.000000			90.31
90.32	09032	WEST DEPERE CLINIC	0.000000			90.32
90.33	09033	APPLETON CLINIC	0.000000			90.33
90.34	09034	UROLOGY CLINIC	0.000000			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.000000			90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000			90.36
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000			98.00
98.01	09851	TRANSPORT	0.000000			98.01
98.02	09852	GENETICS CENTER	0.000000			98.02
98.03	09853	NUCLEAR MEDICINE	0.000000			98.03
98.04	09854	CHILD DEVELOPMENT	0.000000			98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000			98.05
98.06	09856	DENTAL SRVS	0.000000			98.06
98.07	09857	ADOLESCENT MEDICINE	0.000000			98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000			98.08
98.09	09859	OTHER	0.000000			98.09
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
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
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				117.00
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: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

		Title XVIII		Hospital	TEFRA			
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	9,709,999	0	9,709,999	27,898	348.05	30.00	
31.00	INTENSIVE CARE UNIT	11,571,901		11,571,901	38,008	304.46	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	OTHER SPECIAL CARE HOT UNIT	1,584,301		1,584,301	5,379	294.53	35.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	22,866,201		22,866,201	71,285		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	31	10,790					30.00
31.00	INTENSIVE CARE UNIT	89	27,097					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00	OTHER SPECIAL CARE HOT UNIT	63	18,555					35.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	183	56,442					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/29/2019 2:24 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)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,784,932	29,758,180	0.194398	77,098	14,988	50.00
51.00	05100 RECOVERY ROOM	610,907	16,342,771	0.037381	5,188	194	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	661,349	16,091,607	0.041099	31,151	1,280	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,046,934	58,469,602	0.052111	101,427	5,285	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	299,970	13,616,006	0.022031	25,985	572	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,132,876	29,161,070	0.073141	39,857	2,915	58.00
59.00	05900 CARDIAC CATHETERIZATION	579,921	4,285,615	0.135318	14,608	1,977	59.00
60.00	06000 LABORATORY	2,716,536	107,379,706	0.025298	263,335	6,662	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	189,298	8,890,671	0.021292	27,189	579	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,226,977	41,575,949	0.029512	213,984	6,315	65.00
66.00	06600 PHYSICAL THERAPY	1,571,114	18,488,217	0.084979	11,612	987	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	482,975	10,750,542	0.044926	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,398,298	27,007,348	0.051775	99,449	5,149	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	483,118	14,197,232	0.034029	35,233	1,199	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,954,698	64,618,440	0.030250	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	311,880	17,983,514	0.017343	12,434	216	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,236,944	173,887,652	0.012864	714,051	9,186	73.00
74.00	07400 RENAL DIALYSIS	134,727	4,038,281	0.033362	23,780	793	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 INFECTIOUS DISEASES	42,142	20,776	2.028398	0	0	90.01
90.02	09002 PAIN/PALLIATIVE CARE	72,818	154,891	0.470124	0	0	90.02
90.03	09003 DIABETIC CLINIC	250,137	723,206	0.345872	0	0	90.03
90.04	09004 GI CLINIC	244,565	2,178,462	0.112265	0	0	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	289,204	3,698,134	0.078203	0	0	90.05
90.06	09006 DIETETICS	0	0	0.000000	0	0	90.06
90.07	09007 INFUSION ROOM	199,947	2,378,918	0.084050	0	0	90.07
90.08	09008 CARDIOLOGY CLINIC	135,066	796,800	0.169511	126	21	90.08
90.09	09009 PULMONARY CLINIC	145,563	520,928	0.279430	0	0	90.09
90.10	09010 ENT CLINIC	253,543	941,744	0.269227	0	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	541,291	1,711,764	0.316218	0	0	90.11
90.12	09012 EYE CLINIC	226,232	629,336	0.359477	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	1,051,732	4,906,139	0.214371	4,058	870	90.13
90.14	09014 SURGICAL SPECIALTIES	168,548	531,519	0.317106	0	0	90.14
90.15	09015 ALLERGY CLINIC	247,570	1,320,969	0.187415	0	0	90.15
90.16	09016 LASER CLINIC	0	0	0.000000	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	213,458	1,130,799	0.188767	0	0	90.17
90.18	09018 CLINIC ADMINISTRATOR	0	0	0.000000	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	156,594	250,847	0.624261	0	0	90.19
90.20	09020 HEMATOLOGY CLINIC	218,793	456,800	0.478969	0	0	90.20
90.21	09021 SPINA BIFIDA	110,456	505,221	0.218629	0	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	408,413	695,820	0.586952	59	35	90.22
90.23	09023 RHEUMATOLOGY CLINIC	180,432	160,865	1.121636	0	0	90.23
90.24	09024 ENDOCRINE CLINIC	102,608	221,273	0.463717	0	0	90.24
90.25	09025 RENAL CLINIC	117,463	165,959	0.707783	0	0	90.25
90.26	09026 GREENFIELD CLINIC	987,165	1,421,239	0.694581	0	0	90.26
90.27	09027 NEW BERLIN CLINIC	1,126,618	3,372,623	0.334048	0	0	90.27
90.28	09028 FOX POINT CLINIC	0	0	0.000000	0	0	90.28
90.29	09029 DELAFIELD CLINIC	712,854	1,009,378	0.706231	0	0	90.29
90.30	09030 MEQUON CLINIC	1,492,967	2,157,844	0.691879	0	0	90.30
90.31	09031 KENOSHA CLINIC	120,672	407,508	0.296122	0	0	90.31
90.32	09032 WEST DEPERE CLINIC	47,968	185,759	0.258227	0	0	90.32
90.33	09033 APPLETON CLINIC	64,633	92,628	0.697770	0	0	90.33
90.34	09034 UROLOGY CLINIC	239,447	1,234,912	0.193898	0	0	90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	107,267	297,706	0.360312	0	0	90.35
90.36	09036 KENOSHA CLINIC (KNO)	382	0	0.000000	0	0	90.36
91.00	09100 EMERGENCY	1,753,251	50,285,486	0.034866	15,165	529	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,443,028	16,321,358	0.088413	9,132	807	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		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	
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	13,247	782,396	0.016931	0	94.00
95.00	09500	AMBULANCE SERVICES				0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	351,412	3,679,540	0.095504	1,798	98.00
98.01	09851	TRANSPORT	292,906	2,305,307	0.127057	0	98.01
98.02	09852	GENETICS CENTER	144,087	557,192	0.258595	0	98.02
98.03	09853	NUCLEAR MEDICINE	111,121	3,123,745	0.035573	0	98.03
98.04	09854	CHILD DEVELOPMENT	367,372	186,268	1.972277	0	98.04
98.05	09855	CHILD PROTECTION CENTER	636,821	1,435,335	0.443674	0	98.05
98.06	09856	DENTAL SRVS	663,650	9,848,647	0.067385	0	98.06
98.07	09857	ADOLESCENT MEDICINE	125,112	323,342	0.386934	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	2,372	98,718	0.024028	0	98.08
98.09	09859	OTHER	8	0	0.000000	0	98.09
200.00		Total (lines 50 through 199)	42,004,389	779,770,504		1,726,719	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/29/2019 2:24 pm	
					Title XVIII		Hospital		TEFRA	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	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	0	27,898	0.00	31	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	38,008	0.00	89	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00		
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00		
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	5,379	0.00	63	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY	0	0	0	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00		
200.00		Total (lines 30 through 199)	0	0	71,285		183	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							
31.00	03100	INTENSIVE CARE UNIT	0							
32.00	03200	CORONARY CARE UNIT	0							
33.00	03300	BURN INTENSIVE CARE UNIT	0							
33.01	03301	BURN INTENSIVE CARE UNIT	0							
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0							
40.00	04000	SUBPROVIDER - IPF	0							
41.00	04100	SUBPROVIDER - IRF	0							
42.00	04200	SUBPROVIDER	0							
43.00	04300	NURSERY	0							
44.00	04400	SKILLED NURSING FACILITY	0							
45.00	04500	NURSING FACILITY	0							
200.00		Total (lines 30 through 199)	0							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm	
				Title XVIII		Hospital		TEFRA	
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
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
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	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
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	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
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
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
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
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	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES		0	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC		0	0	0	0	0	90.03
90.04	09004	GI CLINIC		0	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0	0	0	0	0	90.05
90.06	09006	DIETETICS		0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM		0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC		0	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC		0	0	0	0	0	90.09
90.10	09010	ENT CLINIC		0	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC		0	0	0	0	0	90.11
90.12	09012	EYE CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES		0	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC		0	0	0	0	0	90.15
90.16	09016	LASER CLINIC		0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC		0	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR		0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER		0	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC		0	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA		0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC		0	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC		0	0	0	0	0	90.24
90.25	09025	RENAL CLINIC		0	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC		0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC		0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC		0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC		0	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC		0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC		0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC		0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC		0	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0	0	0	0	0	90.36
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title XVIII		Hospital		TEFRA
			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
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0 98.00
98.01	09851	TRANSPORT	0	0	0	0	0 98.01
98.02	09852	GENETICS CENTER	0	0	0	0	0 98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0 98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0 98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	0 98.05
98.06	09856	DENTAL SRVS	0	0	0	0	0 98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0	0 98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0 98.08
98.09	09859	OTHER	0	0	0	0	0 98.09
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm	
					Title XVIII	Hospital	TEFRA	
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	29,758,180	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,342,771	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,091,607	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,469,602	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	13,616,006	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	29,161,070	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,285,615	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	107,379,706	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,890,671	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	41,575,949	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,488,217	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,750,542	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,007,348	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,197,232	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	64,618,440	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,983,514	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	173,887,652	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,038,281	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	20,776	0.000000	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	0	154,891	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	723,206	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	2,178,462	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	3,698,134	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	2,378,918	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	796,800	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	520,928	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	941,744	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	1,711,764	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	629,336	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	4,906,139	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	531,519	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	1,320,969	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	1,130,799	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	250,847	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	456,800	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	505,221	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	695,820	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	160,865	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	221,273	0.000000	90.24
90.25	09025	RENAL CLINIC	0	0	0	165,959	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	1,421,239	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	3,372,623	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	1,009,378	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	2,157,844	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	407,508	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	185,759	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	92,628	0.000000	90.33
90.34	09034	UROLOGY CLINIC	0	0	0	1,234,912	0.000000	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	297,706	0.000000	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0.000000	90.36
91.00	09100	EMERGENCY	0	0	0	50,285,486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,321,358	0.000000	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm	
			Title XVIII		Hospital		TEFRA	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	782,396	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	3,679,540	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	2,305,307	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	557,192	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	3,123,745	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	186,268	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	1,435,335	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	9,848,647	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	323,342	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	98,718	0.000000	98.08
98.09	09859	OTHER	0	0	0	0	0.000000	98.09
200.00		Total (lines 50 through 199)	0	0	0	779,770,504		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:24 pm

