

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 9:18 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 9:18 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (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 UNIVERSITY OF WI HOSPITALS & CLINICS (52-0098) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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) ROBERT FLANNERY
Officer or Administrator of Provider(s)

SVP/CF0

Title

11/26/2019 09:18:35 AM

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	2,482,588	1,316,476	0	18,592,657	1.00
2.00	Subprovider - IPF	0	49,463	4		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	2,532,051	1,316,480	0	18,592,657	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: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:18 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 HIGHLAND AVE			PO Box:				1.00			
2.00	City: MADISON			State: WI		Zip Code: 53792		County: DANE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		UNIVERSITY OF WI HOSPITALS & CLINICS		520098	31540	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		UWHC - PSYCHIATRIC UNIT		52S098	31540	4	07/01/1984	N	P	O
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		UWHC - HHA		527220	31540		03/13/1992	N	N	N
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										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							07/01/2018	06/30/2019		20.00
21.00	Type of Control (see instructions)							10			21.00
							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.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			11,203	11,180	266	1,102	10,871	0		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
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		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	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (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	XVIII	XIX
						1.00	2.00	3.00
<u>Prospective Payment System (PPS)-Capital</u>								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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
<u>Teaching Hospitals</u>								
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		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.02	1
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.03	1

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.04	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.05	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.06	1		60.06	
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2018
To 06/30/2019Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		3.22	268.80	0.011837	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.67	86.77	0.018883	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		3.72	369.56	0.009966	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.47	105.32	0.013765	67.00
67.01		INTERNAL MEDICINE	1400	0.00	105.32	0.000000	67.01
67.02		DERMATOLOGY	1455	2.58	105.32	0.023911	67.02
67.03		OBSTETRICS/GYNECOLOGY	1750	0.47	105.32	0.004443	67.03

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:18 am	
		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.						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.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	158,577		1,065,375		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.	09/01/1977					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.	09/24/1991					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.	03/08/1990					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1966					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.	52P001					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: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 9:18 am		
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.				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)								0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2016	06/30/2017		170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 9:18 am
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/27/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 9:18 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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.		N		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.		N		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ADAM	KLUG		41.00
42.00	Enter the employer/company name of the cost report preparer.	UW HOSPITAL AND CLINICS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-890-7259	AKLUG@UWHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 9:18 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER- GOVT REIMBURSEMENT		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: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:18 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	498	181,770	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)		498	181,770	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 TRAUMA INTENSIVE CARE UNIT	31.01	24	8,760	0.00	0	8.01
8.02 CARDIOTHORACIC SURGERY ICU	31.02	7	2,555	0.00	0	8.02
8.03 CARDIAC INTENSIVE CARE UNIT	31.03	7	2,555	0.00	0	8.03
8.04 PEDIATRIC INTENSIVE CARE UNIT	31.04	21	7,665	0.00	0	8.04
8.05 NEURO INTENSIVE CARE UNIT	31.05	18	6,570	0.00	0	8.05
8.06 NEONATAL INTENSIVE CARE UNIT	31.06	26	9,490	0.00	0	8.06
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	7	2,555	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		608	221,920	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		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			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)		626				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: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:18 am

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)	44,851	23,751	139,195			1.00
2.00	HMO and other (see instructions)	19,284	10,871				2.00
3.00	HMO IPF Subprovider	339	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)	44,851	23,751	139,195			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	TRAUMA INTENSIVE CARE UNIT	4,734	0	7,980			8.01
8.02	CARDIOTHORACIC SURGERY ICU	1,387	0	2,338			8.02
8.03	CARDIAC INTENSIVE CARE UNIT	1,243	0	2,095			8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,103			8.04
8.05	NEURO INTENSIVE CARE UNIT	3,592	0	6,054			8.05
8.06	NEONATAL INTENSIVE CARE UNIT	89	0	4,857			8.06
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	190	0	2,308			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	56,086	23,751	168,930	450.14	8,814.10	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,288	412	5,241	3.57	28.58	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	19,164	0	119,993	0.00	54.61	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)				453.71	8,897.29	27.00
28.00	Observation Bed Days		316	6,845			28.00
29.00	Ambulance Trips	237					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: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 9:18 am

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	10,131	1,741	32,219	1.00
2.00 HMO and other (see instructions)			3,264	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
8.01 TRAUMA INTENSIVE CARE UNIT						8.01
8.02 CARDIOTHORACIC SURGERY ICU						8.02
8.03 CARDIAC INTENSIVE CARE UNIT						8.03
8.04 PEDIATRIC INTENSIVE CARE UNIT						8.04
8.05 NEURO INTENSIVE CARE UNIT						8.05
8.06 NEONATAL INTENSIVE CARE UNIT						8.06
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	10,131	1,741	32,219	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	224	97	1,282	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 WAGE INDEX INFORMATION

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 9:18 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	598,488,160	-2,094,931	596,393,229	18,756,710.00	31.80
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	30,860,502	0	30,860,502	1,414,125.00	21.82
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		38,126,195	-161,769	37,964,426	1,097,306.00	34.60
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,455,927	0	3,455,927	50,213.80	68.82
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		25,415,071	0	25,415,071	177,691.46	143.03
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		10,865,109	0	10,865,109	133,596.80	81.33
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		205,695,259	0	205,695,259		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		14,802,069	0	14,802,069		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		12,032,298	0	12,032,298		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	8,437,505	0	8,437,505	252,232.03	33.45
27.00	Administrative & General	5.00	81,589,383	-2,246,271	79,343,112	2,093,714.69	37.90

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 9:18 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		7,061,914	0	7,061,914	39,286.00	179.76	28.00
29.00	Maintenance & Repairs	6.00	13,389,595	3,101	13,392,696	455,836.35	29.38	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	65,820	0	65,820	3,824.00	17.21	31.00
32.00	Housekeeping	9.00	13,006,877	0	13,006,877	701,160.22	18.55	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	10,897,919	-2,559,603	8,338,316	528,840.86	15.77	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	24,094,655	-14,567	24,080,088	516,955.56	46.58	38.00
39.00	Central Services and Supply	14.00	11,023,589	-3,343,376	7,680,213	526,815.29	14.58	39.00
40.00	Pharmacy	15.00	25,231,746	787,808	26,019,554	667,979.91	38.95	40.00
41.00	Medical Records & Medical Records Library	16.00	11,140,198	0	11,140,198	440,773.98	25.27	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	1,098,066	0	1,098,066	32,867.96	33.41	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 9:18 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	574,689,572	-2,094,931	572,594,641	17,381,871.00	32.94	1.00
2.00	Excluded area salaries (see instructions)	38,126,195	-161,769	37,964,426	1,097,306.00	34.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	536,563,377	-1,933,162	534,630,215	16,284,565.00	32.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,870,998	0	28,870,998	227,905.26	126.68	4.00
5.00	Subtotal wage-related costs (see inst.)	205,695,259	0	205,695,259	0.00	38.47	5.00
6.00	Total (sum of lines 3 thru 5)	771,129,634	-1,933,162	769,196,472	16,512,470.26	46.58	6.00
7.00	Total overhead cost (see instructions)	207,037,267	-7,372,908	199,664,359	6,260,286.85	31.89	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/26/2019 9:18 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	78,862,301	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	100,598,515	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	3,203,320	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	941,249	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	501,075	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	1,996,549	16.00
TAXES			
17.00	FICA-Employers Portion Only	43,909,580	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	228,972	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	1,257,133	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,030,932	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	232,529,626	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,455,927	0	1.00
2.00	Hospital	3,455,927	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 52-0098 Component CCN: 52-7220		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/26/2019 9:18 am	
				Home Health Agency I			
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,674	0	371	2,045	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	781.00	0.00	1,112.00	1,893.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.83	0.00	6.83	5.00
6.00	Direct Nursing Service			25.90	0.00	25.90	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			12.63	0.00	12.63	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.56	0.00	4.56	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			2.22	0.00	2.22	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.47	0.00	2.47	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	31540					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,256	3,626	150	90	8,122	21.00
22.00	Skilled Nursing Visit Charges	1,394,726	1,192,512	52,439	29,446	2,669,123	22.00
23.00	Physical Therapy Visits	5,027	1,196	104	55	6,382	23.00
24.00	Physical Therapy Visit Charges	1,606,612	374,868	36,848	17,589	2,035,917	24.00
25.00	Occupational Therapy Visits	1,518	743	4	20	2,285	25.00
26.00	Occupational Therapy Visit Charges	486,801	235,508	1,428	6,552	730,289	26.00
27.00	Speech Pathology Visits	199	135	0	7	341	27.00
28.00	Speech Pathology Visit Charges	64,085	42,560	0	2,254	108,899	28.00
29.00	Medical Social Service Visits	179	176	3	2	360	29.00
30.00	Medical Social Service Visit Charges	65,514	64,416	1,098	732	131,760	30.00
31.00	Home Health Aide Visits	935	732	2	5	1,674	31.00
32.00	Home Health Aide Visit Charges	149,600	117,120	320	800	267,840	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,114	6,608	263	179	19,164	33.00
34.00	Other Charges	76,288	126,169	6,409	2,465	211,331	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,843,626	2,153,153	98,542	59,838	6,155,159	35.00
36.00	Total Number of Episodes (standard/non outlier)	748		93	8	849	36.00
37.00	Total Number of Outlier Episodes		169		4	173	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 9:18 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.275227 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	100,524,358		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	11,600,000		5.00
6.00	Medicaid charges	486,853,978		6.00
7.00	Medicaid cost (line 1 times line 6)	133,995,360		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	21,871,002		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	21,871,002		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	34,396,699	14,414,008	48,810,707 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,466,900	14,414,008	23,880,908 21.00
22.00	Payments received from patients for amounts previously written off as charity care	1,383,453	611,075	1,994,528 22.00
23.00	Cost of charity care (line 21 minus line 22)	8,083,447	13,802,933	21,886,380 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	37,763,505		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,313,486		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,559,210		27.01
28.00	Non-Medicare bad debt expense (see instructions)	34,204,295		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,659,669		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	32,546,049		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	54,417,051		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 9:18 am

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		0	0	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK		0	0	362,971	362,971	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC		0	0	515,739	515,739	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC		0	0	566,777	566,777	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND		0	0	31,270,677	31,270,677	1.04
1.05	00105	CAP REL COSTS- WAISMAN		0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION		0	0	320,610	320,610	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007		0	0	426,883	426,883	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501		0	0	549,865	549,865	1.08
1.09	00110	CAP REL COSTS-TAC		0	0	12,803,047	12,803,047	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES		0	0	215,276	215,276	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,437,505	8,135,271	16,572,776	-39,003	16,533,773	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,589,383	402,168,373	483,757,756	-62,493,923	421,263,833	5.00
6.00	00600	MAINTENANCE & REPAIRS	13,389,595	42,396,299	55,785,894	4,247	55,790,141	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,820	158,601	224,421	5,108,763	5,333,184	8.00
9.00	00900	HOUSEKEEPING	13,006,877	8,848,901	21,855,778	-385,002	21,470,776	9.00
10.00	01000	DIETARY	10,897,919	12,760,446	23,658,365	-3,767,396	19,890,969	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	24,094,655	12,491,333	36,585,988	-36,222	36,549,766	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,023,589	9,975,052	20,998,641	-7,565,757	13,432,884	14.00
15.00	01500	PHARMACY	25,231,746	171,162,267	196,394,013	-152,929,220	43,464,793	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,140,198	6,970,442	18,110,640	0	18,110,640	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	1,098,066	2,496,253	3,594,319	268,362	3,862,681	18.01
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	30,860,502	7,570,540	38,431,042	-29,873	38,401,169	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	13,348,497	13,348,497	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	1,459,108	464,314	1,923,422	-1,061,197	862,225	23.01
23.02	02302	EMERGENCY MED PROGRAM	591,342	452,107	1,043,449	-26	1,043,423	23.02
23.03	02303	DIETARY PROGRAM	19,398	9,329	28,727	-5,675	23,052	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	407,039	74,630	481,669	-309	481,360	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	454,726	141,934	596,660	-524	596,136	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	74,767	-23,844	50,923	0	50,923	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,493,959	33,656,651	111,150,610	6,411,408	117,562,018	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	8,250,589	5,190,025	13,440,614	-151,010	13,289,604	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	5,767,806	2,682,300	8,450,106	-3,284,446	5,165,660	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,285,935	1,047,937	3,333,872	-3,172	3,330,700	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	4,749,773	1,963,501	6,713,274	4,997	6,718,271	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,792,272	3,539,377	9,331,649	-65,367	9,266,282	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	4,643,856	2,481,459	7,125,315	-12,036	7,113,279	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,629,172	1,349,090	3,978,262	-65,042	3,913,220	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,336,794	701,597	3,038,391	28,478	3,066,869	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	28,352,967	95,924,670	124,277,637	-31,723,431	92,554,206	50.00
51.00	05100	RECOVERY ROOM	9,331,302	4,400,708	13,732,010	-13,520	13,718,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,995,506	8,963,442	10,958,948	-322,181	10,636,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,732,008	20,633,397	35,365,405	-655,155	34,710,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,606,255	7,773,297	11,379,552	-36,630	11,342,922	55.00
56.00	05600	RADIOISOTOPE	1,398,330	8,175,179	9,573,509	-9,282	9,564,227	56.00
57.00	05700	CT SCAN	2,714,125	3,497,343	6,211,468	-45,749	6,165,719	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,268,928	6,405,830	9,674,758	-53,237	9,621,521	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	724,389	347,135	1,071,524	21	1,071,545	59.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 9:18 am