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	
Title XVIII							
Hospital							
TEFRA							
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	77,098	0	32,113	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	5,188	0	15,186	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	31,151	0	8,484	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	101,427	0	60,624	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	25,985	0	25,491	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	39,857	0	46,152	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	14,608	0	9	0 59.00
60.00	06000	LABORATORY	0.000000	263,335	0	349,594	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	27,189	0	3,492	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	213,984	0	44,424	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	11,612	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	3,169	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	99,449	0	254,476	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	35,233	0	638	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	183,401	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,434	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	714,051	0	986,348	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	23,780	0	16	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
90.01	09001	INFECTIOUS DISEASES	0.000000	0	0	0	0 90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000	0	0	0	0 90.02
90.03	09003	DIABETIC CLINIC	0.000000	0	0	200	0 90.03
90.04	09004	GI CLINIC	0.000000	0	0	1,486	0 90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000	0	0	2,894	0 90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0 90.06
90.07	09007	INFUSION ROOM	0.000000	0	0	64,774	0 90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000	126	0	13,866	0 90.08
90.09	09009	PULMONARY CLINIC	0.000000	0	0	310	0 90.09
90.10	09010	ENT CLINIC	0.000000	0	0	1,703	0 90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000	0	0	0	0 90.11
90.12	09012	EYE CLINIC	0.000000	0	0	516	0 90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	4,058	0	21,858	0 90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000	0	0	240	0 90.14
90.15	09015	ALLERGY CLINIC	0.000000	0	0	47,538	0 90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0 90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000	0	0	3,839	0 90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0 90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000	0	0	366	0 90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000	0	0	5,359	0 90.20
90.21	09021	SPINA BIFIDA	0.000000	0	0	4,589	0 90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000	59	0	944	0 90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000	0	0	150	0 90.23
90.24	09024	ENDOCRINE CLINIC	0.000000	0	0	50	0 90.24
90.25	09025	RENAL CLINIC	0.000000	0	0	50	0 90.25
90.26	09026	GREENFIELD CLINIC	0.000000	0	0	351	0 90.26
90.27	09027	NEW BERLIN CLINIC	0.000000	0	0	11,769	0 90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0 90.28
90.29	09029	DELAFIELD CLINIC	0.000000	0	0	4,103	0 90.29
90.30	09030	MEQUON CLINIC	0.000000	0	0	14,438	0 90.30
90.31	09031	KENOSHA CLINIC	0.000000	0	0	3,311	0 90.31
90.32	09032	WEST DEPERE CLINIC	0.000000	0	0	0	0 90.32
90.33	09033	APPLETON CLINIC	0.000000	0	0	0	0 90.33
90.34	09034	UROLOGY CLINIC	0.000000	0	0	2,202	0 90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.000000	0	0	0	0 90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000	0	0	0	0 90.36
91.00	09100	EMERGENCY	0.000000	15,165	0	14,676	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	9,132	0	4,185	0 92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title XVIII		Hospital		TEFRA
			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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00	09500	AMBULANCE SERVICES					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000	1,798	0	229	0
98.01	09851	TRANSPORT	0.000000	0	0	0	0
98.02	09852	GENETICS CENTER	0.000000	0	0	4,165	0
98.03	09853	NUCLEAR MEDICINE	0.000000	0	0	77	0
98.04	09854	CHILD DEVELOPMENT	0.000000	0	0	0	0
98.05	09855	CHILD PROTECTION CENTER	0.000000	0	0	0	0
98.06	09856	DENTAL SRVS	0.000000	0	0	0	0
98.07	09857	ADOLESCENT MEDICINE	0.000000	0	0	0	0
98.08	09858	OTHER OFFSITE CLINICS	0.000000	0	0	0	0
98.09	09859	OTHER	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		1,726,719	0	2,243,855	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII		Hospital	TEFRA		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1.129670	32,113	0	0	36,277	50.00
51.00	05100	RECOVERY ROOM	0.282915	15,186	0	0	4,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.143733	8,484	0	0	1,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.370210	60,624	0	0	22,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.139063	25,491	0	0	3,545	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210730	46,152	0	0	9,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.563108	9	0	0	5	59.00
60.00	06000	LABORATORY	0.323490	349,594	8,192	0	113,090	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.654662	3,492	0	0	2,286	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.432347	44,424	0	0	19,207	65.00
66.00	06600	PHYSICAL THERAPY	0.604467	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.589477	3,169	0	0	1,868	68.00
69.00	06900	ELECTROCARDIOLOGY	0.298593	254,476	0	0	75,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213090	638	0	0	136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.426094	183,401	0	0	78,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603210	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.320572	986,348	0	0	316,196	73.00
74.00	07400	RENAL DIALYSIS	0.359942	16	0	0	6	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	59.458750	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	5.210858	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.866642	200	0	0	573	90.03
90.04	09004	GI CLINIC	1.307250	1,486	0	0	1,943	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.419636	2,894	0	0	4,108	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.457747	64,774	0	0	29,650	90.07
90.08	09008	CARDIOLOGY CLINIC	3.155345	13,866	0	0	43,752	90.08
90.09	09009	PULMONARY CLINIC	2.187890	310	0	0	678	90.09
90.10	09010	ENT CLINIC	1.679934	1,703	0	0	2,861	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.377478	0	0	0	0	90.11
90.12	09012	EYE CLINIC	1.719829	516	0	0	887	90.12
90.13	09013	ONCOLOGY CLINIC	1.226722	21,858	0	0	26,814	90.13
90.14	09014	SURGICAL SPECIALTIES	2.933816	240	0	0	704	90.14
90.15	09015	ALLERGY CLINIC	1.216287	47,538	0	0	57,820	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.181483	3,839	0	0	4,536	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.957269	366	0	0	1,082	90.19
90.20	09020	HEMATOLOGY CLINIC	2.116543	5,359	0	0	11,343	90.20
90.21	09021	SPINA BIFIDA	1.156322	4,589	0	0	5,306	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.638438	944	0	0	4,379	90.22
90.23	09023	RHEUMATOLOGY CLINIC	5.298953	150	0	0	795	90.23
90.24	09024	ENDOCRINE CLINIC	2.619945	50	0	0	131	90.24
90.25	09025	RENAL CLINIC	3.823890	50	0	0	191	90.25
90.26	09026	GREENFIELD CLINIC	1.785173	351	0	0	627	90.26
90.27	09027	NEW BERLIN CLINIC	1.886156	11,769	0	0	22,198	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2.105961	4,103	0	0	8,641	90.29
90.30	09030	MEQUON CLINIC	1.830715	14,438	0	0	26,432	90.30
90.31	09031	KENOSHA CLINIC	1.578509	3,311	0	0	5,226	90.31
90.32	09032	WEST DEPERE CLINIC	0.856486	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	1.597184	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	1.166807	2,202	0	0	2,569	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.680712	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000	0	0	0	0	90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	0.405523	14,676	0	0	5,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.635812	4,185	0	0	2,661	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.585706		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.300459	229	0	0	298	98.00
98.01	09851	TRANSPORT	2.100689	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	2.752385	4,165	0	0	11,464	98.02
98.03	09853	NUCLEAR MEDICINE	0.445801	77	0	0	34	98.03
98.04	09854	CHILD DEVELOPMENT	1.561712	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.200074	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	0.721139	0	0	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1.676844	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.810207	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Subtotal (see instructions)		2,243,855	8,192	0	968,086	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,243,855	8,192	0	968,086	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII		Hospital	TEFRA
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
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
56.00	05600	RADIOISOTOPE	0	0		56.00
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	2,650	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
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
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	0		90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	0	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	0	0		90.08
90.09	09009	PULMONARY CLINIC	0	0		90.09
90.10	09010	ENT CLINIC	0	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	0	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	0		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024	ENDOCRINE CLINIC	0	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	UROLOGY CLINIC	0	0		90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0		90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0		90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XVIII		Hospital	TEFRA
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		
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	0	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	0	0		98.04
98.05	09855	CHILD PROTECTION CENTER	0	0		98.05
98.06	09856	DENTAL SRVS	0	0		98.06
98.07	09857	ADOLESCENT MEDICINE	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	2,650	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,650	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1.164179	0	0	1,651,439	0	50.00
51.00	05100	RECOVERY ROOM	0.279924	0	0	2,134,772	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.286516	0	0	982,720	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.375241	0	0	4,784,652	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.137301	0	0	1,443,395	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.204879	0	0	4,843,029	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.552282	0	0	722,832	0	59.00
60.00	06000	LABORATORY	0.322514	0	0	10,277,139	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.652959	0	0	667,473	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.436508	0	0	2,016,697	0	65.00
66.00	06600	PHYSICAL THERAPY	0.598249	0	0	946,293	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.585883	0	0	1,435,027	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.333614	0	0	3,115,669	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211160	0	0	427,749	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.423674	0	0	7,031,703	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.601822	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319543	0	0	16,607,146	0	73.00
74.00	07400	RENAL DIALYSIS	0.396467	0	0	6,053	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	80.224827	0	0	3,685	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	5.202775	0	0	6,801	0	90.02
90.03	09003	DIABETIC CLINIC	2.838973	0	0	31,857	0	90.03
90.04	09004	GI CLINIC	1.569070	0	0	433,552	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.413380	0	0	172,823	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.451023	0	0	438,577	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3.302504	0	0	200,670	0	90.08
90.09	09009	PULMONARY CLINIC	2.761577	0	0	183,765	0	90.09
90.10	09010	ENT CLINIC	1.658397	0	0	223,582	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.352181	0	0	420,749	0	90.11
90.12	09012	EYE CLINIC	1.916962	0	0	190,025	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.209572	0	0	1,302,096	0	90.13
90.14	09014	SURGICAL SPECIALTIES	2.908447	0	0	88,815	0	90.14
90.15	09015	ALLERGY CLINIC	1.329639	0	0	115,233	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.561400	0	0	122,149	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.907326	0	0	18,846	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.078227	0	0	122,375	0	90.20
90.21	09021	SPINA BIFIDA	1.138832	0	0	221,078	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	5.162598	0	0	239,194	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	6.453082	0	0	15,610	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.113073	0	0	25,254	0	90.24
90.25	09025	RENAL CLINIC	3.767268	0	0	41,904	0	90.25
90.26	09026	GREENFIELD CLINIC	1.729606	0	0	59,680	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.859433	0	0	307,656	0	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2.049463	0	0	44,920	0	90.29
90.30	09030	MEQUON CLINIC	1.775365	0	0	170,253	0	90.30
90.31	09031	KENOSHA CLINIC	1.554819	0	0	27,106	0	90.31
90.32	09032	WEST DEPERE CLINIC	0.835830	0	0	14,909	0	90.32
90.33	09033	APPLETON CLINIC	1.541359	0	0	19,535	0	90.33
90.34	09034	UROLOGY CLINIC	1.405864	0	0	174,704	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.651888	0	0	18,126	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000	0	0	0	0	90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

				Title XIX		Hospital		Cost	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	0.448182	0	0	0	5,728,894	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.628739	0	0	0	2,765,322	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.584351			0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.487690	0	0	0	220,609	0	98.00
98.01	09851	TRANSPORT	2.090525	0	0	0	6,615	0	98.01
98.02	09852	GENETICS CENTER	2.900196	0	0	0	149,506	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.442955	0	0	0	384,559	0	98.03
98.04	09854	CHILD DEVELOPMENT	1.545456	0	0	0	28,019	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.244461	0	0	0	38,521	0	98.05
98.06	09856	DENTAL SRVS	0.820661	0	0	0	1,664,423	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1.645889	0	0	0	22,961	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.808282	0	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	0	98.09
200.00		Subtotal (see instructions)		0	0	0	75,558,746	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	75,558,746	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/29/2019 2:24 pm	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	1,922,571					50.00
51.00	05100	RECOVERY ROOM	0	597,574					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	281,565					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,795,398					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	198,180					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	992,235					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	399,207					59.00
60.00	06000	LABORATORY	0	3,314,521					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	435,833					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	880,304					65.00
66.00	06600	PHYSICAL THERAPY	0	566,119					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	840,758					68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,039,431					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	90,323					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,979,150					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,306,697					73.00
74.00	07400	RENAL DIALYSIS	0	2,400					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	INFECTIOUS DISEASES	0	295,628					90.01
90.02	09002	PAIN/PALLATIVE CARE	0	35,384					90.02
90.03	09003	DIABETIC CLINIC	0	90,441					90.03
90.04	09004	GI CLINIC	0	680,273					90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	244,265					90.05
90.06	09006	DIETETICS	0	0					90.06
90.07	09007	INFUSION ROOM	0	197,808					90.07
90.08	09008	CARDIOLOGY CLINIC	0	662,713					90.08
90.09	09009	PULMONARY CLINIC	0	507,481					90.09
90.10	09010	ENT CLINIC	0	370,788					90.10
90.11	09011	ORTHOPEDIC CLINIC	0	568,929					90.11
90.12	09012	EYE CLINIC	0	364,271					90.12
90.13	09013	ONCOLOGY CLINIC	0	1,574,979					90.13
90.14	09014	SURGICAL SPECIALTIES	0	258,314					90.14
90.15	09015	ALLERGY CLINIC	0	153,218					90.15
90.16	09016	LASER CLINIC	0	0					90.16
90.17	09017	DERMATOLOGY CLINIC	0	190,723					90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0					90.18
90.19	09019	CRANIOFACIAL CENTER	0	54,791					90.19
90.20	09020	HEMATOLOGY CLINIC	0	254,323					90.20
90.21	09021	SPINA BIFIDA	0	251,771					90.21
90.22	09022	NEUROSCIENCES CLINIC	0	1,234,862					90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	100,733					90.23
90.24	09024	ENDOCRINE CLINIC	0	78,618					90.24
90.25	09025	RENAL CLINIC	0	157,864					90.25
90.26	09026	GREENFIELD CLINIC	0	103,223					90.26
90.27	09027	NEW BERLIN CLINIC	0	572,066					90.27
90.28	09028	FOX POINT CLINIC	0	0					90.28
90.29	09029	DELAFIELD CLINIC	0	92,062					90.29
90.30	09030	MEQUON CLINIC	0	302,261					90.30
90.31	09031	KENOSHA CLINIC	0	42,145					90.31
90.32	09032	WEST DEPERE CLINIC	0	12,461					90.32
90.33	09033	APPLETON CLINIC	0	30,110					90.33
90.34	09034	UROLOGY CLINIC	0	245,610					90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	11,816					90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0					90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/29/2019 2:24 pm