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	
60.00	06000	LABORATORY	14,874,114	27,337,129	42,211,243	-19,588	42,191,655	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.	2,196,688	13,329,772	15,526,460	-3,242,856	12,283,604	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,255,077	11,011,961	22,267,038	214,416	22,481,454	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	452,230	217,123	669,353	3,302	672,655	65.01
66.00	06600	PHYSICAL THERAPY	16,555,491	6,179,792	22,735,283	-32,439	22,702,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,679,625	1,483,900	3,163,525	0	3,163,525	68.00
69.00	06900	ELECTROCARDIOLOGY	7,715,715	32,993,805	40,709,520	-20,673,610	20,035,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,901,723	2,029,357	3,931,080	45,013	3,976,093	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,289,884	1,289,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	59,860,919	59,860,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	153,946,603	153,946,603	73.00
74.00	07400	RENAL DIALYSIS	1,658,479	1,039,279	2,697,758	-14,482	2,683,276	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	504,599	266,904	771,503	353	771,856	75.01
75.02	03540	PROSTHETIC DEVICES	1,091,334	1,667,057	2,758,391	-746	2,757,645	75.02
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	8,320,460	5,646,215	13,966,675	-85	13,966,590	90.00
90.01	09001	CLINIC CSC	30,783,038	17,774,404	48,557,442	-1,164,183	47,393,259	90.01
90.02	09002	CLINIC UNIVERSITY STATION	6,062,047	3,121,314	9,183,361	-16,473	9,166,888	90.02
90.03	09003	CLINIC WAISMAN	1,862,401	682,000	2,544,401	-116	2,544,285	90.03
90.04	09004	CLINIC WEST	9,105,366	4,984,478	14,089,844	36,081	14,125,925	90.04
90.05	09005	CLINIC EAST	3,941,728	2,177,860	6,119,588	-7,463	6,112,125	90.05
90.06	09006	CLINIC RESEARCH PARK	1,553,099	1,219,933	2,773,032	-1,685	2,771,347	90.06
90.07	09009	CLINIC DHC	6,892,230	6,473,504	13,365,734	-106,759	13,258,975	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	4,815,315	2,674,685	7,490,000	-6,429	7,483,571	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	14,746	9,580	24,326	0	24,326	90.09
90.10	09007	CLINIC MIDDLETON REHAB	282,085	127,502	409,587	-404	409,183	90.10
90.11	09011	CLINIC AODA	110,904	57,419	168,323	-1	168,322	90.11
90.12	09012	CLINIC KIDNEY	373,956	238,232	612,188	-3	612,185	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	1,021,373	1,209,544	2,230,917	-4,907	2,226,010	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	425,718	329,584	755,302	-15,516	739,786	90.14
91.00	09100	EMERGENCY	16,339,397	8,774,898	25,114,295	3,552	25,117,847	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
95.00	09500	AMBULANCE SERVICES	3,457,651	4,029,469	7,487,120	-4,477	7,482,643	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
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	4,573,416	2,013,205	6,586,621	0	6,586,621	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,605,887	11,803,249	22,409,136	-8,466,639	13,942,497	105.00
106.00	10600	HEART ACQUISITION	800,832	1,520,106	2,320,938	-126,810	2,194,128	106.00
107.00	10700	LIVER ACQUISITION	0	2,738,534	2,738,534	2,846,443	5,584,977	107.00
108.00	10800	LUNG ACQUISITION	0	1,675,131	1,675,131	1,559,479	3,234,610	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,416,654	2,416,654	1,220,820	3,637,474	109.00
110.00	11000	INTESTINAL ACQUISITION	0	-24,025	-24,025	49,070	25,045	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	4,983,842	4,983,842	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	585,142,925	1,074,214,740	1,659,357,665	-393,661	1,658,964,004	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,889	696,906	851,795	0	851,795	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	5,675	5,675	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,192,560	1,494,532	3,687,092	-43,780	3,643,312	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.02	07952	CLINICAL RESEARCH CENTER	518,911	58,106	577,017	-9,019	567,998	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	18,147	527,240	545,387	0	545,387	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,717,819	-119,085	1,598,734	-1,402	1,597,332	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	438,749	438,749	194.06
194.07	07956	PUBLIC AFFAIRS	2,304,931	3,536,751	5,841,682	0	5,841,682	194.07
194.08	07958	RETAIL PHARMACIES	6,434,124	221,557,729	227,991,853	-16	227,991,837	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	2,178	2,178	3,454	5,632	194.10
194.11	07961	TLC LIGHTING RESEARCH	3,854	1,096	4,950	0	4,950	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	598,488,160	1,301,970,193	1,900,458,353	0	1,900,458,353	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	362,971	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	515,739	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	566,777	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	-12,750,149	18,520,528	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	320,610	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	426,883	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	549,865	1.08
1.09	00110	CAP REL COSTS-TAC	-7,572,404	5,230,643	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	215,276	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-294,660	16,239,113	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-149,588,956	271,674,877	5.00
6.00	00600	MAINTENANCE & REPAIRS	14,003,420	69,793,561	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	125,992	5,459,176	8.00
9.00	00900	HOUSEKEEPING	0	21,470,776	9.00
10.00	01000	DIETARY	-19,148,506	742,463	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	0	36,549,766	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,432,884	14.00
15.00	01500	PHARMACY	0	43,464,793	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,110,640	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	3,862,681	18.01
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	38,401,169	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13,348,497	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	862,225	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	1,043,423	23.02
23.03	02303	DIETARY PROGRAM	-1,505	21,547	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	481,360	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	596,136	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	50,923	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	117,562,018	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	13,289,604	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	5,165,660	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	3,330,700	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	6,718,271	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	9,266,282	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	7,113,279	31.06
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,913,220	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	3,066,869	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	92,554,206	50.00
51.00	05100	RECOVERY ROOM	0	13,718,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,636,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,710,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,342,922	55.00
56.00	05600	RADIOISOTOPE	0	9,564,227	56.00
57.00	05700	CT SCAN	0	6,165,719	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,621,521	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	1,071,545	59.01
60.00	06000	LABORATORY	0	42,191,655	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
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	12,283,604	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,481,454	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	672,655	65.01
66.00	06600	PHYSICAL THERAPY	0	22,702,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,163,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,035,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,976,093	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,289,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,860,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	153,946,603	73.00
74.00	07400	RENAL DIALYSIS	0	2,683,276	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	771,856	75.01
75.02	03540	PROSTHETIC DEVICES	0	2,757,645	75.02
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	13,966,590	90.00
90.01	09001	CLINIC CSC	0	47,393,259	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	9,166,888	90.02
90.03	09003	CLINIC WAISMAN	0	2,544,285	90.03
90.04	09004	CLINIC WEST	0	14,125,925	90.04
90.05	09005	CLINIC EAST	0	6,112,125	90.05
90.06	09006	CLINIC RESEARCH PARK	0	2,771,347	90.06
90.07	09009	CLINIC DHC	0	13,258,975	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	7,483,571	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	24,326	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	409,183	90.10
90.11	09011	CLINIC AODA	0	168,322	90.11
90.12	09012	CLINIC KIDNEY	0	612,185	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	2,226,010	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	739,786	90.14
91.00	09100	EMERGENCY	0	25,117,847	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	7,482,643	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
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	6,586,621	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	1,585,188	15,527,685	105.00
106.00	10600	HEART ACQUISITION	1,241,552	3,435,680	106.00
107.00	10700	LIVER ACQUISITION	773,418	6,358,395	107.00
108.00	10800	LUNG ACQUISITION	1,434,820	4,669,430	108.00
109.00	10900	PANCREAS ACQUISITION	-5,599	3,631,875	109.00
110.00	11000	INTESTINAL ACQUISITION	34,677	59,722	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	POST TRANSPLANT	0	4,983,842	112.00
112.01	08601	PRE TRANSPLANT	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-170,162,712	1,488,801,292	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	851,795	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07962	NRCC DIETARY NAH	0	5,675	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	3,643,312	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	567,998	194.02
194.03	07953	FAMILY MEDICINE	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	545,387	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,597,332	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.06	07950	MADISON REHAB HOSPITAL	0	438,749	194.06
194.07	07956	PUBLIC AFFAIRS	0	5,841,682	194.07
194.08	07958	RETAIL PHARMACIES	0	227,991,837	194.08
194.09	07957	INN TOWNER	0	0	194.09
194.10	07960	LIVER RESEARCH	0	5,632	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	4,950	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-170,162,712	1,730,295,641	200.00

RECLASSIFICATIONS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:18 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - PROPERTY INSURANCE					
1.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	1,067,302	1.00
	0		0	1,067,302	
B - MEDICAL SUPPLIES SOLD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,289,884	1.00
	0		0	1,289,884	
C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	153,946,603	1.00
	0		0	153,946,603	
D - REPROCESSING COSTS DEPT 1213					
1.00	TRAUMA INTENSIVE CARE UNIT	31.01	6,058	5,797	1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	3,029	2,899	2.00
3.00	CARDIOTHORACIC SURGERY ICU	31.02	6,058	5,797	3.00
4.00	CARDIAC INTENSIVE CARE UNIT	31.03	3,029	2,899	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	36,345	34,784	5.00
6.00	NEURO INTENSIVE CARE UNIT	31.05	6,058	5,797	6.00
7.00	OPERATING ROOM	50.00	1,998,978	1,913,121	7.00
8.00	RESPIRATORY THERAPY	65.00	90,863	86,960	8.00
9.00	CLINIC CSC	90.01	121,150	115,947	9.00
10.00	CLINIC WEST	90.04	30,288	28,987	10.00
11.00	EMERGENCY	91.00	151,438	144,933	11.00
	0		2,453,294	2,347,921	
E - PATIENT ESCORT TRIPS					
1.00	ADMINISTRATIVE & GENERAL	5.00	10,823	5,004	1.00
2.00	MAINTENANCE & REPAIRS	6.00	3,101	1,434	2.00
3.00	ADULTS & PEDIATRICS	30.00	558,038	257,998	3.00
4.00	TRAUMA INTENSIVE CARE UNIT	31.01	70	33	4.00
5.00	CARDIOTHORACIC SURGERY ICU	31.02	7	3	5.00
6.00	CARDIAC INTENSIVE CARE UNIT	31.03	19,164	8,860	6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	6,498	3,004	7.00
8.00	NEURO INTENSIVE CARE UNIT	31.05	3,938	1,821	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	31.06	7,054	3,261	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	7,870	3,638	10.00
11.00	SUBPROVIDER - IPF	40.00	56	26	11.00
12.00	OPERATING ROOM	50.00	16,443	7,602	12.00
13.00	RECOVERY ROOM	51.00	46,395	21,450	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	93,114	43,050	14.00
15.00	RADIOISOTOPE	56.00	802	371	15.00
16.00	CT SCAN	57.00	10,795	4,991	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,575	728	17.00
18.00	CARDIAC REHABILITATION	59.01	14	7	18.00
19.00	LABORATORY	60.00	387	179	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	49	23	20.00
21.00	RESPIRATORY THERAPY	65.00	25,620	11,845	21.00
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	2,258	1,044	22.00
23.00	PHYSICAL THERAPY	66.00	49	23	23.00
24.00	ELECTROCARDIOLOGY	69.00	17,441	8,064	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	35,312	16,326	25.00
26.00	PULMONARY FUNCTION TESTING	75.01	352	163	26.00
27.00	CLINIC	90.00	14	7	27.00
28.00	CLINIC CSC	90.01	22,843	10,561	28.00
	0		890,082	411,516	
F - BUILDING DEPRECIATION AND INTEREST					
1.00	CAP REL COSTS-RESEARCH PARK	1.01	0	362,971	1.00
2.00	CAP REL COSTS- WEST CLINIC	1.02	0	515,739	2.00
3.00	CAP REL COSTS- EAST CLINIC	1.03	0	566,777	3.00
4.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	30,203,375	4.00
5.00	CAP REL COSTS- USTATION	1.06	0	320,610	5.00
6.00	CAP REL COSTS- EXCELSIOR 8007	1.07	0	426,883	6.00
7.00	CAP REL COSTS- EXCELSIOR 8501	1.08	0	549,865	7.00
8.00	CAP REL COSTS-TAC	1.09	0	12,803,047	8.00
9.00	CAP REL COSTS-PHARMACY SERVICES	1.10	0	215,276	9.00
10.00	MADISON REHAB HOSPITAL	194.06	0	438,749	10.00
	0		0	46,403,292	

RECLASSIFICATIONS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/26/2019 9:18 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - MEDICAL EDUCATION COSTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	13,391,407		1.00
	COSTS APPRVD					
	0		0	13,391,407		
	I - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	5,108,763		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
	0		0	5,108,763		
	J - HOME AND CLINICAL NUTRITION					
1.00	ADULTS & PEDIATRICS	30.00	2,559,603	1,186,662		1.00
	0		2,559,603	1,186,662		
	K - OPO COSTS					
1.00	OPO ADMINISTRATIVE COSTS	112.02	4,194,970	3,165,046		1.00
2.00	PRE TRANSPLANT	112.01	6,086,237	3,092,284		2.00
3.00	PRE TRANSPLANT	112.01	800,832	353,036		3.00

RECLASSIFICATIONS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/26/2019 9:18 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	POST TRANSPLANT	112.00	2,766,781	1,405,741	4.00
5.00	POST TRANSPLANT	112.00	563,090	248,230	5.00
6.00	KIDNEY ACQUISITION	105.00	2,519,742	1,280,226	6.00
7.00	LIVER ACQUISITION	107.00	642,123	326,249	7.00
8.00	PANCREAS ACQUISITION	109.00	157,591	80,068	8.00
9.00	HEART ACQUISITION	106.00	68,584	30,234	9.00
10.00	LUNG ACQUISITION	108.00	169,158	74,572	10.00
11.00	KIDNEY ACQUISITION	105.00	1,842,839	1,390,396	11.00
12.00	HEART ACQUISITION	106.00	361,866	273,023	12.00
13.00	LIVER ACQUISITION	107.00	810,849	611,774	13.00
14.00	LUNG ACQUISITION	108.00	676,824	510,654	14.00
15.00	PANCREAS ACQUISITION	109.00	475,787	358,975	15.00
16.00	INTESTINAL ACQUISITION	110.00	26,805	20,224	16.00
0			22,164,078	13,220,732	
L - DEFERRED COMP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,094,931	1.00
0			0	2,094,931	
N - TRANSPLANT RECLASS - OTHER					
1.00	KIDNEY ACQUISITION	105.00	0	429,690	1.00
2.00	HEART ACQUISITION	106.00	0	234,919	2.00
3.00	LIVER ACQUISITION	107.00	0	241,782	3.00
4.00	LUNG ACQUISITION	108.00	0	94,405	4.00
5.00	PANCREAS ACQUISITION	109.00	0	46,955	5.00
6.00	INTESTINAL ACQUISITION	110.00	0	1,348	6.00
0			0	1,049,099	
P - TRANSPLANT CLINIC					
1.00	KIDNEY ACQUISITION	105.00	283,397	128,389	1.00
2.00	LIVER ACQUISITION	107.00	98,064	44,427	2.00
3.00	PANCREAS ACQUISITION	109.00	44,984	20,379	3.00
0			426,445	193,195	
Q - PATIENT ACCOUNTING TRANS BILLING					
1.00	KIDNEY ACQUISITION	105.00	30,331	12,496	1.00
2.00	HEART ACQUISITION	106.00	10,496	4,324	2.00
3.00	LIVER ACQUISITION	107.00	2,600	1,071	3.00
4.00	LUNG ACQUISITION	108.00	5,681	2,341	4.00
5.00	PANCREAS ACQUISITION	109.00	4,814	1,984	5.00
0			53,922	22,216	
R - IMPLANTABLE SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	59,860,919	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
0			0	59,860,919	
S - TRANSPLANT FELLOWS					
1.00	KIDNEY ACQUISITION	105.00	0	47,659	1.00
2.00	HEART ACQUISITION	106.00	0	9,359	2.00
3.00	LIVER ACQUISITION	107.00	0	20,970	3.00
4.00	LUNG ACQUISITION	108.00	0	17,504	4.00
5.00	PANCREAS ACQUISITION	109.00	0	12,305	5.00
6.00	INTESTINAL ACQUISITION	110.00	0	693	6.00
0			0	108,490	
T - CARDIOTHORACIC SURGERY ICU					
1.00	ADULTS & PEDIATRICS	30.00	2,200,275	1,023,231	1.00
0			2,200,275	1,023,231	
U - HLA DIRECTOR					
1.00	HISTOCOMPATIBILITY LAB	18.01	0	270,000	1.00
0			0	270,000	
V - OTHER ANCILLARY TRANSPLANT					
1.00	KIDNEY ACQUISITION	105.00	72,146	23,812	1.00
2.00	HEART ACQUISITION	106.00	13,513	4,460	2.00
3.00	LIVER ACQUISITION	107.00	24,965	8,240	3.00
4.00	LUNG ACQUISITION	108.00	6,184	2,041	4.00
5.00	PANCREAS ACQUISITION	109.00	11,452	3,780	5.00
6.00	KIDNEY ACQUISITION	105.00	8,271	2,730	6.00
7.00	LIVER ACQUISITION	107.00	2,862	945	7.00
8.00	PANCREAS ACQUISITION	109.00	1,313	433	8.00

RECLASSIFICATIONS

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Period:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	HEART ACQUISITION	106.00	40	13	9.00
10.00	LUNG ACQUISITION	108.00	86	29	10.00
11.00	HEART ACQUISITION	106.00	12,245	4,041	11.00
12.00	LIVER ACQUISITION	107.00	9,756	3,220	12.00
			162,833	53,744	
W - LIVER RESEARCH					
1.00	LIVER RESEARCH	194.10	2,568	886	1.00
			2,568	886	
X - PSYCH COORDINATOR					
1.00	SUBPROVIDER - IPF	40.00	0	42,910	1.00
			0	42,910	
Y - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	805,025	256,172	1.00
			805,025	256,172	
Z - DIETARY RESIDENCY					
1.00	NRCC DIETARY NAH	194.00	3,854	1,821	1.00
	TOTALS		3,854	1,821	
500.00	Grand Total: Increases		31,721,979	303,351,696	500.00

RECLASSIFICATIONS

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Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,067,302	12		1.00
	0		0	1,067,302			
	B - MEDICAL SUPPLIES SOLD TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,289,884	0		1.00
	0		0	1,289,884			
	C - DRUGS SOLD TO PATIENTS						
1.00	PHARMACY	15.00	0	153,946,603	0		1.00
	0		0	153,946,603			
	D - REPROCESSING COSTS DEPT 1213						
1.00	CENTRAL SERVICES & SUPPLY	14.00	2,453,294	2,347,921	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	0		2,453,294	2,347,921			
	E - PATIENT ESCORT TRIPS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	890,082	411,516	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
	0		890,082	411,516			
	F - BUILDING DEPRECIATION AND INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	46,403,292	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
	0		0	46,403,292			
	G - MEDICAL EDUCATION COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,391,407	0		1.00
	0		0	13,391,407			
	I - LAUNDRY COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,003	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	56	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	288	0		3.00
4.00	HOUSEKEEPING	9.00	0	385,002	0		4.00
5.00	DIETARY	10.00	0	21,131	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	5,273	0		6.00