			Title XIX		Hospital	Cost
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		
91.00	09100	EMERGENCY	0	2,567,587		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,738,666		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	328,198		98.00
98.01	09851	TRANSPORT	0	13,829		98.01
98.02	09852	GENETICS CENTER	0	433,597		98.02
98.03	09853	NUCLEAR MEDICINE	0	170,342		98.03
98.04	09854	CHILD DEVELOPMENT	0	43,302		98.04
98.05	09855	CHILD PROTECTION CENTER	0	86,459		98.05
98.06	09856	DENTAL SRVS	0	1,365,927		98.06
98.07	09857	ADOLESCENT MEDICINE	0	37,791		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	0	38,167,895		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	38,167,895		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title V		Hospital	Cost		
		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	9,709,999	0	9,709,999	27,898	348.05	30.00
31.00	INTENSIVE CARE UNIT	11,571,901		11,571,901	38,008	304.46	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	1,584,301		1,584,301	5,379	294.53	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	22,866,201		22,866,201	71,285		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	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	OTHER SPECIAL CARE HOT UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title V		Hospital		Cost	
		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	5,784,932	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	610,907	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	661,349	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,046,934	0	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	56.00
57.00	05700	CT SCAN	299,970	0	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,132,876	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	579,921	0	0.000000	0	59.00
60.00	06000	LABORATORY	2,716,536	0	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	189,298	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,226,977	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	1,571,114	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	482,975	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,398,298	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	483,118	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,954,698	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	311,880	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,236,944	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	134,727	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.01	09001	INFECTIOUS DISEASES	42,142	0	0.000000	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	72,818	0	0.000000	0	90.02
90.03	09003	DIABETIC CLINIC	250,137	0	0.000000	0	90.03
90.04	09004	GI CLINIC	244,565	0	0.000000	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	289,204	0	0.000000	0	90.05
90.06	09006	DIETETICS	0	0	0.000000	0	90.06
90.07	09007	INFUSION ROOM	199,947	0	0.000000	0	90.07
90.08	09008	CARDIOLOGY CLINIC	135,066	0	0.000000	0	90.08
90.09	09009	PULMONARY CLINIC	145,563	0	0.000000	0	90.09
90.10	09010	ENT CLINIC	253,543	0	0.000000	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	541,291	0	0.000000	0	90.11
90.12	09012	EYE CLINIC	226,232	0	0.000000	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,051,732	0	0.000000	0	90.13
90.14	09014	SURGICAL SPECIALTIES	168,548	0	0.000000	0	90.14
90.15	09015	ALLERGY CLINIC	247,570	0	0.000000	0	90.15
90.16	09016	LASER CLINIC	0	0	0.000000	0	90.16
90.17	09017	DERMATOLOGY CLINIC	213,458	0	0.000000	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0.000000	0	90.18
90.19	09019	CRANIOFACIAL CENTER	156,594	0	0.000000	0	90.19
90.20	09020	HEMATOLOGY CLINIC	218,793	0	0.000000	0	90.20
90.21	09021	SPINA BIFIDA	110,456	0	0.000000	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	408,413	0	0.000000	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	180,432	0	0.000000	0	90.23
90.24	09024	ENDOCRINE CLINIC	102,608	0	0.000000	0	90.24
90.25	09025	RENAL CLINIC	117,463	0	0.000000	0	90.25
90.26	09026	GREENFIELD CLINIC	987,165	0	0.000000	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,126,618	0	0.000000	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0.000000	0	90.28
90.29	09029	DELAFIELD CLINIC	712,854	0	0.000000	0	90.29
90.30	09030	MEQUON CLINIC	1,492,967	0	0.000000	0	90.30
90.31	09031	KENOSHA CLINIC	120,672	0	0.000000	0	90.31
90.32	09032	WEST DEPERE CLINIC	47,968	0	0.000000	0	90.32
90.33	09033	APPLETON CLINIC	64,633	0	0.000000	0	90.33
90.34	09034	UROLOGY CLINIC	239,447	0	0.000000	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	107,267	0	0.000000	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	382	0	0.000000	0	90.36
91.00	09100	EMERGENCY	1,753,251	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title V		Hospital	Cost	
			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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	13,247	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES					0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	351,412	0	0.000000	0	0 98.00
98.01	09851	TRANSPORT	292,906	0	0.000000	0	0 98.01
98.02	09852	GENETICS CENTER	144,087	0	0.000000	0	0 98.02
98.03	09853	NUCLEAR MEDICINE	111,121	0	0.000000	0	0 98.03
98.04	09854	CHILD DEVELOPMENT	367,372	0	0.000000	0	0 98.04
98.05	09855	CHILD PROTECTION CENTER	636,821	0	0.000000	0	0 98.05
98.06	09856	DENTAL SRVS	663,650	0	0.000000	0	0 98.06
98.07	09857	ADOLESCENT MEDICINE	125,112	0	0.000000	0	0 98.07
98.08	09858	OTHER OFFSITE CLINICS	2,372	0	0.000000	0	0 98.08
98.09	09859	OTHER	8	0	0.000000	0	0 98.09
200.00		Total (lines 50 through 199)	40,561,361	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part III
Date/Time Prepared:
5/29/2019 2:24 pm

				Title V		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	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	0	27,898	0.00	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	38,008	0.00	0	0	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	0	34.00	
35.00	02040	OTHER SPECIAL CARE HOT UNIT		0	5,379	0.00	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	0	42.00	
43.00	04300	NURSERY		0	0	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	0	45.00	
200.00		Total (lines 30 through 199)		0	71,285		0	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
32.00	03200	CORONARY CARE UNIT	0							32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0							33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0							35.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
45.00	04500	NURSING FACILITY	0							45.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm	
				Title V		Hospital		Cost	
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
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
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	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
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	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
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
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
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
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	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES		0	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC		0	0	0	0	0	90.03
90.04	09004	GI CLINIC		0	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0	0	0	0	0	90.05
90.06	09006	DIETETICS		0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM		0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC		0	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC		0	0	0	0	0	90.09
90.10	09010	ENT CLINIC		0	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC		0	0	0	0	0	90.11
90.12	09012	EYE CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES		0	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC		0	0	0	0	0	90.15
90.16	09016	LASER CLINIC		0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC		0	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR		0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER		0	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC		0	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA		0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC		0	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC		0	0	0	0	0	90.24
90.25	09025	RENAL CLINIC		0	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC		0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC		0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC		0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC		0	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC		0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC		0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC		0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC		0	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0	0	0	0	0	90.36
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title V		Hospital		Cost
			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
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0 98.00
98.01	09851	TRANSPORT	0	0	0	0	0 98.01
98.02	09852	GENETICS CENTER	0	0	0	0	0 98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0 98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0 98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	0 98.05
98.06	09856	DENTAL SRVS	0	0	0	0	0 98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0	0 98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0 98.08
98.09	09859	OTHER	0	0	0	0	0 98.09
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm
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			Title V		Hospital	Cost		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	0.000000	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	0	0	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	0.000000	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0.000000	90.33
90.34	09034	UROLOGY CLINIC	0	0	0	0	0.000000	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	0	0.000000	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0.000000	90.36
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm	
			Title V		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	0	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0.000000	98.08
98.09	09859	OTHER	0	0	0	0	0.000000	98.09
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN: 52-3300 Period: From 01/01/2018 To 12/31/2018 Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:24 pm

Cost Center Description		Title V			Hospital		Cost	
		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	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001 INFECTIOUS DISEASES	0.000000	0	0	0	0	0	90.01
90.02	09002 PAIN/PALLIATIVE CARE	0.000000	0	0	0	0	0	90.02
90.03	09003 DIABETIC CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004 GI CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	0.000000	0	0	0	0	0	90.05
90.06	09006 DIETETICS	0.000000	0	0	0	0	0	90.06
90.07	09007 INFUSION ROOM	0.000000	0	0	0	0	0	90.07
90.08	09008 CARDIOLOGY CLINIC	0.000000	0	0	0	0	0	90.08
90.09	09009 PULMONARY CLINIC	0.000000	0	0	0	0	0	90.09
90.10	09010 ENT CLINIC	0.000000	0	0	0	0	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	0.000000	0	0	0	0	0	90.11
90.12	09012 EYE CLINIC	0.000000	0	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.000000	0	0	0	0	0	90.13
90.14	09014 SURGICAL SPECIALTIES	0.000000	0	0	0	0	0	90.14
90.15	09015 ALLERGY CLINIC	0.000000	0	0	0	0	0	90.15
90.16	09016 LASER CLINIC	0.000000	0	0	0	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	0.000000	0	0	0	0	0	90.17
90.18	09018 CLINIC ADMINISTRATOR	0.000000	0	0	0	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	0.000000	0	0	0	0	0	90.19
90.20	09020 HEMATOLOGY CLINIC	0.000000	0	0	0	0	0	90.20
90.21	09021 SPINA BIFIDA	0.000000	0	0	0	0	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	0.000000	0	0	0	0	0	90.22
90.23	09023 RHEUMATOLOGY CLINIC	0.000000	0	0	0	0	0	90.23
90.24	09024 ENDOCRINE CLINIC	0.000000	0	0	0	0	0	90.24
90.25	09025 RENAL CLINIC	0.000000	0	0	0	0	0	90.25
90.26	09026 GREENFIELD CLINIC	0.000000	0	0	0	0	0	90.26
90.27	09027 NEW BERLIN CLINIC	0.000000	0	0	0	0	0	90.27
90.28	09028 FOX POINT CLINIC	0.000000	0	0	0	0	0	90.28
90.29	09029 DELAFIELD CLINIC	0.000000	0	0	0	0	0	90.29
90.30	09030 MEQUON CLINIC	0.000000	0	0	0	0	0	90.30
90.31	09031 KENOSHA CLINIC	0.000000	0	0	0	0	0	90.31
90.32	09032 WEST DEPERE CLINIC	0.000000	0	0	0	0	0	90.32
90.33	09033 APPLETON CLINIC	0.000000	0	0	0	0	0	90.33
90.34	09034 UROLOGY CLINIC	0.000000	0	0	0	0	0	90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	0.000000	0	0	0	0	0	90.35
90.36	09036 KENOSHA CLINIC (KNO)	0.000000	0	0	0	0	0	90.36
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description			Title V		Hospital		Cost
			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
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
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000	0	0	0	0 98.00
98.01	09851	TRANSPORT	0.000000	0	0	0	0 98.01
98.02	09852	GENETICS CENTER	0.000000	0	0	0	0 98.02
98.03	09853	NUCLEAR MEDICINE	0.000000	0	0	0	0 98.03
98.04	09854	CHILD DEVELOPMENT	0.000000	0	0	0	0 98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000	0	0	0	0 98.05
98.06	09856	DENTAL SRVS	0.000000	0	0	0	0 98.06
98.07	09857	ADOLESCENT MEDICINE	0.000000	0	0	0	0 98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000	0	0	0	0 98.08
98.09	09859	OTHER	0.000000	0	0	0	0 98.09
200.00		Total (lines 50 through 199)		0	0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 2:24 pm
		Title XVIII	Hospital	TEFRA
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)		27,898	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,898	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)		23,752	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)		31	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)		69,827,725	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)		69,827,725	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)		69,827,725	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)		2,502.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		77,592	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)		77,592	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title XVIII			Hospital	TEFRA	
		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	95,163,546	38,008	2,503.78	89	222,836	43.00
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
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	15,114,619	5,379	2,809.93	63	177,026	47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					655,459	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,132,913	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)					56,442	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					60,731	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					117,173	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,015,740	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					34	54.00
55.00	Target amount per discharge					12,151.06	55.00
56.00	Target amount (line 54 x line 55)					413,136	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-602,604	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)					41,314	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					571,623	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)					4,146	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,502.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,377,314	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		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	9,709,999	69,827,725	0.139056	10,377,314	1,443,028	90.00
91.00	Nursing School cost	0	69,827,725	0.000000	10,377,314	0	91.00
92.00	Allied health cost	0	69,827,725	0.000000	10,377,314	0	92.00
93.00	All other Medical Education	0	69,827,725	0.000000	10,377,314	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 2:24 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			27,898 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			27,898 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)			23,752 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			7,956 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)			78,795,886 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)			78,795,886 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)			78,795,886 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)			2,824.43 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,471,165 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)			22,471,165 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	98,277,138	38,008	2,585.70	11,227	29,029,654	43.00
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
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	15,673,866	5,379	2,913.90	1,604	4,673,896	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,295,888	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					91,470,603	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					4,146	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,824.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,710,087	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-1