RECLASSIFICATIONS

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Period:
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Decreases							11/26/2019 9:18 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	173,060	0		7.00
8.00	PHARMACY	15.00	0	20,914	0		8.00
9.00	HISTOCOMPATIBILITY LAB	18.01	0	1,638	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	29,873	0		10.00
11.00	EMERGENCY MED PROGRAM	23.02	0	26	0		11.00
12.00	RADIOLOGIC TECHNOLOGIST	23.04	0	309	0		12.00
13.00	ULTRASOUND TECHNOLOGIST	23.05	0	524	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	1,373,034	0		14.00
15.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	162,968	0		15.00
16.00	CARDIOTHORACIC SURGERY ICU	31.02	0	72,805	0		16.00
17.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	37,124	0		17.00
18.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	75,634	0		18.00
19.00	NEURO INTENSIVE CARE UNIT	31.05	0	82,981	0		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	31.06	0	22,351	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	82,478	0		21.00
22.00	SUBPROVIDER - IPF	40.00	0	14,514	0		22.00
23.00	OPERATING ROOM	50.00	0	1,160,624	0		23.00
24.00	RECOVERY ROOM	51.00	0	81,365	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	44,036	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	229,692	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,523	0		27.00
28.00	RADIOISOTOPE	56.00	0	10,455	0		28.00
29.00	CT SCAN	57.00	0	61,535	0		29.00
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55,540	0		30.00
31.00	LABORATORY	60.00	0	20,154	0		31.00
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,217	0		32.00
33.00	RESPIRATORY THERAPY	65.00	0	872	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	32,511	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	122,078	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,625	0		36.00
37.00	RENAL DIALYSIS	74.00	0	14,482	0		37.00
38.00	PULMONARY FUNCTION TESTING	75.01	0	162	0		38.00
39.00	PROSTHETIC DEVICES	75.02	0	746	0		39.00
40.00	CLINIC	90.00	0	106	0		40.00
41.00	CLINIC CSC	90.01	0	124,606	0		41.00
42.00	CLINIC UNIVERSITY STATION	90.02	0	4,633	0		42.00
43.00	CLINIC WAISMAN	90.03	0	116	0		43.00
44.00	CLINIC WEST	90.04	0	23,194	0		44.00
45.00	CLINIC EAST	90.05	0	7,463	0		45.00
46.00	CLINIC RESEARCH PARK	90.06	0	1,685	0		46.00
47.00	CLINIC DHC	90.07	0	106,759	0		47.00
48.00	CLINIC THE AMERICAN CENTER	90.08	0	6,429	0		48.00
49.00	CLINIC MIDDLETON REHAB	90.10	0	404	0		49.00
50.00	CLINIC AODA	90.11	0	1	0		50.00
51.00	CLINIC KIDNEY	90.12	0	3	0		51.00
52.00	CLINIC PAIN MANAGEMENT	90.13	0	4,907	0		52.00
53.00	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0	56	0		53.00
54.00	EMERGENCY	91.00	0	292,819	0		54.00
55.00	AMBULANCE SERVICES	95.00	0	4,477	0		55.00
56.00	KIDNEY ACQUISITION	105.00	0	226	0		56.00
57.00	HEART ACQUISITION	106.00	0	59	0		57.00
58.00	OTHER AUXILIARY SERVICES	194.01	0	43,780	0		58.00
59.00	CLINICAL RESEARCH CENTER	194.02	0	9,019	0		59.00
60.00	INVESTIGATIONAL PHARMACY	194.05	0	1,402	0		60.00
61.00	RETAIL PHARMACIES	194.08	0	16	0		61.00
0					5,108,763		
J - HOME AND CLINICAL NUTRITION							
1.00	DIETARY	10.00	2,559,603	1,186,662	0		1.00
0					2,559,603	1,186,662	
K - OPO COSTS							
1.00	KIDNEY ACQUISITION	105.00	4,194,970	3,165,046	0		1.00
2.00	KIDNEY ACQUISITION	105.00	6,086,237	3,092,284	0		2.00
3.00	HEART ACQUISITION	106.00	800,832	353,036	0		3.00
4.00	PRE TRANSPLANT	112.01	2,766,781	1,405,741	0		4.00
5.00	PRE TRANSPLANT	112.01	563,090	248,230	0		5.00
6.00	PRE TRANSPLANT	112.01	3,319,456	1,686,543	0		6.00
7.00	PRE TRANSPLANT	112.01	237,742	104,806	0		7.00
8.00	OPO ADMINISTRATIVE COSTS	112.02	4,194,970	3,165,046	0		8.00
9.00		0.00	0	0	0		9.00

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Period:
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		Decreases						11/20/2010 9:10 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
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
	0		22,164,078	13,220,732					
L - DEFERRED COMP									
1.00	ADMINISTRATIVE & GENERAL	5.00	2,094,931	0	0				1.00
	0		2,094,931	0					
N - TRANSPLANT RECLASS - OTHER									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,049,099	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	1,049,099					
P - TRANSPLANT CLINIC									
1.00	CLINIC CSC	90.01	426,445	193,195	0				1.00
2.00		0.00	0	0	0				2.00
3.00		0.00	0	0	0				3.00
	0		426,445	193,195					
Q - PATIENT ACCOUNTING TRANS BILLING									
1.00	ADMINISTRATIVE & GENERAL	5.00	53,922	22,216	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
	0		53,922	22,216					
R - IMPLANTABLE SUPPLIES									
1.00	NURSING ADMINISTRATION	13.00	0	11,574	0				1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,365	0				2.00
3.00	OPERATING ROOM	50.00	0	34,498,951	0				3.00
4.00	ANESTHESIOLOGY	53.00	0	278,145	0				4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	561,627	0				5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,107	0				6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,241,711	0				7.00
8.00	ELECTROCARDIOLOGY	69.00	0	20,577,037	0				8.00
9.00	CLINIC CSC	90.01	0	660,102	0				9.00
10.00	CLINIC UNIVERSITY STATION	90.02	0	11,840	0				10.00
11.00	CLINIC WOMENS	90.14	0	15,460	0				11.00
	WELLNESS/PELVIC SURG								
	0		0	59,860,919					
S - TRANSPLANT FELLOWS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	108,490	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	108,490					
T - CARDIOTHORACIC SURGERY ICU									
1.00	CARDIOTHORACIC SURGERY ICU	31.02	2,200,275	1,023,231	0				1.00
	0		2,200,275	1,023,231					
U - HLA DIRECTOR									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	270,000	0				1.00
	0		0	270,000					
V - OTHER ANCILLARY TRANSPLANT									
1.00	ADMINISTRATIVE & GENERAL	5.00	108,241	35,725	0				1.00
2.00	NURSING ADMINISTRATION	13.00	8,495	2,804	0				2.00
3.00	PHARMACY	15.00	11,524	3,804	0				3.00
4.00	PHARMACY	15.00	5,693	1,879	0				4.00
5.00	CLINIC CSC	90.01	6,753	2,229	0				5.00
6.00	CLINIC CSC	90.01	126	42	0				6.00
7.00	NURSING ADMINISTRATION	13.00	6,072	2,004	0				7.00
8.00	CLINIC CSC	90.01	6,173	2,037	0				8.00
9.00	CLINIC CSC	90.01	9,756	3,220	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
	0		162,833	53,744					

RECLASSIFICATIONS

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Period:
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To 06/30/2019

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	W - LIVER RESEARCH					
1.00	LIVER ACQUISITION	107.00	2,568	886	0	1.00
	0		2,568	886		
	X - PSYCH COORDINATOR					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	42,910	0	1.00
	COSTS APPRVD		0	42,910		
	0					
	Y - PHARMACY RESIDENCY					
1.00	PHARMACY PROGRAM	23.01	805,025	256,172	0	1.00
	0		805,025	256,172		
	Z - DIETARY RESIDENCY					
1.00	DIETARY PROGRAM	23.03	3,854	1,821	0	1.00
	TOTALS		3,854	1,821		
500.00	Grand Total: Decreases		33,816,910	301,256,765		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
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		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	23,462,300	14,309,928	0	14,309,928	0	1.00	
2.00	Land Improvements	4,334,072	0	0	0	0	2.00	
3.00	Buildings and Fixtures	927,525,342	7,857,543	0	7,857,543	1,378,321	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	509,988,474	52,407,649	0	52,407,649	31,797,072	6.00	
7.00	HIT designated Assets	41,590,529	0	0	0	709,029	7.00	
8.00	Subtotal (sum of lines 1-7)	1,506,900,717	74,575,120	0	74,575,120	33,884,422	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,506,900,717	74,575,120	0	74,575,120	33,884,422	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	37,772,228	0				1.00	
2.00	Land Improvements	4,334,072	0				2.00	
3.00	Buildings and Fixtures	934,004,564	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	530,599,051	0				6.00	
7.00	HIT designated Assets	40,881,500	0				7.00	
8.00	Subtotal (sum of lines 1-7)	1,547,591,415	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	1,547,591,415	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0		0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
1.09	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0				1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0				1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0				1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0				1.04
1.05	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	CAP REL COSTS- USTATION	0	0				1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0				1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0				1.08
1.09	CAP REL COSTS-TAC	0	0				1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0				1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0.000000	0	1.08
1.09	CAP REL COSTS-TAC	0	0	0	0.000000	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0.000000	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	362,971	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	515,739	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	566,777	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	17,453,226	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	320,610	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	426,883	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	549,865	0	1.08
1.09	CAP REL COSTS-TAC	0	0	0	5,230,643	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	215,276	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,641,990	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	362,971	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	515,739	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	566,777	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	1,067,302	0	0	18,520,528	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	320,610	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	426,883	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	549,865	1.08
1.09	CAP REL COSTS-TAC	0	0	0	0	5,230,643	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	215,276	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,067,302	0	0	26,709,292	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-RESEARCH PARK (chapter 2)			0CAP REL COSTS-RESEARCH PARK	1.01	0	1.01
1.02	Investment income - CAP REL COSTS- WEST CLINIC (chapter 2)			0CAP REL COSTS- WEST CLINIC	1.02	0	1.02
1.03	Investment income - CAP REL COSTS- EAST CLINIC (chapter 2)			0CAP REL COSTS- EAST CLINIC	1.03	0	1.03
1.04	Investment income - CAP REL COSTS- 600 HIGHLAND (chapter 2)	B	-11,224,974	CAP REL COSTS- 600 HIGHLAND	1.04	9	1.04
1.05	Investment income - CAP REL COSTS- WAISMAN (chapter 2)			0CAP REL COSTS- WAISMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS- USTATION (chapter 2)			0CAP REL COSTS- USTATION	1.06	0	1.06
1.07	Investment income - CAP REL COSTS- EXCELSIOR 8007 (chapter 2)			0CAP REL COSTS- EXCELSIOR 8007	1.07	0	1.07
1.08	Investment income - CAP REL COSTS- EXCELSIOR 8501 (chapter 2)			0CAP REL COSTS- EXCELSIOR 8501	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-TAC (chapter 2)	B	-7,572,404	CAP REL COSTS-TAC	1.09	9	1.09
1.10	Investment income - CAP REL COSTS-PHARMACY SERVICES (chapter 2)			0CAP REL COSTS-PHARMACY SERVICES	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-4,467,933	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			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)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-345,282			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	24,127,584			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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
26.01	Depreciation - CAP REL COSTS-RESEARCH PARK			0 CAP REL COSTS-RESEARCH PARK	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WEST CLINIC			0 CAP REL COSTS- WEST CLINIC	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-EAST CLINIC			0 CAP REL COSTS- EAST CLINIC	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-600 HIGHLAND			0 CAP REL COSTS- 600 HIGHLAND	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-WAISMAN			0 CAP REL COSTS- WAISMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-USTATION			0 CAP REL COSTS- USTATION	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-EXCELSIOR 8007			0 CAP REL COSTS- EXCELSIOR 8007	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-EXCELSIOR 8501			0 CAP REL COSTS- EXCELSIOR 8501	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-TAC			0 CAP REL COSTS-TAC	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-PHARMACY SERVICES			0 CAP REL COSTS-PHARMACY SERVICES	1.10	0	26.10
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
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-1,964,002	CAP REL COSTS- 600 HIGHLAND	1.04	9	33.01
33.02	MISCELLANEOUS INCOME	B	-294,660	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-18,099,705	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-9,574,753	DIETARY	10.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-1,505	DIETARY PROGRAM	23.03	0	33.05
33.06	LOBBYING FEE WHA	A	-16,634	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	GROSS UP KIDNEY	A	2,631,337	KIDNEY ACQUISITION	105.00	0	33.07
33.08	GROSS UP HEART	A	1,327,728	HEART ACQUISITION	106.00	0	33.08
33.09	GROSS UP LIVER	A	1,157,114	LIVER ACQUISITION	107.00	0	33.09
33.10	GROSS UP LUNG	A	1,559,609	LUNG ACQUISITION	108.00	0	33.10
33.11	GROSS UP PANCREAS	A	45,407	PANCREAS ACQUISITION	109.00	0	33.11
33.12	GROSS UP INTESTINE	A	36,000	INTESTINAL ACQUISITION	110.00	0	33.12
33.13	NON ALLOWABLE A&G	A	-82,299	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	NON ALLOWABLE UCC	A	-3,715,613	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	MOTHER BABY JOA	A	-542,250	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	CAFETERIA REVENUE	B	-9,573,753	DIETARY	10.00	0	33.16
33.17	NKR REGISTRY FEES	A	-689,559	KIDNEY ACQUISITION	105.00	0	33.17
33.18	PROGRAM SUPPORT	A	-98,470,433	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	OPO MARKETING	A	-23,715	KIDNEY ACQUISITION	105.00	0	33.19
33.20	OPO MARKETING	A	-4,657	HEART ACQUISITION	106.00	0	33.20
33.21	OPO MARKETING	A	-10,435	LIVER ACQUISITION	107.00	0	33.21
33.22	OPO MARKETING	A	-8,710	LUNG ACQUISITION	108.00	0	33.22
33.23	OPO MARKETING	A	-6,123	PANCREAS ACQUISITION	109.00	0	33.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/26/2019 9:18 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.24 OPO MARKETING	A	-345	INTESTINAL ACQUISITION	110.00	0	33.24
33.25 WI MA TAX ASSESSMENT	A	-33,753,434	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26 FUNERAL AND RELATED PARTY	A	-184,596	KIDNEY ACQUISITION	105.00	0	33.26
33.27 FUNERAL AND RELATED PARTY	A	-50,718	HEART ACQUISITION	106.00	0	33.27
33.28 FUNERAL AND RELATED PARTY	A	-101,387	LIVER ACQUISITION	107.00	0	33.28
33.29 FUNERAL AND RELATED PARTY	A	-92,362	LUNG ACQUISITION	108.00	0	33.29
33.30 FUNERAL AND RELATED PARTY	A	-28,210	PANCREAS ACQUISITION	109.00	0	33.30
33.31 FUNERAL AND RELATED PARTY	A	-39	INTESTINAL ACQUISITION	110.00	0	33.31
33.32 TISSUE PROGRAM	A	-64,577	KIDNEY ACQUISITION	105.00	0	33.32
33.33 TISSUE PROGRAM	A	-12,681	HEART ACQUISITION	106.00	0	33.33
33.34 TISSUE PROGRAM	A	-28,414	LIVER ACQUISITION	107.00	0	33.34
33.35 TISSUE PROGRAM	A	-23,717	LUNG ACQUISITION	108.00	0	33.35
33.36 TISSUE PROGRAM	A	-16,673	PANCREAS ACQUISITION	109.00	0	33.36
33.37 TISSUE PROGRAM	A	-939	INTESTINAL ACQUISITION	110.00	0	33.37
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-170,162,712				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: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 9:18 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	UW OVERHEAD	9,559,345	0 1.00
2.00		6.00	MAINTENANCE & REPAIRS	UW OVERHEAD	14,114,682	0 2.00
3.00		8.00	LAUNDRY & LINEN SERVICE	MUHL	5,317,839	5,191,847 3.00
4.00		1.04	CAP REL COSTS- 600 HIGHLAND	MUHL	360,834	0 4.00
4.01		6.00	MAINTENANCE & REPAIRS	MERI	965,402	1,076,664 4.01
4.02		1.04	CAP REL COSTS- 600 HIGHLAND	MERI	77,993	0 4.02
5.00	TOTALS (sum of lines 1-4).				30,396,095	6,268,511 5.00
	Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					