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Title XIX		Hospital		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	9,709,999	78,795,886	0.123230	11,710,087	1,443,034	90.00
91.00	Nursing School cost	0	78,795,886	0.000000	11,710,087	0	91.00
92.00	Allied health cost	0	78,795,886	0.000000	11,710,087	0	92.00
93.00	All other Medical Education	0	78,795,886	0.000000	11,710,087	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 2:24 pm	
			Title XVIII	Hospital	TEFRA	
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		130,684		30.00
31.00	03100	INTENSIVE CARE UNIT		723,549		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		303,225		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1.129670	77,098	87,095	50.00
51.00	05100	RECOVERY ROOM	0.282915	5,188	1,468	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.143733	31,151	4,477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.370210	101,427	37,549	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.139063	25,985	3,614	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210730	39,857	8,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.563108	14,608	8,226	59.00
60.00	06000	LABORATORY	0.323490	263,335	85,186	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.654662	27,189	17,800	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.432347	213,984	92,515	65.00
66.00	06600	PHYSICAL THERAPY	0.604467	11,612	7,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.589477	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.298593	99,449	29,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213090	35,233	7,508	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.426094	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603210	12,434	7,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.320572	714,051	228,905	73.00
74.00	07400	RENAL DIALYSIS	0.359942	23,780	8,559	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	59.458750	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	5.210858	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.866642	0	0	90.03
90.04	09004	GI CLINIC	1.307250	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.419636	0	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	0.457747	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3.155345	126	398	90.08
90.09	09009	PULMONARY CLINIC	2.187890	0	0	90.09
90.10	09010	ENT CLINIC	1.679934	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.377478	0	0	90.11
90.12	09012	EYE CLINIC	1.719829	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.226722	4,058	4,978	90.13
90.14	09014	SURGICAL SPECIALTIES	2.933816	0	0	90.14
90.15	09015	ALLERGY CLINIC	1.216287	0	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.181483	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.957269	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.116543	0	0	90.20
90.21	09021	SPINA BIFIDA	1.156322	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.638438	59	274	90.22
90.23	09023	RHEUMATOLOGY CLINIC	5.298953	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	2.619945	0	0	90.24
90.25	09025	RENAL CLINIC	3.823890	0	0	90.25
90.26	09026	GREENFIELD CLINIC	1.785173	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.886156	0	0	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D-3 Date/Time Prepared: 5/29/2019 2:24 pm	
			Title XVIII		Hospital		TEFRA	
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	
90.28	09028	FOX POINT CLINIC	0.000000		0		0	
90.29	09029	DELAFIELD CLINIC	2.105961		0		0	
90.30	09030	MEQUON CLINIC	1.830715		0		0	
90.31	09031	KENOSHA CLINIC	1.578509		0		0	
90.32	09032	WEST DEPERE CLINIC	0.856486		0		0	
90.33	09033	APPLETON CLINIC	1.597184		0		0	
90.34	09034	UROLOGY CLINIC	1.166807		0		0	
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.680712		0		0	
90.36	09036	KENOSHA CLINIC (KNO)	0.000000		0		0	
91.00	09100	EMERGENCY	0.405523		15,165		6,150	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.635812		9,132		5,806	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.585706		0		0	
95.00	09500	AMBULANCE SERVICES						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0		0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0		0	
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.300459		1,798		2,338	
98.01	09851	TRANSPORT	2.100689		0		0	
98.02	09852	GENETICS CENTER	2.752385		0		0	
98.03	09853	NUCLEAR MEDICINE	0.445801		0		0	
98.04	09854	CHILD DEVELOPMENT	1.561712		0		0	
98.05	09855	CHILD PROTECTION CENTER	2.200074		0		0	
98.06	09856	DENTAL SRVS	0.721139		0		0	
98.07	09857	ADOLESCENT MEDICINE	1.676844		0		0	
98.08	09858	OTHER OFFSITE CLINICS	0.810207		0		0	
98.09	09859	OTHER	0.000000		0		0	
200.00		Total (sum of lines 50 through 94 and 96 through 98)			1,726,719		655,459	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0			
202.00		Net charges (line 200 minus line 201)			1,726,719			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 2:24 pm	
Cost Center Description			Title XIX	Hospital	Cost	
			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		27,554,122		30.00
31.00	03100	INTENSIVE CARE UNIT		86,405,932		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		9,393,434		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1.179730	3,890,842	4,590,143	50.00
51.00	05100	RECOVERY ROOM	0.282915	665,982	188,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.289803	742,970	215,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.379410	3,752,660	1,423,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.139063	1,192,821	165,877	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210730	1,607,779	338,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.563108	245,192	138,070	59.00
60.00	06000	LABORATORY	0.324538	12,946,872	4,201,752	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.654662	1,546,644	1,012,529	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.438869	11,558,263	5,072,563	65.00
66.00	06600	PHYSICAL THERAPY	0.605048	1,392,856	842,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.589477	558,858	329,434	68.00
69.00	06900	ELECTROCARDIOLOGY	0.337756	1,453,774	491,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.213882	3,412,313	729,832	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.426094	10,475,833	4,463,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603210	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.320572	29,550,635	9,473,106	73.00
74.00	07400	RENAL DIALYSIS	0.410718	204,398	83,950	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	80.387081	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	5.240382	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.866642	911	2,612	90.03
90.04	09004	GI CLINIC	1.578051	17,376	27,420	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.419636	686	974	90.05
90.06	09006	DIETETICS	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	0.457747	818	374	90.07
90.08	09008	CARDIOLOGY CLINIC	3.316064	1,556	5,160	90.08
90.09	09009	PULMONARY CLINIC	2.783932	2,673	7,441	90.09
90.10	09010	ENT CLINIC	1.679934	890	1,495	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.377478	789	1,087	90.11
90.12	09012	EYE CLINIC	1.945721	60	117	90.12
90.13	09013	ONCOLOGY CLINIC	1.226722	58,594	71,879	90.13
90.14	09014	SURGICAL SPECIALTIES	2.933816	804	2,359	90.14
90.15	09015	ALLERGY CLINIC	1.344633	131	176	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.576501	474	747	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.957269	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.116543	229	485	90.20
90.21	09021	SPINA BIFIDA	1.156322	60	69	90.21
90.22	09022	NEUROSCIENCES CLINIC	5.209554	541	2,818	90.22
90.23	09023	RHEUMATOLOGY CLINIC	6.542815	121	792	90.23
90.24	09024	ENDOCRINE CLINIC	3.150172	0	0	90.24
90.25	09025	RENAL CLINIC	3.823890	60	229	90.25
90.26	09026	GREENFIELD CLINIC	1.785173	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.886156	0	0	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet D-3 Date/Time Prepared: 5/29/2019 2:24 pm	
				Title XIX		Hospital		Cost	
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	
90.28	09028	FOX POINT CLINIC		0.000000		0		0	
90.29	09029	DELAFIELD CLINIC		2.105961		0		0	
90.30	09030	MEQUON CLINIC		1.830715		130		238	
90.31	09031	KENOSHA CLINIC		1.578509		0		0	
90.32	09032	WEST DEPERE CLINIC		0.856486		0		0	
90.33	09033	APPLETON CLINIC		1.597184		0		0	
90.34	09034	UROLOGY CLINIC		1.421376		0		0	
90.35	09035	GREENFIELD ENT/ENT CLINIC		0.680712		0		0	
90.36	09036	KENOSHA CLINIC (KNO)		0.000000		0		0	
91.00	09100	EMERGENCY		0.450971		1,885,564		850,335	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.635812		648,036		412,029	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.585706		0		0	
95.00	09500	AMBULANCE SERVICES							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000		0		0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000		0		0	
98.00	09850	PSYCHIATRY - OFFICE BLDG		1.495330		37,139		55,535	
98.01	09851	TRANSPORT		2.100689		4,482		9,415	
98.02	09852	GENETICS CENTER		2.920884		4,030		11,771	
98.03	09853	NUCLEAR MEDICINE		0.445801		155,414		69,284	
98.04	09854	CHILD DEVELOPMENT		1.703239		0		0	
98.05	09855	CHILD PROTECTION CENTER		2.279956		0		0	
98.06	09856	DENTAL SRVS		0.826052		0		0	
98.07	09857	ADOLESCENT MEDICINE		1.676844		0		0	
98.08	09858	OTHER OFFSITE CLINICS		0.810207		0		0	
98.09	09859	OTHER		0.000000		0		0	
200.00		Total (sum of lines 50 through 94 and 96 through 98)				88,020,260		35,295,888	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)				0			
202.00		Net charges (line 200 minus line 201)				88,020,260			

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

Provider CCN: 52-3300

Period:

From 01/01/2018

To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Kidney		Hospital		TEFRA	
		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	2,502.97	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,503.78	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,809.93	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	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	1.129670	0	0	8.00	
9.00	RECOVERY ROOM	51.00	0.282915	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.143733	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.370210	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.139063	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.210730	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.563108	0	0	17.00	
18.00	LABORATORY	60.00	0.323490	0	0	18.00	
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01	
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	0.654662	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.432347	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.604467	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.589477	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.298593	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.213090	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.426094	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.603210	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.320572	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.359942	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	INFECTIOUS DISEASES	90.01	59.458750	0	0	37.01	
37.02	PAIN/PALLATIVE CARE	90.02	5.210858	0	0	37.02	
37.03	DIABETIC CLINIC	90.03	2.866642	0	0	37.03	
37.04	GI CLINIC	90.04	1.307250	0	0	37.04	
37.05	CLINIC FOR SPECIAL NEEDS	90.05	1.419636	0	0	37.05	
37.06	DIETETICS	90.06	0.000000	0	0	37.06	
37.07	INFUSION ROOM	90.07	0.457747	0	0	37.07	
37.08	CARDIOLOGY CLINIC	90.08	3.155345	0	0	37.08	
37.09	PULMONARY CLINIC	90.09	2.187890	0	0	37.09	
37.10	ENT CLINIC	90.10	1.679934	0	0	37.10	
37.11	ORTHOPEDIC CLINIC	90.11	1.377478	0	0	37.11	
37.12	EYE CLINIC	90.12	1.719829	0	0	37.12	
37.13	ONCOLOGY CLINIC	90.13	1.226722	0	0	37.13	
37.14	SURGICAL SPECIALTIES	90.14	2.933816	0	0	37.14	
37.15	ALLERGY CLINIC	90.15	1.216287	0	0	37.15	
37.16	LASER CLINIC	90.16	0.000000	0	0	37.16	
37.17	DERMATOLOGY CLINIC	90.17	1.181483	0	0	37.17	
37.18	CLINIC ADMINISTRATOR	90.18	0.000000	0	0	37.18	
37.19	CRANIOFACIAL CENTER	90.19	2.957269	0	0	37.19	
37.20	HEMATOLOGY CLINIC	90.20	2.116543	0	0	37.20	
37.21	SPINA BIFIDA	90.21	1.156322	0	0	37.21	
37.22	NEUROSCIENCES CLINIC	90.22	4.638438	0	0	37.22	
37.23	RHEUMATOLOGY CLINIC	90.23	5.298953	0	0	37.23	
37.24	ENDOCRINE CLINIC	90.24	2.619945	0	0	37.24	
37.25	RENAL CLINIC	90.25	3.823890	0	0	37.25	

(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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Kidney		Hospital		TEFRA	
		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		
37.26	GREENFIELD CLINIC	90.26	1.785173	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.886156	0	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	2.105961	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.830715	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	1.578509	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	0.856486	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.597184	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.166807	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	0.680712	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	0.000000	0	0	0	37.36
38.00	EMERGENCY	91.00	0.405523	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.635812	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATOR	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	0	51.30

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

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Kidney		Hospital		TEFRA	
		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		
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31	
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
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	0		0		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)	977,990		1,069,005		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	977,990		1,069,005		61.00	
62.00	Total Usable Organs (see instructions)		7			62.00	
63.00	Medicare Usable Organs (see instructions)		0			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	0		0		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	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	0		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		5	2		73.00	
74.00	Total (sum of lines 70 through 73)		5	2		74.00	
75.00	Organs Transplanted		5	2	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	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)		5	2		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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	TEFRA 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	2,502.97	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,503.78	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,809.93	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	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	1.129670	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.282915	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.143733	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.370210	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.139063	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.210730	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.563108	0	0	17.00
18.00	LABORATORY		60.00	0.323490	0	0	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
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	0.654662	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.432347	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.604467	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.589477	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.298593	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.213090	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.426094	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.603210	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.320572	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.359942	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	INFECTIOUS DISEASES		90.01	59.458750	0	0	37.01
37.02	PAIN/PALLATIVE CARE		90.02	5.210858	0	0	37.02
37.03	DIABETIC CLINIC		90.03	2.866642	0	0	37.03
37.04	GI CLINIC		90.04	1.307250	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	1.419636	0	0	37.05
37.06	DIETETICS		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.457747	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	3.155345	0	0	37.08
37.09	PULMONARY CLINIC		90.09	2.187890	0	0	37.09
37.10	ENT CLINIC		90.10	1.679934	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	1.377478	0	0	37.11
37.12	EYE CLINIC		90.12	1.719829	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.226722	0	0	37.13
37.14	SURGICAL SPECIALTIES		90.14	2.933816	0	0	37.14
37.15	ALLERGY CLINIC		90.15	1.216287	0	0	37.15
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	1.181483	0	0	37.17
37.18	CLINIC ADMINISTRATOR		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.957269	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	2.116543	0	0	37.20
37.21	SPINA BIFIDA		90.21	1.156322	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	4.638438	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	5.298953	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	2.619945	0	0	37.24
37.25	RENAL CLINIC		90.25	3.823890	0	0	37.25

(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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

		Liver		Hospital		TEFRA	
	Cost Center Description	Worksheet C	Ratio of	Organ	Organ		
		Line Numbers	Cost/Charges	Acquisition	Acquisition		
			(from Wkst. C)	Charges	Ancillary		
		0	1.00	2.00	3.00		
37.26	GREENFIELD CLINIC	90.26	1.785173	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.886156	0	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	2.105961	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.830715	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	1.578509	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	0.856486	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.597184	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.166807	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	0.680712	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	0.000000	0	0	0	37.36
38.00	EMERGENCY	91.00	0.405523	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.635812	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
	Cost Center Description	Worksheet D-2,	Average Cost	Organ	Organ		
		Part I Line	Per Day (from	Acquisition	Acquisition		
		Numbers	Wkst. D-2,		Costs (col. 1		
			Part I, col. 4)		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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
	Cost Center Description	Worksheet D-2,	Organ Charges	Ratio of Cost	Organ		
		Part I Line	(see	To Charges	Acquisition		
		Numbers	instructions)	from Wkst.	Costs (col. 1		
				D-2, Part I,	x col. 2)		
		0	1.00	D-2, Part I, col. 4			
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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATOR	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	0	51.30