* 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	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	B	UW SYSTEM	1.00	STATE OF WISCON	1.00	6.00
7.00	C	MUHL	42.83	MADISON UNITED	42.83	7.00
8.00	C	MERI	40.90	MADISON ENVIRON	40.90	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 9:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,559,345	0		1.00
2.00	14,114,682	0		2.00
3.00	125,992	0		3.00
4.00	360,834	9		4.00
4.01	-111,262	0		4.01
4.02	77,993	9		4.02
5.00	24,127,584			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	OVERHEAD	6.00
7.00	LAUNDRY	7.00
8.00	INCINERATION	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: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 9:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	105.00	DR. A	210,919	0	210,919	240,300	1,664	1.00
2.00	105.00	DR. B	138,215	0	138,215	240,300	688	2.00
3.00	108.00	DR. C	54,480	0	54,480	240,300	482	3.00
4.00	105.00	DR. D	38,293	0	38,293	240,300	277	4.00
5.00	105.00	DR. E	38,293	0	38,293	240,300	1,619	5.00
6.00	105.00	DR. F	71,156	0	71,156	192,700	904	6.00
7.00	107.00	DR. H	136,080	0	136,080	192,700	608	7.00
8.00	105.00	DR. J	18,000	0	18,000	240,300	1,003	8.00
9.00	107.00	DR. L	189,000	0	189,000	192,700	273	9.00
10.00	105.00	DR. M	35,983	0	35,983	192,700	540	10.00
11.00	106.00	DR. I	72,595	0	72,595	192,700	588	11.00
200.00			1,003,014	0	1,003,014		8,646	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	105.00	DR. A	192,240	9,612	0	0	0	1.00
2.00	105.00	DR. B	79,484	3,974	0	0	0	2.00
3.00	108.00	DR. C	55,685	2,784	0	0	0	3.00
4.00	105.00	DR. D	32,001	1,600	0	0	0	4.00
5.00	105.00	DR. E	187,041	9,352	0	0	0	5.00
6.00	105.00	DR. F	83,750	4,188	0	0	0	6.00
7.00	107.00	DR. H	56,328	2,816	0	0	0	7.00
8.00	105.00	DR. J	115,876	5,794	0	0	0	8.00
9.00	107.00	DR. L	25,292	1,265	0	0	0	9.00
10.00	105.00	DR. M	50,028	2,501	0	0	0	10.00
11.00	106.00	DR. I	54,475	2,724	0	0	0	11.00
200.00			932,200	46,610	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	105.00	DR. A	0	192,240	18,679	18,679		1.00
2.00	105.00	DR. B	0	79,484	58,731	58,731		2.00
3.00	108.00	DR. C	0	55,685	0	0		3.00
4.00	105.00	DR. D	0	32,001	6,292	6,292		4.00
5.00	105.00	DR. E	0	187,041	0	0		5.00
6.00	105.00	DR. F	0	83,750	0	0		6.00
7.00	107.00	DR. H	0	56,328	79,752	79,752		7.00
8.00	105.00	DR. J	0	115,876	0	0		8.00
9.00	107.00	DR. L	0	25,292	163,708	163,708		9.00
10.00	105.00	DR. M	0	50,028	0	0		10.00
11.00	106.00	DR. I	0	54,475	18,120	18,120		11.00
200.00			0	932,200	345,282	345,282		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0			1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	362,971	0	362,971		1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	515,739	0	0	515,739	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	566,777	0	0	0	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	18,520,528	0	0	0	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	320,610	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	426,883	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	549,865	0	0	0	1.08
1.09	00110	CAP REL COSTS-TAC	5,230,643	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	215,276	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,239,113	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	271,674,877	0	0	1,738	5.00
6.00	00600	MAINTENANCE & REPAIRS	69,793,561	0	1,494	1,558	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,459,176	0	0	0	8.00
9.00	00900	HOUSEKEEPING	21,470,776	0	1,385	4,092	9.00
10.00	01000	DIETARY	742,463	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	36,549,766	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,432,884	0	0	5,116	14.00
15.00	01500	PHARMACY	43,464,793	0	0	6,519	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,110,640	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	3,862,681	0	0	0	18.01
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	38,401,169	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,348,497	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	862,225	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	1,043,423	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	21,547	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	481,360	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	596,136	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	50,923	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	117,562,018	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	13,289,604	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	5,165,660	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	3,330,700	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	6,718,271	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	9,266,282	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	7,113,279	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,913,220	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,066,869	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	92,554,206	0	0	0	50.00
51.00	05100	RECOVERY ROOM	13,718,490	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,636,767	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,710,250	0	20,404	20,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,342,922	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,564,227	0	0	0	56.00
57.00	05700	CT SCAN	6,165,719	0	3,403	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,621,521	0	23,367	0	58.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,071,545	0	14,153	0	0	59.01
60.00	06000	LABORATORY	42,191,655	0	0	14,513	20,663	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.	12,283,604	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,481,454	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	672,655	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	22,702,844	0	70,697	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,163,525	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,035,910	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,976,093	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,289,884	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,860,919	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	153,946,603	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,683,276	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	771,856	0	0	968	0	75.01
75.02	03540	PROSTHETIC DEVICES	2,757,645	0	5,137	0	0	75.02
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	13,966,590	0	2,680	9,249	5,424	90.00
90.01	09001	CLINIC CSC	47,393,259	0	0	1,820	1,294	90.01
90.02	09002	CLINIC UNIVERSITY STATION	9,166,888	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,544,285	0	0	0	0	90.03
90.04	09004	CLINIC WEST	14,125,925	0	14,472	435,925	2,765	90.04
90.05	09005	CLINIC EAST	6,112,125	0	0	0	416,716	90.05
90.06	09006	CLINIC RESEARCH PARK	2,771,347	0	76,912	0	0	90.06
90.07	09009	CLINIC DHC	13,258,975	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	7,483,571	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	24,326	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	409,183	0	0	0	0	90.10
90.11	09011	CLINIC AODA	168,322	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	612,185	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	2,226,010	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	739,786	0	0	0	0	90.14
91.00	09100	EMERGENCY	25,117,847	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
95.00	09500	AMBULANCE SERVICES	7,482,643	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
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	6,586,621	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	15,527,685	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	3,435,680	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,358,395	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,669,430	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,631,875	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	59,722	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	4,983,842	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,488,801,292	0	234,104	502,300	543,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	851,795	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	5,675	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	3,643,312	0	128,867	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	567,998	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	545,387	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,597,332	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	438,749	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	5,841,682	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	227,991,837	0	0	13,439	22,953	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	5,632	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	4,950	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,730,295,641	0	362,971	515,739	566,777	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2018
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Part I
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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	18,520,528					1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	320,610			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	426,883		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	549,865	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	46,645	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,175,871	0	0	0	243,925	5.00
6.00	00600	MAINTENANCE & REPAIRS	530,073	0	0	0	11,680	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,804	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	198,257	0	396	0	0	9.00
10.00	01000	DIETARY	737,335	0	0	0	0	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	221,766	0	0	0	15,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	673,908	0	396	0	0	14.00
15.00	01500	PHARMACY	254,586	0	0	0	20,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,196	0	7,183	0	239,001	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	50,369	0	0	0	0	18.01
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	133,296	0	0	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
23.01	02301	PHARMACY PROGRAM	6,967	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,520,119	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	285,982	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	138,686	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	38,144	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	234,057	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	188,705	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	145,631	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	97,891	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	164,539	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	1,665,061	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	672,944	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,542	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	607,610	0	4,862	0	19,475	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	472,496	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	50,063	0	0	0	0	56.00
57.00	05700	CT SCAN	130,360	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	211,052	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	10,779	0	0	0	0	59.01
60.00	06000	LABORATORY	623,144	0	5,184	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,986	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	140,088	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,332	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	221,919	0	10,986	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	117,565	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	382,361	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,751	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	69,014	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	43,271	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	11,042	0	0	0	0	75.02
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	296,827	0	8,629	426,883	0	90.00
90.01	09001	CLINIC CSC	2,159,247	0	893	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	274,871	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	37,618	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	1,862	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	540,480	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
95.00	09500	AMBULANCE SERVICES	485,006	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
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	1,577	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	54,773	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,059	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,920	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,491	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,426	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	66	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	63,143	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,198,702	0	313,400	426,883	549,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,069	0	0	0	0	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	10,867	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	126,526	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04

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Cost Center Description		CAPITAL RELATED COSTS					
		600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
		1.04	1.05	1.06	1.07	1.08	
194.05	07955	INVESTIGATIONAL PHARMACY	36,808	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	113,556	0	7,210	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	194.11
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,520,528	0	320,610	426,883	549,865

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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			TAC	PHARMACY SERVICES	MVBLE EQUIP			
			1.09	1.10	2.00		4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC	5,230,643					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	215,276				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	299,150	0	0	16,584,908		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	245,082	0	0	2,422,031	275,766,028	5.00
6.00	00600	MAINTENANCE & REPAIRS	840,027	0	0	360,706	71,548,154	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,818	5,505,798	8.00
9.00	00900	HOUSEKEEPING	60,594	0	0	359,328	22,101,913	9.00
10.00	01000	DIETARY	254,600	0	0	230,354	1,964,752	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	1,934	0	0	665,639	37,454,510	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	348,913	0	0	304,538	14,776,899	14.00
15.00	01500	PHARMACY	52,829	215,276	0	719,292	44,733,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	329,267	18,697,287	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	30,335	3,943,385	18.01
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	0	852,552	39,387,017	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	13,348,497	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	18,070	887,262	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	16,336	1,059,759	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	432	21,979	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	11,245	492,605	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	12,562	608,698	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	0	0	0	2,066	52,989	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	622,019	0	0	2,272,345	123,976,501	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	227,931	13,803,517	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	98,557	5,402,903	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	63,151	3,431,995	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	131,217	7,083,545	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	160,017	9,615,004	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	128,291	7,387,201	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	72,634	4,083,745	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	64,556	3,295,964	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	347,720	0	0	783,279	95,350,266	50.00
51.00	05100	RECOVERY ROOM	282,925	0	0	257,787	14,932,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,916	0	0	55,128	10,730,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	208,825	0	0	406,986	36,027,579	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	99,626	11,953,853	55.00
56.00	05600	RADIOISOTOPE	11,240	0	0	38,630	9,664,160	56.00
57.00	05700	CT SCAN	22,510	0	0	74,980	6,396,972	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,255	0	0	90,307	9,993,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	21,331	0	0	20,012	1,137,820	59.01