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

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Liver		Hospital		TEFRA		
		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			
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32		
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33		
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34		
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35		
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36		
52.00	EMERGENCY	24.00	0	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00		
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	0		0		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)	718,886		724,644		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)	718,886		724,644		61.00		
62.00	Total Usable Organs (see instructions)		3			62.00		
63.00	Medicare Usable Organs (see instructions)		0			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00		
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00		
66.00	Revenue for Organs Sold	0		0		66.00		
67.00	Subtotal (line 65 minus line 66)	0		0		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	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	0		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	3		73.00		
74.00	Total (sum of lines 70 through 73)		0	3		74.00		
75.00	Organs Transplanted		0	3	0	75.00		
76.00	Organs Sold to Other Hospitals		0	0	0	76.00		
77.00	Organs Sold to OPOs		0	0	0	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	3		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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Heart		Hospital		TEFRA	
		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	2,502.97	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,503.78	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,809.93	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	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	1.129670	0	0	8.00	
9.00	RECOVERY ROOM	51.00	0.282915	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.143733	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.370210	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.139063	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.210730	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.563108	0	0	17.00	
18.00	LABORATORY	60.00	0.323490	0	0	18.00	
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01	
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	0.654662	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.432347	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.604467	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.589477	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.298593	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.213090	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.426094	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.603210	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.320572	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.359942	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	INFECTIOUS DISEASES	90.01	59.458750	0	0	37.01	
37.02	PAIN/PALLATIVE CARE	90.02	5.210858	0	0	37.02	
37.03	DIABETIC CLINIC	90.03	2.866642	0	0	37.03	
37.04	GI CLINIC	90.04	1.307250	0	0	37.04	
37.05	CLINIC FOR SPECIAL NEEDS	90.05	1.419636	0	0	37.05	
37.06	DIETETICS	90.06	0.000000	0	0	37.06	
37.07	INFUSION ROOM	90.07	0.457747	0	0	37.07	
37.08	CARDIOLOGY CLINIC	90.08	3.155345	0	0	37.08	
37.09	PULMONARY CLINIC	90.09	2.187890	0	0	37.09	
37.10	ENT CLINIC	90.10	1.679934	0	0	37.10	
37.11	ORTHOPEDIC CLINIC	90.11	1.377478	0	0	37.11	
37.12	EYE CLINIC	90.12	1.719829	0	0	37.12	
37.13	ONCOLOGY CLINIC	90.13	1.226722	0	0	37.13	
37.14	SURGICAL SPECIALTIES	90.14	2.933816	0	0	37.14	
37.15	ALLERGY CLINIC	90.15	1.216287	0	0	37.15	
37.16	LASER CLINIC	90.16	0.000000	0	0	37.16	
37.17	DERMATOLOGY CLINIC	90.17	1.181483	0	0	37.17	
37.18	CLINIC ADMINISTRATOR	90.18	0.000000	0	0	37.18	
37.19	CRANIOFACIAL CENTER	90.19	2.957269	0	0	37.19	
37.20	HEMATOLOGY CLINIC	90.20	2.116543	0	0	37.20	
37.21	SPINA BIFIDA	90.21	1.156322	0	0	37.21	
37.22	NEUROSCIENCES CLINIC	90.22	4.638438	0	0	37.22	
37.23	RHEUMATOLOGY CLINIC	90.23	5.298953	0	0	37.23	
37.24	ENDOCRINE CLINIC	90.24	2.619945	0	0	37.24	
37.25	RENAL CLINIC	90.25	3.823890	0	0	37.25	

(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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Heart		Hospital		TEFRA	
		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		
37.26	GREENFIELD CLINIC	90.26	1.785173	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.886156	0	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	2.105961	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.830715	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	1.578509	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	0.856486	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.597184	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.166807	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	0.680712	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	0.000000	0	0	0	37.36
38.00	EMERGENCY	91.00	0.405523	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.635812	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATOR	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	0	51.30

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 (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: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Heart		Hospital		TEFRA		
		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			
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32		
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33		
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34		
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35		
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36		
52.00	EMERGENCY	24.00	0	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00		
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	0		0		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)	895,506		1,182,375		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)	895,506		1,182,375		61.00		
62.00	Total Usable Organs (see instructions)		9			62.00		
63.00	Medicare Usable Organs (see instructions)		0			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00		
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00		
66.00	Revenue for Organs Sold	0		0		66.00		
67.00	Subtotal (line 65 minus line 66)	0		0		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	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	0		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	9		73.00		
74.00	Total (sum of lines 70 through 73)		0	9		74.00		
75.00	Organs Transplanted		0	9	0	75.00		
76.00	Organs Sold to Other Hospitals		0	0	0	76.00		
77.00	Organs Sold to OPOs		0	0	0	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	9		84.00		

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 2:24 pm
		Title XVIII	Hospital	TEFRA
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,650	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		968,086	2.00
3.00	OPPS payments		591,449	3.00
4.00	Outlier payment (see instructions)		36,941	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.886	5.00
6.00	Line 2 times line 5		857,724	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		73.26	7.00
8.00	Transitional corridor payment (see instructions)		229,334	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)		2,650	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,192	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)		8,192	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)		8,192	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,542	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)		2,650	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)		857,724	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,974	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		113,215	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)		740,185	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		11,761	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)		751,946	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		751,946	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)		751,946	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)		751,946	40.00
40.01	Sequestration adjustment (see instructions)		15,039	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		787,478	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-50,571	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 2:24 pm

		Title XVIII		Hospital		TEFRA	
		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		455,958		787,478	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	12/12/2018	63,848		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)		63,848		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)		519,806		787,478	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		7,867		50,571	6.02	
7.00	Total Medicare program liability (see instructions)		511,939		736,907	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: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part II
Date/Time Prepared:
5/29/2019 2:24 pm

		Title XVIII	Hospital	TEFRA
				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: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part I Date/Time Prepared: 5/29/2019 2:24 pm
		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		571,623	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		0	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		571,623	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		571,623	6.00
7.00	Deductibles		28,140	7.00
8.00	Subtotal (line 6 minus line 7)		543,483	8.00
9.00	Coinsurance		34,822	9.00
10.00	Subtotal (line 8 minus line 9)		508,661	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		508,661	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		13,726	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	SEQUESTRATION		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		522,387	18.00
18.01	Sequestration adjustment (see instructions)		10,448	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		519,806	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		-7,867	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2019 2:24 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		91,470,603		1.00
2.00	Medical and other services			38,167,895	2.00
3.00	Organ acquisition (certified transplant centers only)		84,210		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		91,554,813	38,167,895	4.00
5.00	Inpatient primary payer payments		2,019,280		5.00
6.00	Outpatient primary payer payments			1,561,275	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		89,535,533	36,606,620	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		159,384,317		8.00
9.00	Ancillary service charges		88,020,260	75,558,746	9.00
10.00	Organ acquisition charges, net of revenue		84,210		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		247,488,787	75,558,746	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		247,488,787	75,558,746	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		155,933,974	37,390,851	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		91,554,813	38,167,895	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		91,554,813	38,167,895	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		89,535,533	36,606,620	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		89,535,533	36,606,620	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		89,535,533	36,606,620	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		89,535,533	36,606,620	40.00
41.00	Interim payments		72,278,264	28,343,171	41.00
42.00	Balance due provider/program (line 40 minus line 41)		17,257,269	8,263,449	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300		Period: From 01/01/2018 To 12/31/2018		Worksheet E-4 Date/Time Prepared: 5/29/2019 2:24 pm	
		Title XVIII		Hospital		TEFRA	
						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.					120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					190.84	6.00
7.00	Enter the lesser of line 5 or line 6					120.16	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.	81.94		75.16		157.10	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.	51.59		47.32		98.91	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year			7.82			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	51.59		55.14			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	49.90		57.01			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	48.82		56.89			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	50.10		56.35			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	50.10		56.35			17.00
18.00	Per resident amount	87,831.58		87,831.58			18.00
19.00	Approved amount for resident costs	4,400,362		4,949,310		9,349,672	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)					3.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					70.68	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					2.88	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					9,349,672	25.00
		Inpatient Part		Managed care			
		A					
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	183		0			26.00
27.00	Total Inpatient Days (see instructions)	67,139		67,139			27.00
28.00	Ratio of inpatient days to total inpatient days	0.002726		0.000000			28.00
29.00	Program direct GME amount	25,487		0			29.00
30.00	Reduction for direct GME payments for Medicare Advantage			0			30.00
31.00	Net Program direct GME amount					25,487	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 2:24 pm
		Title XVIII	Hospital	TEFRA
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,820,677	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		1,132,913	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,132,913	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		970,736	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		970,736	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		2,103,649	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.538547	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.461453	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		25,487	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		13,726	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		11,761	50.00

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

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet G

Date/Time Prepared:
5/29/2019 2:24 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	83,185,038	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	88,955,693	0	0	0	4.00
5.00 Other receivable	82,866,016	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-3,034,535	0	0	0	6.00
7.00 Inventory	8,778,505	0	0	0	7.00
8.00 Prepaid expenses	8,001,193	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	268,751,910	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	10,727,368	0	0	0	13.00
14.00 Accumulated depreciation	-4,663,209	0	0	0	14.00
15.00 Buildings	394,501,256	0	0	0	15.00
16.00 Accumulated depreciation	-216,147,443	0	0	0	16.00
17.00 Leasehold improvements	192,000,360	0	0	0	17.00
18.00 Accumulated depreciation	-69,582,510	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	70,541	0	0	0	21.00
22.00 Accumulated depreciation	-47,068	0	0	0	22.00
23.00 Major movable equipment	229,790,176	0	0	0	23.00
24.00 Accumulated depreciation	-139,683,222	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)	396,966,249	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	327,561,942	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	722,306,383	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,049,868,325	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,715,586,484	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	32,476,026	0	0	0	37.00
38.00 Salaries, wages, and fees payable	37,782,655	0	0	0	38.00
39.00 Payroll taxes payable	15,425,347	0	0	0	39.00
40.00 Notes and loans payable (short term)	6,690,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	5,965,395	0	0	0	43.00
44.00 Other current liabilities	862,280	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	99,201,703	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	351,906,260	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	68,286,449	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	420,192,709	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	519,394,412	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,196,192,072	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	1,196,192,072	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,715,586,484	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-1

Date/Time Prepared:
5/29/2019 2:24 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		1,192,420,850		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		84,377,703				2.00
3.00	Total (sum of line 1 and line 2)		1,276,798,553		0		3.00
4.00	CAPITAL ACQUISITION	1,596,410		0		0	4.00
5.00		0		0		0	5.00
6.00	PENSION ADJUSTMENT	-4,113,845		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)		-2,517,435		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,274,281,118		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	76,953,216		0		0	13.00
14.00	CHANGE IN INVESTMENTS	1,135,830		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		78,089,046		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,196,192,072		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	CAPITAL ACQUISITION		0				4.00
5.00			0				5.00
6.00	PENSION ADJUSTMENT		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00	CHANGE IN INVESTMENTS		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 2:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	101,459,593		101,459,593	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	101,459,593		101,459,593	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	253,052,660		253,052,660	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	26,291,596		26,291,596	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	279,344,256		279,344,256	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	380,803,849		380,803,849	17.00
18.00	Ancillary services	321,360,893	408,262,842	729,623,735	18.00
19.00	Outpatient services	0	74,898,821	74,898,821	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	702,164,742	483,161,663	1,185,326,405	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		616,215,023		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		616,215,023		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-3

Date/Time Prepared:
5/29/2019 2:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,185,326,405	1.00
2.00	Less contractual allowances and discounts on patients' accounts	529,832,247	2.00
3.00	Net patient revenues (line 1 minus line 2)	655,494,158	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	616,215,023	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,279,135	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,858,473	6.00
7.00	Income from investments	-2,125,586	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	1,739,074	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	0	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	3,598,475	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	449,433	20.00
21.00	Rental of vending machines	31,179	21.00
22.00	Rental of hospital space	15,459,356	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	19,088,164	24.00
25.00	Total other income (sum of lines 6-24)	45,098,568	25.00
26.00	Total (line 5 plus line 25)	84,377,703	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)	84,377,703	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300

Period:

Worksheet I-1

Component CCN: 52-2319

From 01/01/2018

Date/Time Prepared:

To 12/31/2018

5/29/2019 2:24 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	178,891	HOURS OF SERVICE	9,936.00	4.78
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	38,565	HOURS OF SERVICE	3,020.00	1.45
5.00	SOCIAL WORKERS	18,083	HOURS OF SERVICE	208.00	0.10
6.00	DIETICIANS	12,541	HOURS OF SERVICE	250.00	0.12
7.00	PHYSICIANS	0	ACCUMULATED COST		
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST		
9.00	SUBTOTAL (SUM OF LINES 1-8)	248,080			9.00
10.00	EMPLOYEE BENEFITS	81,745	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	51,385	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	210,085	REQUISITIONS		14.00
15.00	DRUGS	55,837	REQUISITIONS		15.00
16.00	OTHER	265,430	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	912,562			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	78,026	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	6,906	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	12,626	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	343,808	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	113,902	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	356	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	32,132	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,500,318			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	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,500,318			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: 52-3300

Period:

Worksheet I-2

Component CCN: 52-2319

From 01/01/2018
To 12/31/2018Date/Time Prepared:
5/29/2019 2:24 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		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	191,928	58,291	178,891	69,189	94,371	9,065	1.00
MAINTENANCE								
2.00	Hemodialysis	165,401	52,007	119,839	61,685	87,345	9,065	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
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	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	26,527	6,284	59,052	7,504	7,026	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)	191,928	58,291	178,891	69,189	94,371	9,065	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	210,441	0	812,176	641,370	1,453,546		1.00
MAINTENANCE								
2.00	Hemodialysis	181,345	0	676,687	534,375	1,211,062		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
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	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	29,096	0	135,489	106,995	242,484		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)	210,441	0	812,176	641,370	1,453,546		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,453,546		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2018
To 12/31/2018Worksheet I-3
Date/Time Prepared:
5/29/2019 2:24 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		191,928	58,291	178,891	69,189	94,371	1.00	
MAINTENANCE									
2.00	Hemodialysis		1,484	89.22	8,771.00	559.00	268,506	2.00	
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01	
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00	
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01	
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		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	267	238	10.78	4,322.00	68.00	21,598	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		1,722	100.00	13,093.00	627.00	290,104	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		111.456446	582.910000	13.663102	110.349282	0.325301	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	9,065	210,441	0	812,176	641,370		1.00	
MAINTENANCE									
2.00	Hemodialysis	135	181,360	0				2.00	
2.01	AKI-Hemodialysis	0	0	0				2.01	
3.00	Intermittent Peritoneal	0	0	0				3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01	
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	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	0	29,099	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	135	210,459	0		812,176		17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	67.148148	0.999914	0.000000		0.789693		18.00	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2018
To 12/31/2018Worksheet I-4
Date/Time Prepared:
5/29/2019 2:24 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	1,664	1,211,062	727.80	124	90,247
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		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
10.00	Home Program - CCPD	0	0	0.00	0	0
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)	1,664	1,211,062		124	90,247
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,664				
20.00	ADDITIONAL RENAL FACILITY NUMBERS					
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	29,175	235.28			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	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)	29,175				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
20.00	ADDITIONAL RENAL FACILITY NUMBERS					

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS			Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet I-1 Date/Time Prepared: 5/29/2019 2:24 pm
				Home Program Dialysis	TEFRA
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	15,190	HOURS OF SERVICE	619.00	0.30
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00
5.00	SOCIAL WORKERS	7,664	HOURS OF SERVICE	312.00	0.15
6.00	DIETICIANS	10,418	HOURS OF SERVICE	374.00	0.18
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	33,272			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	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	294,220	REQUISITIONS		14.00
15.00	DRUGS	0	REQUISITIONS		15.00
16.00	OTHER	0	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	327,492			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	1,461	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	115,623	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	0	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	2,928	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	447,504			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	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	447,504			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: 52-3300		Period: From 01/01/2018 To 12/31/2018	Worksheet I-2 Date/Time Prepared: 5/29/2019 2:24 pm	
						Home Program Dialysis	TEFRA	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	0	0	15,190	18,082	1,461	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
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	221	280	22	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	14,625	17,381	1,439	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	344	421	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)	0	0	15,190	18,082	1,461	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	294,220	0	328,953	118,551	447,504		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
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	2,657	0	3,180	1,146	4,326		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	291,563	0	325,008	117,129	442,137		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	765	276	1,041		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)	294,220	0	328,953	118,551	447,504		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					447,504		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet I-3

Date/Time Prepared:
5/29/2019 2:24 pmHome Program
Dialysis

TEFRA

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
			0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs		0	0	15,190	18,082	1,461	1.00
MAINTENANCE								
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
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		3	1.50	9.00	8.00	308	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		331	96.22	596.00	496.00	19,789	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	233.00	14.00	12.00	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		334	330.72	619.00	516.00	20,097	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	24.539580	35.042636	0.072697	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	294,220	0	328,953	118,551		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
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	2,657	0				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	291,563	0				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	294,220	0		328,953		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.360389		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300

Period:
From 01/01/2018
To 12/31/2018

Worksheet I-4

Date/Time Prepared:
5/29/2019 2:24 pm

		Rate 0		Home Program Dialysis	TEFRA		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	23	4,326	188.09	0	0	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	2,524	442,137	175.17	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)	23	446,463		0	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	7,595					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00							20.00
		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	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)	0		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				20.00			

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 52-3300	Period: From 01/01/2018 To 12/31/2018	Worksheet I-5 Date/Time Prepared: 5/29/2019 2:24 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)	90,247		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	29,175	28,374	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)	29,175	28,374	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	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)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	7,459	7,254	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)	7,459	7,254	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	7,254	8.00
9.00	Program payment (see instructions)	0	22,699	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)	1,704,297		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,657,525		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.972556		14.00