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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			TAC	PHARMACY SERVICES	MVBLE EQUIP			
			1.09	1.10	2.00	4.00	4A	
60.00	06000	LABORATORY	0	0	0	410,912	43,266,071	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.	53,721	0	0	60,686	12,440,997	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,849	0	0	310,933	22,937,324	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	12,493	719,480	65.01
66.00	06600	PHYSICAL THERAPY	546,106	0	0	457,362	24,009,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	46,401	3,327,491	68.00
69.00	06900	ELECTROCARDIOLOGY	19,005	0	0	213,154	20,650,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	52,537	4,125,381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,289,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	59,860,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	153,946,603	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	45,817	2,798,107	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	13,940	830,035	75.01
75.02	03540	PROSTHETIC DEVICES	10,892	0	0	30,149	2,814,865	75.02
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	338,122	15,054,404	90.00
90.01	09001	CLINIC CSC	0	0	0	850,412	50,406,925	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	167,470	9,609,229	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	51,451	2,595,736	90.03
90.04	09004	CLINIC WEST	0	0	0	251,545	14,830,632	90.04
90.05	09005	CLINIC EAST	0	0	0	108,894	6,675,353	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	42,906	2,891,165	90.06
90.07	09009	CLINIC DHC	0	0	0	190,405	13,451,242	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	796,294	0	0	133,028	8,412,893	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	407	24,733	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	7,793	416,976	90.10
90.11	09011	CLINIC AODA	0	0	0	3,064	171,386	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	10,331	622,516	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	28,216	2,254,226	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	11,761	751,547	90.14
91.00	09100	EMERGENCY	111,823	0	0	451,392	26,221,542	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
95.00	09500	AMBULANCE SERVICES	0	0	0	95,521	8,063,170	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
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	126,345	6,714,543	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	129,490	15,711,948	105.00
106.00	10600	HEART ACQUISITION	0	0	0	11,892	3,449,631	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	40,140	6,413,455	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	23,371	4,697,292	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	17,498	3,653,799	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	741	60,529	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	91,991	5,138,976	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,217,560	215,276	0	16,220,575	1,487,929,581	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,898	0	0	4,279	899,041	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	104	5,779	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			TAC	PHARMACY SERVICES	MVBLE EQUIP			
			1.09	1.10	2.00		4A	
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	60,572	3,843,618	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	14,335	708,859	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	501	545,888	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	47,456	1,681,596	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	438,749	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	59,231	5,900,913	194.07
194.08	07958	RETAIL PHARMACIES	4,185	0	0	177,749	228,330,929	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	5,632	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	106	5,056	194.11
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)	5,230,643	215,276	0	16,584,908	1,730,295,641	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	275,766,028					5.00
6.00	00600	MAINTENANCE & REPAIRS	13,564,886	85,113,040				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,043,850	227,425	0	6,777,073		8.00
9.00	00900	HOUSEKEEPING	4,190,324	1,006,341	0	514,692	27,813,270	9.00
10.00	01000	DIETARY	372,499	3,742,667	0	28,049	1,241,019	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	7,101,038	1,125,669	0	7,049	373,257	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,801,567	3,420,714	0	231,356	1,134,264	14.00
15.00	01500	PHARMACY	8,481,102	1,292,262	0	27,959	428,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,544,837	56,828	0	0	18,844	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	747,630	255,672	0	2,190	84,778	18.01
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	7,467,424	676,603	0	39,936	224,353	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,530,755	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	168,217	35,365	0	0	11,727	23.01
23.02	02302	EMERGENCY MED PROGRAM	200,921	0	0	35	0	23.02
23.03	02303	DIETARY PROGRAM	4,167	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	93,393	0	0	413	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	115,404	0	0	701	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	10,046	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,504,829	17,867,918	0	1,872,871	5,924,769	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	2,617,023	1,451,626	0	217,865	481,340	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	1,024,342	703,960	0	60,201	233,424	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	650,675	193,617	0	49,629	64,201	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	1,342,976	1,188,058	0	101,112	393,945	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	1,822,918	957,853	0	110,934	317,612	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	1,400,547	739,214	0	29,880	245,114	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	774,241	496,887	0	110,261	164,761	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	624,885	835,188	0	19,403	276,938	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	18,077,552	8,451,751	0	1,551,586	2,802,490	50.00
51.00	05100	RECOVERY ROOM	2,831,000	3,415,821	0	108,773	1,132,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,034,378	155,027	0	58,870	51,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,830,505	3,084,192	0	307,065	1,022,678	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,266,343	2,398,359	0	44,815	795,264	55.00
56.00	05600	RADIOISOTOPE	1,832,238	254,115	0	13,977	84,261	56.00
57.00	05700	CT SCAN	1,212,808	661,701	0	82,263	219,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,894,678	1,071,288	0	74,249	355,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	215,720	54,715	0	0	18,143	59.01
60.00	06000	LABORATORY	8,202,858	3,163,040	0	26,943	1,048,823	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,358,701	218,194	0	1,627	72,350	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,348,710	711,078	0	1,166	235,784	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	136,407	174,266	0	0	57,784	65.01
66.00	06600	PHYSICAL THERAPY	4,552,064	1,126,448	0	43,462	373,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	630,862	596,754	0	0	197,876	68.00
69.00	06900	ELECTROCARDIOLOGY	3,915,136	1,940,840	0	163,201	643,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	782,135	491,104	0	8,857	162,844	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	244,550	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,349,091	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,186,890	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	530,496	350,312	0	19,360	116,159	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	157,367	219,640	0	217	72,830	75.01
75.02	03540	PROSTHETIC DEVICES	533,673	56,050	0	997	18,585	75.02
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	2,854,180	1,506,675	0	142	499,594	90.00
90.01	09001	CLINIC CSC	9,556,699	10,960,208	0	166,580	3,634,261	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,821,823	0	0	6,194	0	90.02
90.03	09003	CLINIC WAISMAN	492,128	0	0	155	0	90.03
90.04	09004	CLINIC WEST	2,811,754	0	0	31,007	0	90.04
90.05	09005	CLINIC EAST	1,265,587	190,948	0	9,977	63,316	90.05
90.06	09006	CLINIC RESEARCH PARK	548,139	0	0	2,253	0	90.06
90.07	09009	CLINIC DHC	2,550,234	9,453	0	142,721	3,134	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1,595,009	0	0	8,595	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	4,689	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	79,055	0	0	540	0	90.10
90.11	09011	CLINIC AODA	32,493	0	0	1	0	90.11
90.12	09012	CLINIC KIDNEY	118,023	0	0	4	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	427,381	0	0	6,560	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	142,487	0	0	75	0	90.14
91.00	09100	EMERGENCY	4,971,368	2,743,444	0	391,457	909,690	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
95.00	09500	AMBULANCE SERVICES	1,528,704	2,461,860	0	5,985	816,320	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
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	1,273,017	8,007	0	0	2,655	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,978,844	278,025	0	230	92,190	105.00
106.00	10600	HEART ACQUISITION	654,019	10,454	0	23	3,466	106.00
107.00	10700	LIVER ACQUISITION	1,215,933	75,734	0	59	25,112	107.00
108.00	10800	LUNG ACQUISITION	890,564	22,798	0	56	7,560	108.00
109.00	10900	PANCREAS ACQUISITION	692,727	22,464	0	15	7,449	109.00
110.00	11000	INTESTINAL ACQUISITION	11,476	334	0	0	111	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	974,304	320,508	0	0	106,276	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	229,815,295	83,479,474	0	6,704,593	27,271,602	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	170,450	172,932	0	0	57,342	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	1,096	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	728,715	55,160	0	58,528	18,290	194.01
194.02	07952	CLINICAL RESEARCH CENTER	134,393	642,239	0	12,057	212,958	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	103,495	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	318,815	186,833	0	1,874	61,951	194.05
194.06	07950	MADISON REHAB HOSPITAL	83,183	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.07	07956	PUBLIC AFFAIRS	1,118,760	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	43,289,799	576,402	0	21	191,127	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	1,068	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	959	0	0	0	0	194.11
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)	275,766,028	85,113,040	0	6,777,073	27,813,270	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	7,348,986					10.00
11.00	01100	CAFETERIA	5,046,007	5,046,007				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	63,521	0	46,125,044		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	106,923	0	0	22,471,723	14.00
15.00	01500	PHARMACY	0	129,382	0	0	219,507	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	137	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	881	18.01
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	2,932,030	0	0	33	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
23.01	02301	PHARMACY PROGRAM	0	4,185	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	2,138	23.02
23.03	02303	DIETARY PROGRAM	0	264	0	0	3	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	107	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	214	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	330	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,945,394	492,937	0	13,282,296	1,402,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	43,324	46,014	0	1,259,440	284,076	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	76,015	19,141	0	523,913	136,213	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	23,012	11,762	0	321,944	85,734	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	25,517	23,846	0	652,690	126,556	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	31,503	0	862,255	135,787	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	15,210	23,961	0	655,825	122,327	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	42,271	14,366	0	393,206	74,807	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	103,845	12,591	0	344,613	6,354	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	155,735	0	3,745,161	7,108,830	50.00
51.00	05100	RECOVERY ROOM	265	49,684	0	1,360,002	197,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,304	0	466,397	1,142,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,905	0	534,162	2,841,853	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,071	0	471,340	142,784	55.00
56.00	05600	RADIOISOTOPE	0	7,097	0	0	11,441	56.00
57.00	05700	CT SCAN	0	15,604	0	0	253,581	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,683	0	0	127,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,066	0	158,802	2,631	59.01
60.00	06000	LABORATORY	0	78,090	0	35,691	189,204	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
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To 06/30/2019Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,740	0	0	4,435	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	58,327	0	1,893,561	1,442,128	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,176	0	0	34	65.01
66.00	06600	PHYSICAL THERAPY	0	56,962	0	0	131,552	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,410	0	0	109,558	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,362	0	924,956	3,081,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,269	0	36,173	34,588	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	7,943	0	220,658	116,422	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	2,952	0	0	7,649	75.01
75.02	03540	PROSTHETIC DEVICES	0	1,057	0	0	211,470	75.02
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	41,530	0	0	889	90.00
90.01	09001	CLINIC CSC	6,092	209,397	0	5,361,151	1,177,669	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	1,242,559	62,466	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	131,913	10,092	90.03
90.04	09004	CLINIC WEST	0	0	0	1,583,072	96,060	90.04
90.05	09005	CLINIC EAST	0	0	0	733,598	46,848	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	294,573	14,543	90.06
90.07	09009	CLINIC DHC	0	0	0	1,264,625	453,154	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	32,714	0	895,414	108,703	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	2,532	173	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	41,841	5,358	90.10
90.11	09011	CLINIC AODA	0	0	0	0	77	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	67,162	955	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	187,258	9,066	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	99,115	25,213	90.14
91.00	09100	EMERGENCY	19,376	96,482	0	2,555,295	462,238	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	17,551	0	480,384	29,664	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
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	658,478	4,789	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	24,794	0	678,614	78,788	105.00
106.00	10600	HEART ACQUISITION	0	2,278	0	62,339	7,235	106.00
107.00	10700	LIVER ACQUISITION	0	7,687	0	210,409	24,423	107.00
108.00	10800	LUNG ACQUISITION	0	4,476	0	122,508	14,220	108.00
109.00	10900	PANCREAS ACQUISITION	0	3,353	0	91,760	10,646	109.00
110.00	11000	INTESTINAL ACQUISITION	0	141	0	3,859	451	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	17,613	0	482,072	55,972	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,346,328	5,020,209	0	45,393,616	22,454,742	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,780	0	0	10	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	1,154	0	541,035	2,292	194.01
194.02	07952	CLINICAL RESEARCH CENTER	2,658	6,956	0	190,393	8,175	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.05	07955	0	5,983	0	0	809	194.05
194.06	07950	0	0	0	0	0	194.06
194.07	07956	0	0	0	0	45	194.07
194.08	07958	0	9,921	0	0	5,650	194.08
194.09	07957	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	4	0	0	0	194.11
200.00							200.00
201.00	Cross Foot Adjustments	0	0	0	0	0	201.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	7,348,986	5,046,007	0	46,125,044	22,471,723	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
						(SPECIFY)	HISTOCOMPATIBI LITY LAB
			15.00	16.00	17.00	18.00	18.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	55,312,383				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,317,933			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	395	29,909	0	0	5,064,840 18.01
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	7,198	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
23.01	02301	PHARMACY PROGRAM	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	83	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	78	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	147	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	501,743	2,447,296	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	65,194	331,840	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	19,631	146,974	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	16,838	81,540	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	25,063	191,114	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	29,967	247,033	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	8,457	218,630	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	21,653	70,058	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,605	60,455	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	298,165	3,990,077	0	0	50.00
51.00	05100	RECOVERY ROOM	54,245	402,548	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	738,947	301,771	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,964	1,154,540	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,060	716,725	0	0	55.00
56.00	05600	RADIOISOTOPE	16,487	164,952	0	0	56.00
57.00	05700	CT SCAN	19,881	1,144,794	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,012	872,840	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1	20,564	0	0	59.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						(SPECIFY)	HISTOCOMPATIBI LITY LAB	
			15.00	16.00	17.00	18.00	18.01	
60.00	06000	LABORATORY	35,205	1,878,836	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						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.	1,516	308,902	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	664	653,257	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	8,128	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,900	481,124	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	33,932	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,455	1,228,114	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,617	129,767	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	7,499	60,503	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	171	29,597	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	180	41,786	0	0	0	75.02
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	26	0	0	0	0	90.00
90.01	09001	CLINIC CSC	115,164	693,325	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	3,045	108,682	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	29	12,191	0	0	0	90.03
90.04	09004	CLINIC WEST	21,801	210,431	0	0	0	90.04
90.05	09005	CLINIC EAST	3,846	94,562	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	1,014	30,899	0	0	0	90.06
90.07	09009	CLINIC DHC	34,532	424,036	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	3,761	106,441	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	25	295	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	108	10,993	0	0	0	90.10
90.11	09011	CLINIC AODA	0	953	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	15	4,539	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	4,978	26,591	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	10,324	0	0	0	90.14
91.00	09100	EMERGENCY	139,709	1,091,122	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,769	90,073	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
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	282	51,291	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	153	155,131	0	0	2,308,281	105.00
106.00	10600	HEART ACQUISITION	14	15,891	0	0	54,384	106.00
107.00	10700	LIVER ACQUISITION	47	53,991	0	0	155,694	107.00
108.00	10800	LUNG ACQUISITION	28	30,467	0	0	59,261	108.00
109.00	10900	PANCREAS ACQUISITION	21	19,111	0	0	41,329	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	109	0	0	0	2,445,891	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,368,498	20,688,945	0	0	5,064,840	118.00
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	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						(SPECIFY)	HISTOCOMPATIBI LITY LAB	
			15.00	16.00	17.00	18.00	18.01	
194.01	07951	OTHER AUXILIARY SERVICES	10,551	2,213	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	2,890	12,578	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	8,201	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,839	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	52,928,494	1,605,996	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	111	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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)	55,312,383	22,317,933	0	0	5,064,840	202.00

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		50,734,594			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			15,879,252		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0	23.00
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM					23.02
23.03	02303	DIETARY PROGRAM					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST					23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST					23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	50,353,195	15,759,879	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0 31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0 31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0 31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0 31.06
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	381,399	119,373	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	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
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0 59.01
60.00	06000	LABORATORY	0	0	0	0	0 60.00

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					21.00	22.00		
			19.00	20.00	21.00	22.00	23.00	
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
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
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
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
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
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	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	50,734,594	15,879,252	0	118.00
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	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES	PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	0 194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	0 194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	0 194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	0 194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	0 194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	0 194.08
194.09	07957	INN TOWNER	0	0	0	0	0	0 194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	0 194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	0 194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	50,734,594	15,879,252	0	0 202.00

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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM	1,106,756					23.01
23.02	02302	EMERGENCY MED PROGRAM		1,262,936				23.02
23.03	02303	DIETARY PROGRAM			26,413			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				586,596		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					725,164	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	26,413	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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	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	586,596	725,164	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
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
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						61.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
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	1,106,756	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
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	1,262,936	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
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
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	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,106,756	1,262,936	26,413	586,596	725,164	118.00
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	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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)	1,106,756	1,262,936	26,413	586,596	725,164	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	63,365					23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	259,358,811	-66,113,074	193,245,737		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	20,601,259	0	20,601,259		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	8,346,717	0	8,346,717		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	4,930,947	0	4,930,947		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	11,154,422	0	11,154,422		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	14,130,866	0	14,130,866		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	10,846,366	0	10,846,366		31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,246,256	0	6,246,256		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	6,084,613	-500,772	5,583,841		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	141,531,613	0	141,531,613		50.00
51.00	05100	RECOVERY ROOM	0	24,484,735	0	24,484,735		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	15,698,447	0	15,698,447		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,280,203	0	53,280,203		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	63,365	18,882,979	0	18,882,979		55.00
56.00	05600	RADIOISOTOPE	0	12,048,728	0	12,048,728		56.00
57.00	05700	CT SCAN	0	10,007,015	0	10,007,015		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,419,954	0	14,419,954		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	1,610,462	0	1,610,462		59.01

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Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
60.00	06000	LABORATORY	0	57,924,761	0	57,924,761	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	15,420,462	0	15,420,462	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,281,999	0	32,281,999	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,100,275	0	1,100,275	65.01
66.00	06600	PHYSICAL THERAPY	0	30,782,941	0	30,782,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,904,883	0	4,904,883	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,632,215	0	32,632,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,785,735	0	5,785,735	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,534,434	0	1,534,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	71,210,010	0	71,210,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	184,240,249	0	184,240,249	73.00
74.00	07400	RENAL DIALYSIS	0	4,227,459	0	4,227,459	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	1,320,458	0	1,320,458	75.01
75.02	03540	PROSTHETIC DEVICES	0	3,678,663	0	3,678,663	75.02
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	19,957,440	-19,957,440	0	90.00
90.01	09001	CLINIC CSC	0	82,287,471	9,894,128	92,181,599	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	12,853,998	1,545,546	14,399,544	90.02
90.03	09003	CLINIC WAISMAN	0	3,242,244	389,843	3,632,087	90.03
90.04	09004	CLINIC WEST	0	19,584,757	2,354,843	21,939,600	90.04
90.05	09005	CLINIC EAST	0	9,084,035	1,092,251	10,176,286	90.05
90.06	09006	CLINIC RESEARCH PARK	0	3,782,586	454,813	4,237,399	90.06
90.07	09009	CLINIC DHC	0	18,333,131	2,204,349	20,537,480	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	11,163,530	1,342,287	12,505,817	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	32,447	3,901	36,348	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	554,871	66,717	621,588	90.10
90.11	09011	CLINIC AODA	0	204,910	24,638	229,548	90.11
90.12	09012	CLINIC KIDNEY	0	813,214	109,804	923,018	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	2,916,060	350,623	3,266,683	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	1,028,761	123,697	1,152,458	90.14
91.00	09100	EMERGENCY	0	40,864,659	0	40,864,659	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	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	13,495,480	0	13,495,480	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
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	8,713,062	0	8,713,062	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	22,306,998	0	22,306,998	105.00
106.00	10600	HEART ACQUISITION	0	4,259,734	0	4,259,734	106.00
107.00	10700	LIVER ACQUISITION	0	8,182,544	0	8,182,544	107.00
108.00	10800	LUNG ACQUISITION	0	5,849,230	0	5,849,230	108.00
109.00	10900	PANCREAS ACQUISITION	0	4,542,674	0	4,542,674	109.00
110.00	11000	INTESTINAL ACQUISITION	0	76,902	0	76,902	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	9,541,721	0	9,541,721	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,365	1,384,381,396	-66,613,846	1,317,767,550	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,301,555	0	1,301,555	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07962	NRCC DIETARY NAH	0	6,875	0	6,875	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
194.01	07951	OTHER AUXILIARY SERVICES	0	5,261,556	0	5,261,556		194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	1,934,156	0	1,934,156		194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0		194.03
194.04	07954	COMMUNICATION AIDS	0	657,584	0	657,584		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	2,259,700	0	2,259,700		194.05
194.06	07950	MADISON REHAB HOSPITAL	0	521,932	0	521,932		194.06
194.07	07956	PUBLIC AFFAIRS	0	7,019,718	0	7,019,718		194.07
194.08	07958	RETAIL PHARMACIES	0	326,938,339	0	326,938,339		194.08
194.09	07957	INN TOWNER	0	0	0	0		194.09
194.10	07960	LIVER RESEARCH	0	6,811	0	6,811		194.10
194.11	07961	TLC LIGHTING RESEARCH	0	6,019	0	6,019		194.11
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	63,365	1,730,295,641	-66,613,846	1,663,681,795		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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			CAPITAL RELATED COSTS					
Cost Center Description			Directly Assigned New Capital Related Costs	BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	923,356	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	58,114,217	0	0	1,738	2,504	5.00
6.00	00600	MAINTENANCE & REPAIRS	5,101,292	0	1,494	1,558	9,055	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,939	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	246,655	0	1,385	4,092	7,085	9.00
10.00	01000	DIETARY	269,385	0	0	0	0	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	3,074,634	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,142,269	0	0	5,116	11,144	14.00
15.00	01500	PHARMACY	1,362,372	0	0	6,519	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	521,092	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	207,820	0	0	0	0	18.01
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	86,399	0	0	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
23.01	02301	PHARMACY PROGRAM	125	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	184,525	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	25	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	84,772	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	79,073	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	982,674	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	109,794	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	40,544	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	32,147	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	44,529	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	58,975	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	461,590	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	36,552	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,064	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	6,332,477	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	111,730	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,156,424	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,039,846	0	20,404	20,802	28,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,075,703	0	0	0	38,809	55.00
56.00	05600	RADIOISOTOPE	320,403	0	0	0	0	56.00
57.00	05700	CT SCAN	1,139,860	0	3,403	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,140,981	0	23,367	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
				0	1.00	1.01	1.02	1.03
59.01	05901	CARDIAC REHABILITATION	42,067	0	14,153	0	0	59.01
60.00	06000	LABORATORY	1,378,378	0	0	14,513	20,663	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.	335,031	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	800,337	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,435	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	498,782	0	70,697	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,556	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,117,827	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,623	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	90,896	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	47,387	0	0	968	0	75.01
75.02	03540	PROSTHETIC DEVICES	87,188	0	5,137	0	0	75.02
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	266,181	0	2,680	9,249	5,424	90.00
90.01	09001	CLINIC CSC	1,448,092	0	0	1,820	1,294	90.01
90.02	09002	CLINIC UNIVERSITY STATION	264,448	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	13,932	0	0	0	0	90.03
90.04	09004	CLINIC WEST	151,398	0	14,472	435,925	2,765	90.04
90.05	09005	CLINIC EAST	104,423	0	0	0	416,716	90.05
90.06	09006	CLINIC RESEARCH PARK	128,344	0	76,912	0	0	90.06
90.07	09009	CLINIC DHC	2,046,345	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	190,502	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	4,900	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	11,681	0	0	0	0	90.10
90.11	09011	CLINIC AODA	80,188	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	53,313	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	672,391	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	26,783	0	0	0	0	90.14
91.00	09100	EMERGENCY	1,070,839	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
95.00	09500	AMBULANCE SERVICES	4,647,456	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
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	39,779	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	157,111	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	327	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	40,038	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	807	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	9,826	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
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,658,854	0	234,104	502,300	543,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	536	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
0			1.00	1.01	1.02	1.03		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	17,574	0	128,867	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	18,399	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	5,232	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	210,086	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	312,458	0	0	13,439	22,953	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	113,223,139	0	362,971	515,739	566,777	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	46,645	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,175,871	0	0	0	243,925	5.00
6.00	00600	MAINTENANCE & REPAIRS	530,073	0	0	0	11,680	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,804	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	198,257	0	396	0	0	9.00
10.00	01000	DIETARY	737,335	0	0	0	0	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	221,766	0	0	0	15,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	673,908	0	396	0	0	14.00
15.00	01500	PHARMACY	254,586	0	0	0	20,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,196	0	7,183	0	239,001	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	50,369	0	0	0	0	18.01
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	133,296	0	0	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
23.01	02301	PHARMACY PROGRAM	6,967	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,520,119	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	285,982	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	138,686	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	38,144	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	234,057	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	188,705	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	145,631	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	97,891	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	164,539	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	1,665,061	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	672,944	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,542	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	607,610	0	4,862	0	19,475	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	472,496	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	50,063	0	0	0	0	56.00
57.00	05700	CT SCAN	130,360	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	211,052	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	10,779	0	0	0	0	59.01
60.00	06000	LABORATORY	623,144	0	5,184	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,986	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	140,088	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,332	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	221,919	0	10,986	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	117,565	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	382,361	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,751	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	69,014	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	43,271	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	11,042	0	0	0	0	75.02
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	296,827	0	8,629	426,883	0	90.00
90.01	09001	CLINIC CSC	2,159,247	0	893	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	274,871	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	37,618	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	1,862	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	540,480	0	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	485,006	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
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	1,577	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	54,773	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,059	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,920	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,491	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,426	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	66	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	63,143	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,198,702	0	313,400	426,883	549,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,069	0	0	0	0	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	10,867	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	126,526	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
194.05	07955	INVESTIGATIONAL PHARMACY	36,808	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	113,556	0	7,210	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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)	18,520,528	0	320,610	426,883	549,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			TAC	PHARMACY SERVICES	MBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				1,269,151	1,269,151	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	245,082			59,783,337	185,382	5.00
6.00	00600	MAINTENANCE & REPAIRS	840,027			6,495,179	27,602	6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE				60,743	139	8.00
9.00	00900	HOUSEKEEPING	60,594			518,464	27,497	9.00
10.00	01000	DIETARY	254,600			1,261,320	17,627	10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,934			3,313,739	50,936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	348,913			2,181,746	23,304	14.00
15.00	01500	PHARMACY	52,829	215,276		1,911,961	55,042	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				778,472	25,196	16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB				258,189	2,321	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				219,695	65,239	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM				7,092	1,383	23.01
23.02	02302	EMERGENCY MED PROGRAM				184,525	1,250	23.02
23.03	02303	DIETARY PROGRAM				25	33	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				84,772	860	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				79,073	961	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST					158	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	622,019			5,124,812	173,885	30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT				395,776	17,442	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU				179,230	7,542	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT				70,291	4,832	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT				278,586	10,041	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT				247,680	12,245	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT				607,221	9,817	31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT				134,443	5,558	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF				173,603	4,940	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	347,720			8,345,258	59,938	50.00
51.00	05100	RECOVERY ROOM	282,925			1,067,599	19,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY	7,916			1,194,882	4,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	208,825			3,950,189	31,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				5,587,008	7,624	55.00
56.00	05600	RADIOISOTOPE	11,240			381,706	2,956	56.00
57.00	05700	CT SCAN	22,510			1,296,133	5,738	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,255			4,422,655	6,911	58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	05901	CARDIAC REHABILITATION	21,331			88,330	1,531	59.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			TAC	PHARMACY SERVICES	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
60.00	06000	LABORATORY	0	0	0	2,041,882	31,444	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.	53,721	0	0	431,738	4,644	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,849	0	0	945,274	23,793	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	44,767	956	65.01
66.00	06600	PHYSICAL THERAPY	546,106	0	0	1,348,490	34,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	128,121	3,551	68.00
69.00	06900	ELECTROCARDIOLOGY	19,005	0	0	3,519,193	16,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	400,374	4,020	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	159,910	3,506	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	91,626	1,067	75.01
75.02	03540	PROSTHETIC DEVICES	10,892	0	0	114,259	2,307	75.02
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	1,015,873	25,874	90.00
90.01	09001	CLINIC CSC	0	0	0	3,611,346	65,075	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	539,319	12,815	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	13,932	3,937	90.03
90.04	09004	CLINIC WEST	0	0	0	604,560	19,249	90.04
90.05	09005	CLINIC EAST	0	0	0	558,757	8,333	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	205,256	3,283	90.06
90.07	09009	CLINIC DHC	0	0	0	2,048,207	14,570	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	796,294	0	0	986,796	10,180	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	4,900	31	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	11,681	596	90.10
90.11	09011	CLINIC AODA	0	0	0	80,188	234	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	53,313	791	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	672,391	2,159	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	26,783	900	90.14
91.00	09100	EMERGENCY	111,823	0	0	1,723,142	34,541	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
95.00	09500	AMBULANCE SERVICES	0	0	0	5,132,462	7,309	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
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	41,356	9,668	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	211,884	9,909	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,386	910	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	54,958	3,072	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,298	1,788	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	14,252	1,339	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	66	57	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	63,143	7,039	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,217,560	215,276	0	138,860,768	1,241,273	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,898	0	0	43,503	327	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	8	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			TAC	PHARMACY SERVICES	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	157,308	4,635	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	144,925	1,097	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	38	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	42,040	3,631	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	210,086	4,532	194.07
194.08	07958	RETAIL PHARMACIES	4,185	0	0	473,801	13,602	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	8	194.11
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)	5,230,643	215,276	0	139,932,431	1,269,151	202.00

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,968,719					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,949,859	9,472,640				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	226,999	25,311	0	313,192		8.00
9.00	00900	HOUSEKEEPING	911,240	112,001	0	23,786	1,592,988	9.00
10.00	01000	DIETARY	81,005	416,539	0	1,296	71,079	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	1,544,212	125,281	0	326	21,378	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	609,237	380,708	0	10,692	64,964	14.00
15.00	01500	PHARMACY	1,844,325	143,822	0	1,292	24,542	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	770,870	6,325	0	0	1,079	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	162,582	28,455	0	101	4,856	18.01
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	1,623,887	75,302	0	1,846	12,850	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	550,345	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	36,581	3,936	0	0	672	23.01
23.02	02302	EMERGENCY MED PROGRAM	43,693	0	0	2	0	23.02
23.03	02303	DIETARY PROGRAM	906	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	20,310	0	0	19	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	25,096	0	0	32	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	2,185	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,111,427	1,988,605	0	86,546	339,338	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	569,105	161,558	0	10,068	27,568	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	222,756	78,347	0	2,782	13,369	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	141,498	21,549	0	2,294	3,677	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	292,047	132,225	0	4,673	22,563	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	396,417	106,604	0	5,127	18,191	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	304,567	82,271	0	1,381	14,039	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	168,369	55,301	0	5,096	9,437	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	135,889	92,952	0	897	15,861	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	3,931,196	940,636	0	71,705	160,511	50.00
51.00	05100	RECOVERY ROOM	615,637	380,163	0	5,027	64,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	442,402	17,254	0	2,721	2,944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,485,381	343,255	0	14,191	58,573	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	492,845	266,925	0	2,071	45,548	55.00
56.00	05600	RADIOISOTOPE	398,444	28,282	0	646	4,826	56.00
57.00	05700	CT SCAN	263,741	73,644	0	3,802	12,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	412,022	119,229	0	3,431	20,345	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	46,911	6,090	0	0	1,039	59.01
60.00	06000	LABORATORY	1,783,817	352,030	0	1,245	60,071	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	512,930	24,284	0	75	4,144	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	945,683	79,139	0	54	13,504	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	29,663	19,395	0	0	3,310	65.01
66.00	06600	PHYSICAL THERAPY	989,905	125,368	0	2,009	21,393	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	137,189	66,416	0	0	11,333	68.00
69.00	06900	ELECTROCARDIOLOGY	851,397	216,005	0	7,542	36,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,085	54,657	0	409	9,327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,181	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,468,006	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,347,064	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	115,363	38,988	0	895	6,653	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	34,222	24,445	0	10	4,171	75.01
75.02	03540	PROSTHETIC DEVICES	116,054	6,238	0	46	1,064	75.02
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	620,678	167,685	0	7	28,614	90.00
90.01	09001	CLINIC CSC	2,078,227	1,219,814	0	7,698	208,150	90.01
90.02	09002	CLINIC UNIVERSITY STATION	396,179	0	0	286	0	90.02
90.03	09003	CLINIC WAISMAN	107,020	0	0	7	0	90.03
90.04	09004	CLINIC WEST	611,452	0	0	1,433	0	90.04
90.05	09005	CLINIC EAST	275,218	21,252	0	461	3,626	90.05
90.06	09006	CLINIC RESEARCH PARK	119,200	0	0	104	0	90.06
90.07	09009	CLINIC DHC	554,581	1,052	0	6,596	180	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	346,855	0	0	397	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	1,020	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	17,192	0	0	25	0	90.10
90.11	09011	CLINIC AODA	7,066	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	25,666	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	92,939	0	0	303	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	30,986	0	0	3	0	90.14
91.00	09100	EMERGENCY	1,081,088	305,331	0	18,091	52,102	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
95.00	09500	AMBULANCE SERVICES	332,436	273,992	0	277	46,754	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
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	276,834	891	0	0	152	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	647,788	30,943	0	11	5,280	105.00
106.00	10600	HEART ACQUISITION	142,225	1,163	0	1	199	106.00
107.00	10700	LIVER ACQUISITION	264,420	8,429	0	3	1,438	107.00
108.00	10800	LUNG ACQUISITION	193,665	2,537	0	3	433	108.00
109.00	10900	PANCREAS ACQUISITION	150,642	2,500	0	1	427	109.00
110.00	11000	INTESTINAL ACQUISITION	2,496	37	0	0	6	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	211,875	35,671	0	0	6,087	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,976,293	9,290,832	0	309,842	1,561,964	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,067	19,246	0	0	3,284	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	238	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	158,469	6,139	0	2,705	1,048	194.01
194.02	07952	CLINICAL RESEARCH CENTER	29,226	71,478	0	557	12,197	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	22,506	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	69,331	20,794	0	87	3,548	194.05
194.06	07950	MADISON REHAB HOSPITAL	18,089	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.07	07956	PUBLIC AFFAIRS	243,289	0	0	0	0	0 194.07
194.08	07958	RETAIL PHARMACIES	9,413,771	64,151	0	1	10,947	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	0 194.09
194.10	07960	LIVER RESEARCH	232	0	0	0	0	0 194.10
194.11	07961	TLC LIGHTING RESEARCH	208	0	0	0	0	0 194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	59,968,719	9,472,640	0	313,192	1,592,988	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,848,866					10.00
11.00	01100	CAFETERIA	1,269,479	1,269,479				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	15,981	0	5,071,853		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,900	0	0	3,297,551	14.00
15.00	01500	PHARMACY	0	32,550	0	0	32,211	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	20	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	129	18.01
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	737,643	0	0	5	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
23.01	02301	PHARMACY PROGRAM	0	1,053	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	314	23.02
23.03	02303	DIETARY PROGRAM	0	66	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	16	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	31	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	83	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	489,424	124,013	0	1,460,502	205,845	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	10,899	11,576	0	138,486	41,686	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	19,124	4,816	0	57,609	19,988	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	5,789	2,959	0	35,401	12,581	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	6,420	5,999	0	71,769	18,571	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	7,926	0	94,813	19,926	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	3,827	6,028	0	72,114	17,950	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,635	3,614	0	43,236	10,977	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	26,125	3,168	0	37,893	932	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	39,180	0	411,813	1,043,176	50.00
51.00	05100	RECOVERY ROOM	67	12,500	0	149,544	28,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,605	0	51,284	167,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,851	0	58,736	417,018	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,546	0	51,828	20,952	55.00
56.00	05600	RADIOISOTOPE	0	1,785	0	0	1,679	56.00
57.00	05700	CT SCAN	0	3,926	0	0	37,211	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,197	0	0	18,706	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	520	0	17,462	386	59.01
60.00	06000	LABORATORY	0	19,646	0	3,925	27,764	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,457	0	0	651	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,674	0	208,214	211,620	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,051	0	0	5	65.01
66.00	06600	PHYSICAL THERAPY	0	14,330	0	0	19,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,116	0	0	16,077	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,658	0	101,707	452,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,338	0	3,978	5,075	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	1,998	0	24,263	17,084	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	743	0	0	1,122	75.01
75.02	03540	PROSTHETIC DEVICES	0	266	0	0	31,032	75.02
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	10,448	0	0	130	90.00
90.01	09001	CLINIC CSC	1,533	52,680	0	589,506	172,813	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	136,630	9,166	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	14,505	1,481	90.03
90.04	09004	CLINIC WEST	0	0	0	174,073	14,096	90.04
90.05	09005	CLINIC EAST	0	0	0	80,666	6,875	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	32,391	2,134	90.06
90.07	09009	CLINIC DHC	0	0	0	139,057	66,497	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	8,230	0	98,459	15,951	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	278	25	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	4,601	786	90.10
90.11	09011	CLINIC AODA	0	0	0	0	11	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	7,385	140	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	20,591	1,330	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	10,899	3,700	90.14
91.00	09100	EMERGENCY	4,875	24,273	0	280,977	67,830	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	4,416	0	52,822	4,353	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
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	72,405	703	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,238	0	74,620	11,562	105.00
106.00	10600	HEART ACQUISITION	0	573	0	6,855	1,062	106.00
107.00	10700	LIVER ACQUISITION	0	1,934	0	23,136	3,584	107.00
108.00	10800	LUNG ACQUISITION	0	1,126	0	13,471	2,087	108.00
109.00	10900	PANCREAS ACQUISITION	0	843	0	10,090	1,562	109.00
110.00	11000	INTESTINAL ACQUISITION	0	35	0	424	66	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	4,431	0	53,008	8,213	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,848,197	1,262,989	0	4,991,426	3,295,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	448	0	0	1	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	290	0	59,492	336	194.01
194.02	07952	CLINICAL RESEARCH CENTER	669	1,750	0	20,935	1,200	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.05	07955	0	1,505	0	0	119	194.05
194.06	07950	0	0	0	0	0	194.06
194.07	07956	0	0	0	0	7	194.07
194.08	07958	0	2,496	0	0	829	194.08
194.09	07957	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	1	0	0	0	194.11
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)	1,848,866	1,269,479	0	5,071,853	3,297,551	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
						(SPECIFY)	HISTOCOMPATIBI LITY LAB
			15.00	16.00	17.00	18.00	18.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	4,045,745				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,581,962			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	29	2,119	0	0	458,781
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	527	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
23.01	02301	PHARMACY PROGRAM	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	6	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	6	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	11	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,700	173,404	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	4,769	23,513	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	1,436	10,414	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	1,232	5,778	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	1,833	13,541	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	2,192	17,504	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	619	15,491	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,584	4,964	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	264	4,284	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	21,809	283,333	0	0	50.00
51.00	05100	RECOVERY ROOM	3,968	28,523	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54,050	21,382	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,361	81,805	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	882	50,784	0	0	55.00
56.00	05600	RADIOISOTOPE	1,206	11,688	0	0	56.00
57.00	05700	CT SCAN	1,454	81,115	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,025	61,845	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	1,457	0	0	59.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						(SPECIFY)	HISTOCOMPATIBI LITY LAB	
			15.00	16.00	17.00	18.00	18.01	
60.00	06000	LABORATORY	2,575	133,126	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						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.	111	21,887	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49	46,287	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	576	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	578	34,090	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,404	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,105	87,018	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118	9,195	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	549	4,287	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	13	2,097	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	13	2,961	0	0	0	75.02
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	2	0	0	0	0	90.00
90.01	09001	CLINIC CSC	8,424	49,126	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	223	7,701	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2	864	0	0	0	90.03
90.04	09004	CLINIC WEST	1,595	14,910	0	0	0	90.04
90.05	09005	CLINIC EAST	281	6,700	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	74	2,189	0	0	0	90.06
90.07	09009	CLINIC DHC	2,526	30,045	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	275	7,542	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	2	21	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	8	779	0	0	0	90.10
90.11	09011	CLINIC AODA	0	68	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	1	322	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	364	1,884	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	732	0	0	0	90.14
91.00	09100	EMERGENCY	10,219	77,312	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	129	6,382	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
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	21	3,634	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	11	10,992	0	0	209,088	105.00
106.00	10600	HEART ACQUISITION	1	1,126	0	0	4,926	106.00
107.00	10700	LIVER ACQUISITION	3	3,826	0	0	14,103	107.00
108.00	10800	LUNG ACQUISITION	2	2,159	0	0	5,368	108.00
109.00	10900	PANCREAS ACQUISITION	2	1,354	0	0	3,744	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
112.00	08600	POST TRANSPLANT	8	0	0	0	221,552	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,247	1,466,540	0	0	458,781	118.00
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	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						(SPECIFY)	HISTOCOMPATIBI LITY LAB	
			15.00	16.00	17.00	18.00	18.01	
194.01	07951	OTHER AUXILIARY SERVICES	772	157	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	211	891	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	581	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	135	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	3,871,372	113,793	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	8	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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)	4,045,745	1,581,962	0	0	458,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		2,736,994			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			550,345		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0	23.00
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM					23.02
23.03	02303	DIETARY PROGRAM					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST					23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST					23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT					31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU					31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT					31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT					31.04
31.05	03103	NEURO INTENSIVE CARE UNIT					31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT					31.06
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
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
59.01	05901	CARDIAC REHABILITATION					59.01
60.00	06000	LABORATORY					60.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						65.01
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
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	PROSTHETIC DEVICES						75.02
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	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAISMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09009	CLINIC DHC						90.07
90.08	09008	CLINIC THE AMERICAN CENTER						90.08
90.09	09010	CLINIC OAKWOOD VILLAGE						90.09
90.10	09007	CLINIC MIDDLETON REHAB						90.10
90.11	09011	CLINIC AODA						90.11
90.12	09012	CLINIC KIDNEY						90.12
90.13	09013	CLINIC PAIN MANAGEMENT						90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG						90.14
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
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
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07962	NRCC DIETARY NAH						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES	PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
194.03	07953	FAMILY MEDICINE						194.03
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.06	07950	MADISON REHAB HOSPITAL						194.06
194.07	07956	PUBLIC AFFAIRS						194.07
194.08	07958	RETAIL PHARMACIES						194.08
194.09	07957	INN TOWNER						194.09
194.10	07960	LIVER RESEARCH						194.10
194.11	07961	TLC LIGHTING RESEARCH						194.11
200.00		Cross Foot Adjustments	0	0	2,736,994	550,345	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,736,994	550,345	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM	50,717					23.01
23.02	02302	EMERGENCY MED PROGRAM		229,790				23.02
23.03	02303	DIETARY PROGRAM			1,030			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				105,983		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					105,204	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT						31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
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
59.01	05901	CARDIAC REHABILITATION						59.01
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						65.01
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
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	PROSTHETIC DEVICES						75.02
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	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAISMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09009	CLINIC DHC						90.07
90.08	09008	CLINIC THE AMERICAN CENTER						90.08
90.09	09010	CLINIC OAKWOOD VILLAGE						90.09
90.10	09007	CLINIC MIDDLETON REHAB						90.10
90.11	09011	CLINIC AODA						90.11
90.12	09012	CLINIC KIDNEY						90.12
90.13	09013	CLINIC PAIN MANAGEMENT						90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG						90.14
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
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
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07962	NRCC DIETARY NAH						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02
194.03	07953	FAMILY MEDICINE						194.03
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.06	07950	MADISON REHAB HOSPITAL						194.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
194.07	07956	PUBLIC AFFAIRS						194.07
194.08	07958	RETAIL PHARMACIES						194.08
194.09	07957	INN TOWNER						194.09
194.10	07960	LIVER RESEARCH						194.10
194.11	07961	TLC LIGHTING RESEARCH						194.11
200.00		Cross Foot Adjustments	50,717	229,790	1,030	105,983	105,204	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	50,717	229,790	1,030	105,983	105,204	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

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Cost Center Description		RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.06	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC				1.02
1.03	00103	CAP REL COSTS- EAST CLINIC				1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND				1.04
1.05	00105	CAP REL COSTS- WAISMAN				1.05
1.06	00106	CAP REL COSTS- USTATION				1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007				1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501				1.08
1.09	00110	CAP REL COSTS-TAC				1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	01851	HISTOCOMPATIBILITY LAB				18.01
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
23.01	02301	PHARMACY PROGRAM				23.01
23.02	02302	EMERGENCY MED PROGRAM				23.02
23.03	02303	DIETARY PROGRAM				23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	2,426			23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,314,501	0	15,314,501	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	1,412,446	0	1,412,446	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	617,413	0	617,413	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	307,881	0	307,881	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	858,268	0	858,268	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	928,625	0	928,625	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	1,135,325	0	1,135,325	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	453,214	0	453,214	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	496,808	0	496,808	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	15,308,555	0	15,308,555	50.00
51.00	05100	RECOVERY ROOM	2,376,623	0	2,376,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,963,467	0	1,963,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,466,503	0	6,466,503	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,531,013	0	6,531,013	55.00
56.00	05600	RADIOISOTOPE	833,218	0	833,218	56.00
57.00	05700	CT SCAN	1,779,331	0	1,779,331	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,070,366	0	5,070,366	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	163,726	0	163,726	59.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
60.00	06000	LABORATORY		4,457,525	0	4,457,525	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	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	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		1,003,921	0	1,003,921	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		2,488,291	0	2,488,291	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		99,723	0	99,723	65.01
66.00	06600	PHYSICAL THERAPY		2,590,465	0	2,590,465	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		367,207	0	367,207	68.00
69.00	06900	ELECTROCARDIOLOGY		5,301,930	0	5,301,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		660,576	0	660,576	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		53,181	0	53,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,468,006	0	2,468,006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		6,347,064	0	6,347,064	73.00
74.00	07400	RENAL DIALYSIS		373,496	0	373,496	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING		159,516	0	159,516	75.01
75.02	03540	PROSTHETIC DEVICES		274,240	0	274,240	75.02
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		1,869,311	-1,869,311	0	90.00
90.01	09001	CLINIC CSC		8,064,392	861,533	8,925,925	90.01
90.02	09002	CLINIC UNIVERSITY STATION		1,102,319	117,763	1,220,082	90.02
90.03	09003	CLINIC WAISMAN		141,748	15,143	156,891	90.03
90.04	09004	CLINIC WEST		1,441,368	153,984	1,595,352	90.04
90.05	09005	CLINIC EAST		962,169	102,790	1,064,959	90.05
90.06	09006	CLINIC RESEARCH PARK		364,631	38,954	403,585	90.06
90.07	09009	CLINIC DHC		2,863,311	305,892	3,169,203	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		1,474,685	157,543	1,632,228	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		6,277	671	6,948	90.09
90.10	09007	CLINIC MIDDLETON REHAB		35,668	3,810	39,478	90.10
90.11	09011	CLINIC AODA		87,567	9,355	96,922	90.11
90.12	09012	CLINIC KIDNEY		87,618	9,360	96,978	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		791,961	84,607	876,568	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		74,003	7,906	81,909	90.14
91.00	09100	EMERGENCY		3,679,781	0	3,679,781	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	94.00
95.00	09500	AMBULANCE SERVICES		5,861,332	0	5,861,332	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
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		405,664	0	405,664	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		1,218,326	0	1,218,326	105.00
106.00	10600	HEART ACQUISITION		161,427	0	161,427	106.00
107.00	10700	LIVER ACQUISITION		378,906	0	378,906	107.00
108.00	10800	LUNG ACQUISITION		227,937	0	227,937	108.00
109.00	10900	PANCREAS ACQUISITION		186,756	0	186,756	109.00
110.00	11000	INTESTINAL ACQUISITION		3,187	0	3,187	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
112.00	08600	POST TRANSPLANT		611,027	0	611,027	112.00
112.01	08601	PRE TRANSPLANT		0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS		0	0	0	112.02
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	120,763,795	0	120,763,795	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		103,876	0	103,876	190.00
191.00	19100	RESEARCH		0	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	07962	NRCC DIETARY NAH		246	0	246	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
194.01	07951	OTHER AUXILIARY SERVICES		391,351	0	391,351		194.01
194.02	07952	CLINICAL RESEARCH CENTER		285,136	0	285,136		194.02
194.03	07953	FAMILY MEDICINE		0	0	0		194.03
194.04	07954	COMMUNICATION AIDS		23,125	0	23,125		194.04
194.05	07955	INVESTIGATIONAL PHARMACY		141,190	0	141,190		194.05
194.06	07950	MADISON REHAB HOSPITAL		18,089	0	18,089		194.06
194.07	07956	PUBLIC AFFAIRS		457,914	0	457,914		194.07
194.08	07958	RETAIL PHARMACIES		13,964,763	0	13,964,763		194.08
194.09	07957	INN TOWNER		0	0	0		194.09
194.10	07960	LIVER RESEARCH		240	0	240		194.10
194.11	07961	TLC LIGHTING RESEARCH		217	0	217		194.11
200.00		Cross Foot Adjustments	2,426	3,782,489	0	3,782,489		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	2,426	139,932,431	0	139,932,431		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (DOLLAR VALUE)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	60,270				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	0	62,899			1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	0	0	47,756		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	845,328	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	2,129	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	212	211	53,670	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	248	190	763	24,194	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	2,045	8.00
9.00	00900	HOUSEKEEPING	0	230	499	597	9,049	9.00
10.00	01000	DIETARY	0	0	0	0	33,654	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	10,122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	624	939	30,759	14.00
15.00	01500	PHARMACY	0	0	795	0	11,620	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	511	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	2,299	18.01
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	0	0	6,084	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
23.01	02301	PHARMACY PROGRAM	0	0	0	0	318	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	160,668	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	13,053	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	6,330	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	1,741	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	10,683	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	8,613	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	6,647	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	4,468	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	7,510	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	0	0	0	75,998	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	30,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,388	2,537	2,390	27,733	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,270	21,566	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,285	56.00
57.00	05700	CT SCAN	0	565	0	0	5,950	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,880	0	0	9,633	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,350	0	0	492	59.01
60.00	06000	LABORATORY	0	0	1,770	1,741	28,442	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (DOLLAR VALUE)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
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	0	1,962	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,394	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,567	65.01
66.00	06600	PHYSICAL THERAPY	0	11,739	0	10,129	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,366	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	17,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,150	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	118	1,975	75.01
75.02	03540	PROSTHETIC DEVICES	0	853	0	504	75.02
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	445	1,128	457	90.00
90.01	09001	CLINIC CSC	0	0	222	109	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	2,403	53,165	233	90.04
90.05	09005	CLINIC EAST	0	0	0	35,112	90.05
90.06	09006	CLINIC RESEARCH PARK	0	12,771	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	85	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	24,669	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	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	22,137	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
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	22	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	72	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	2,500	105.00
106.00	10600	HEART ACQUISITION	0	0	0	94	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	681	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	205	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	202	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	3	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	2,882	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	38,872	61,260	45,822	830,639
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,555	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07962	NRCC DIETARY NAH	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	21,398	0	496	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	5,775	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (DOLLAR VALUE)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,680	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	1,639	1,934	5,183	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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	362,971	515,739	566,777	18,520,528	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.022416	8.199479	11.868184	21.909280	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
		1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN	0				1.05
1.06	00106	CAP REL COSTS- USTATION	0	34,816			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	27,897		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	44,440	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	346,238	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	19,802	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	19,714	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	944	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	43	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,245	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	43	0	0	14.00
15.00	01500	PHARMACY	0	0	0	1,647	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	780	0	19,316	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	18.01
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	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
23.01	02301	PHARMACY PROGRAM	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	41,174	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.06
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
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	0	0	23,017	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	528	0	1,574	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	744	56.00
57.00	05700	CT SCAN	0	0	0	1,490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,128	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	1,412	59.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
60.00	06000	LABORATORY	0	563	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	3,556	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	321	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,193	0	0	36,149	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	1,258	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
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	721	75.02
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	937	27,897	0	0	90.00
90.01	09001	CLINIC CSC	0	97	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	29,849	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	52,710	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	7,402	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
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
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	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	34,033	27,897	44,440	345,372	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	589	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	783	0	0	277	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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	320,610	426,883	549,865	5,230,643	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	9.208697	15.302111	12.373200	15.107074	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			PHARMACY SERVICES (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.10	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	25,894					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		62,899				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	600,340,397			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	212	87,675,528	-275,766,028	1,454,529,613	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	190	13,056,766	0	71,548,154	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	65,820	0	5,505,798	8.00
9.00	00900	HOUSEKEEPING	0	499	13,006,877	0	22,101,913	9.00
10.00	01000	DIETARY	0	0	8,338,315	0	1,964,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	24,094,655	0	37,454,510	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	624	11,023,589	0	14,776,899	14.00
15.00	01500	PHARMACY	25,894	795	26,036,771	0	44,733,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	11,918,731	0	18,697,287	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	1,098,066	0	3,943,385	18.01
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	30,860,502	0	39,387,017	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	13,348,497	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	654,083	0	887,262	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	591,342	0	1,059,759	23.02
23.03	02303	DIETARY PROGRAM	0	0	15,639	0	21,979	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	407,039	0	492,605	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	454,726	0	608,698	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	74,767	0	52,989	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	82,253,838	0	123,976,501	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	8,250,589	0	13,803,517	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	3,567,531	0	5,402,903	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	2,285,935	0	3,431,995	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,749,773	0	7,083,545	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	5,792,272	0	9,615,004	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	4,643,856	0	7,387,201	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,629,172	0	4,083,745	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,336,794	0	3,295,964	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	0	28,352,967	0	95,350,266	50.00
51.00	05100	RECOVERY ROOM	0	0	9,331,302	0	14,932,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,995,506	0	10,730,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,537	14,732,008	0	36,027,579	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,606,255	0	11,953,853	55.00
56.00	05600	RADIOISOTOPE	0	0	1,398,330	0	9,664,160	56.00
57.00	05700	CT SCAN	0	0	2,714,125	0	6,396,972	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,268,928	0	9,993,502	58.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			PHARMACY SERVICES (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.10	2.00	4.00	5A	5.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	724,389	0	1,137,820	59.01
60.00	06000	LABORATORY	0	1,770	14,874,114	0	43,266,071	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	2,196,688	0	12,440,997	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,255,077	0	22,937,324	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	452,230	0	719,480	65.01
66.00	06600	PHYSICAL THERAPY	0	0	16,555,491	0	24,009,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,679,625	0	3,327,491	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,715,715	0	20,650,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,901,723	0	4,125,381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,289,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	59,860,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	153,946,603	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,658,479	0	2,798,107	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	118	504,599	0	830,035	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	1,091,334	0	2,814,865	75.02
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	1,128	12,239,251	0	15,054,404	90.00
90.01	09001	CLINIC CSC	0	222	30,783,038	0	50,406,925	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	6,062,047	0	9,609,229	90.02
90.03	09003	CLINIC WAISMAN	0	0	1,862,401	0	2,595,736	90.03
90.04	09004	CLINIC WEST	0	53,165	9,105,366	0	14,830,632	90.04
90.05	09005	CLINIC EAST	0	0	3,941,728	0	6,675,353	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	1,553,099	0	2,891,165	90.06
90.07	09009	CLINIC DHC	0	0	6,892,230	0	13,451,242	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	4,815,315	0	8,412,893	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	14,746	0	24,733	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	282,085	0	416,976	90.10
90.11	09011	CLINIC AODA	0	0	110,904	0	171,386	90.11
90.12	09012	CLINIC KIDNEY	0	0	373,956	0	622,516	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	1,021,373	0	2,254,226	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	425,718	0	751,547	90.14
91.00	09100	EMERGENCY	0	0	16,339,397	0	26,221,542	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
95.00	09500	AMBULANCE SERVICES	0	0	3,457,651	0	8,063,170	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
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	4,573,416	0	6,714,543	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	4,687,260	0	15,711,948	105.00
106.00	10600	HEART ACQUISITION	0	0	430,450	0	3,449,631	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,452,972	0	6,413,455	107.00
108.00	10800	LUNG ACQUISITION	0	0	845,983	0	4,697,292	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	633,378	0	3,653,799	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	26,805	0	60,529	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	3,329,871	0	5,138,976	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,894	61,260	587,152,301	-275,766,028	1,212,163,553	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	154,889	0	899,041	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			PHARMACY SERVICES (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.10	2.00	4.00	5A	5.00	
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	3,759	0	5,779	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	2,192,560	0	3,843,618	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	518,911	0	708,859	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	18,147	0	545,888	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	1,717,819	0	1,681,596	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	438,749	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	2,144,033	0	5,900,913	194.07
194.08	07958	RETAIL PHARMACIES	0	1,639	6,434,124	0	228,330,929	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	5,632	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	3,854	0	5,056	194.11
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)	215,276	0	16,584,908		275,766,028	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.313741	0.000000	0.027626		0.189591	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			1,269,151		59,968,719	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002114		0.041229	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: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	765,335				6.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,045	0	5,069,417		8.00
9.00	00900	HOUSEKEEPING	9,049	0	385,002	754,241	9.00
10.00	01000	DIETARY	33,654	0	20,981	33,654	1,194,367
11.00	01100	CAFETERIA	0	0	0	0	820,084
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	10,122	0	5,273	10,122	0
14.00	01400	CENTRAL SERVICES & SUPPLY	30,759	0	173,060	30,759	0
15.00	01500	PHARMACY	11,620	0	20,914	11,620	0
16.00	01600	MEDICAL RECORDS & LIBRARY	511	0	0	511	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	HISTOCOMPATIBILITY LAB	2,299	0	1,638	2,299	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,084	0	29,873	6,084	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
23.01	02301	PHARMACY PROGRAM	318	0	0	318	0
23.02	02302	EMERGENCY MED PROGRAM	0	0	26	0	0
23.03	02303	DIETARY PROGRAM	0	0	0	0	0
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	309	0	0
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	524	0	0
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	160,668	0	1,400,957	160,668	316,168
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	13,053	0	162,968	13,053	7,041
31.02	03101	CARDIOTHORACIC SURGERY ICU	6,330	0	45,032	6,330	12,354
31.03	03102	CARDIAC INTENSIVE CARE UNIT	1,741	0	37,124	1,741	3,740
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	10,683	0	75,634	10,683	4,147
31.05	03103	NEURO INTENSIVE CARE UNIT	8,613	0	82,981	8,613	0
31.06	02060	NEONATAL INTENSIVE CARE UNIT	6,647	0	22,351	6,647	2,472
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	4,468	0	82,478	4,468	6,870
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	7,510	0	14,514	7,510	16,877
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,998	0	1,160,624	75,998	0
51.00	05100	RECOVERY ROOM	30,715	0	81,365	30,715	43
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	1,394	0	44,036	1,394	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,733	0	229,692	27,733	0
55.00	05500	RADIOLOGY-THERAPEUTIC	21,566	0	33,523	21,566	0
56.00	05600	RADIOISOTOPE	2,285	0	10,455	2,285	0
57.00	05700	CT SCAN	5,950	0	61,535	5,950	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,633	0	55,540	9,633	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
59.01	05901	CARDIAC REHABILITATION	492	0	0	492	0
60.00	06000	LABORATORY	28,442	0	20,154	28,442	0

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
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.	1,962	0	1,217	1,962	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,394	0	872	6,394	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,567	0	0	1,567	0	65.01
66.00	06600	PHYSICAL THERAPY	10,129	0	32,511	10,129	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,366	0	0	5,366	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,452	0	122,078	17,452	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,416	0	6,625	4,416	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	3,150	0	14,482	3,150	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	1,975	0	162	1,975	0	75.01
75.02	03540	PROSTHETIC DEVICES	504	0	746	504	0	75.02
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	13,548	0	106	13,548	0	90.00
90.01	09001	CLINIC CSC	98,554	0	124,606	98,554	990	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	4,633	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	116	0	0	90.03
90.04	09004	CLINIC WEST	0	0	23,194	0	0	90.04
90.05	09005	CLINIC EAST	1,717	0	7,463	1,717	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	1,685	0	0	90.06
90.07	09009	CLINIC DHC	85	0	106,759	85	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	6,429	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	404	0	0	90.10
90.11	09011	CLINIC AODA	0	0	1	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	3	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	4,907	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	56	0	0	90.14
91.00	09100	EMERGENCY	24,669	0	292,819	24,669	3,149	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
95.00	09500	AMBULANCE SERVICES	22,137	0	4,477	22,137	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
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	72	0	0	72	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,500	0	172	2,500	0	105.00
106.00	10600	HEART ACQUISITION	94	0	17	94	0	106.00
107.00	10700	LIVER ACQUISITION	681	0	44	681	0	107.00
108.00	10800	LUNG ACQUISITION	205	0	42	205	0	108.00
109.00	10900	PANCREAS ACQUISITION	202	0	11	202	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3	0	0	3	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	2,882	0	0	2,882	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	750,646	0	5,015,200	739,552	1,193,935	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,555	0	0	1,555	0	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	496	0	43,780	496	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	5,775	0	9,019	5,775	432	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,680	0	1,402	1,680	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	5,183	0	16	5,183	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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)	85,113,040	0	6,777,073	27,813,270	7,348,986	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	111.210176	0.000000	1.336855	36.875839	6.153038	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,472,640	0	313,192	1,592,988	1,848,866	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.377116	0.000000	0.061781	2.112041	1.547988	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: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,145,417					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	14,419	0	382,532			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,271	0	0	68,766,055		14.00
15.00	01500	PHARMACY	29,369	0	0	671,717	229,551,063	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	420	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	2,697	1,638	18.01
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	665,555	0	0	102	29,873	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
23.01	02301	PHARMACY PROGRAM	950	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	6,543	343	23.02
23.03	02303	DIETARY PROGRAM	60	0	0	9	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	327	325	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	654	610	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	75	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,894	0	110,155	4,292,638	2,082,275	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	10,445	0	10,445	869,305	270,562	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	4,345	0	4,345	416,829	81,471	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,670	0	2,670	262,356	69,879	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,413	0	5,413	387,277	104,015	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	7,151	0	7,151	415,523	124,366	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	5,439	0	5,439	374,335	35,096	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,261	0	3,261	228,918	89,860	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,858	0	2,858	19,444	14,960	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	35,351	0	31,060	21,753,826	1,237,411	50.00
51.00	05100	RECOVERY ROOM	11,278	0	11,279	604,708	225,121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,155	0	3,868	3,497,696	3,066,692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,911	0	4,430	8,696,400	360,909	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,102	0	3,909	436,936	50,050	55.00
56.00	05600	RADIOISOTOPE	1,611	0	0	35,012	68,423	56.00
57.00	05700	CT SCAN	3,542	0	0	775,986	82,509	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,787	0	0	390,093	58,149	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	469	0	1,317	8,052	5	59.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
60.00	06000	LABORATORY	17,726	0	296	578,985	146,103	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.	3,119	0	0	13,571	6,290	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,240	0	15,704	4,413,079	2,755	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	948	0	0	105	0	65.01
66.00	06600	PHYSICAL THERAPY	12,930	0	0	402,564	32,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,909	0	0	335,259	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,616	0	7,671	9,428,720	176,190	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,012	0	300	105,842	6,709	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	1,803	0	1,830	356,265	31,122	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	670	0	0	23,408	710	75.01
75.02	03540	PROSTHETIC DEVICES	240	0	0	647,124	747	75.02
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	9,427	0	0	2,719	106	90.00
90.01	09001	CLINIC CSC	47,532	0	44,462	3,603,805	477,941	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	10,305	191,152	12,639	90.02
90.03	09003	CLINIC WAISMAN	0	0	1,094	30,882	120	90.03
90.04	09004	CLINIC WEST	0	0	13,129	293,954	90,478	90.04
90.05	09005	CLINIC EAST	0	0	6,084	143,360	15,963	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	2,443	44,503	4,208	90.06
90.07	09009	CLINIC DHC	0	0	10,488	1,386,703	143,311	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	7,426	0	7,426	332,645	15,608	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	21	529	104	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	347	16,395	449	90.10
90.11	09011	CLINIC AODA	0	0	0	236	1	90.11
90.12	09012	CLINIC KIDNEY	0	0	557	2,921	63	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	1,553	27,743	20,658	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	822	77,155	0	90.14
91.00	09100	EMERGENCY	21,901	0	21,192	1,414,501	579,805	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
95.00	09500	AMBULANCE SERVICES	3,984	0	3,984	90,776	7,343	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
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	5,461	14,654	1,171	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,628	0	5,628	241,101	634	105.00
106.00	10600	HEART ACQUISITION	517	0	517	22,141	58	106.00
107.00	10700	LIVER ACQUISITION	1,745	0	1,745	74,737	197	107.00
108.00	10800	LUNG ACQUISITION	1,016	0	1,016	43,515	115	108.00
109.00	10900	PANCREAS ACQUISITION	761	0	761	32,579	86	109.00
110.00	11000	INTESTINAL ACQUISITION	32	0	32	1,379	4	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	3,998	0	3,998	171,280	451	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,139,561	0	376,466	68,714,090	9,829,465	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	404	0	0	31	0	190.00
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.01	07951	OTHER AUXILIARY SERVICES	262	0	4,487	7,013	43,787	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,579	0	1,579	25,017	11,995	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,358	0	0	2,477	7,634	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	138	0	194.07
194.08	07958	RETAIL PHARMACIES	2,252	0	0	17,289	219,657,723	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	459	194.10
194.11	07961	TLC LIGHTING RESEARCH	1	0	0	0	0	194.11
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)	5,046,007	0	46,125,044	22,471,723	55,312,383	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.405389	0.000000	120.578263	0.326785	0.240959	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,269,479	0	5,071,853	3,297,551	4,045,745	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.108312	0.000000	13.258637	0.047953	0.017625	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: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
					(SPECIFY) (TIME SPENT)	HISTOCOMPATIBI LITY LAB (# OF TESTS)		
			16.00	17.00	18.00	18.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,368,283,452					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01	01851	HISTOCOMPATIBILITY LAB	5,854,187	0	0	533,828		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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	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
23.01	02301	PHARMACY PROGRAM	0	0	0	0		23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0		23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0		23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0		23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	479,016,542	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	64,951,973	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	28,767,645	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	15,960,076	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	37,407,278	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	48,352,436	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	42,793,071	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,712,720	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	11,832,982	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	780,917,196	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	78,791,909	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	59,066,626	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	225,981,672	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	140,286,739	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	32,286,463	0	0	0	0	56.00
57.00	05700	CT SCAN	224,073,976	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	170,843,596	0	0	0	0	58.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
					(SPECIFY) (TIME SPENT)	HISTOCOMPATIBI LITY LAB (# OF TESTS)		
			16.00	17.00	18.00	18.01	19.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	4,025,004	0	0	0	0	59.01
60.00	06000	LABORATORY	367,750,192	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.	60,462,364	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	127,864,014	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,590,849	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	94,171,836	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,641,631	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	240,382,404	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,399,698	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	11,842,509	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	5,793,042	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	8,178,994	0	0	0	0	75.02
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	CLINIC CSC	135,706,652	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	21,272,573	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,386,127	0	0	0	0	90.03
90.04	09004	CLINIC WEST	41,188,308	0	0	0	0	90.04
90.05	09005	CLINIC EAST	18,508,955	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	6,047,922	0	0	0	0	90.06
90.07	09009	CLINIC DHC	82,997,835	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	20,833,989	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	57,731	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	2,151,599	0	0	0	0	90.10
90.11	09011	CLINIC AODA	186,550	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	888,477	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	5,204,727	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	2,020,744	0	0	0	0	90.14
91.00	09100	EMERGENCY	213,568,643	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
95.00	09500	AMBULANCE SERVICES	17,630,237	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
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	10,039,396	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	30,364,342	0	0	243,290	0	105.00
106.00	10600	HEART ACQUISITION	3,110,370	0	0	5,732	0	106.00
107.00	10700	LIVER ACQUISITION	10,567,748	0	0	16,410	0	107.00
108.00	10800	LUNG ACQUISITION	5,963,325	0	0	6,246	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,740,700	0	0	4,356	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
112.00	08600	POST TRANSPLANT	0	0	0	257,794	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,049,436,574	0	0	533,828	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
					(SPECIFY) (TIME SPENT)	HISTOCOMPATIBI LITY LAB (# OF TESTS)		
			16.00	17.00	18.00	18.01	19.00	
191.00	19100	RESEARCH	0	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	433,216	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	2,461,889	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	1,605,297	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	314,346,476	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
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)	22,317,933	0	0	5,064,840	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005109	0.000000	0.000000	9.487775	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,581,962	0	0	458,781	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000362	0.000000	0.000000	0.859417	0.000000	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

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To 06/30/2019

Worksheet B-1

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)			
			20.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		47,489				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			47,489			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	PHARMACY PROGRAM					100	23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	47,132	47,132	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	357	357	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	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

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)			
			20.00	21.00	22.00	23.00	23.01	
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
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						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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
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	100	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
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	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	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
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	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	47,489	47,489	0	100	118.00
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	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)		
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)				SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)
20.00	21.00	22.00	23.00	23.01					
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
194.00	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00	
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01	
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02	
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03	
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04	
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05	
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06	
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07	
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08	
194.09	07957	INN TOWNER	0	0	0	0	0	194.09	
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10	
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11	
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	50,734,594	15,879,252	0	1,106,756	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1,068.344122	334.377477	0.000000	11,067.560000	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,736,994	550,345	0	50,717	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	57.634273	11.588894	0.000000	507.170000	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
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
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM	100				23.02
23.03	02303	DIETARY PROGRAM		100			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST			100		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				100	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST					100 23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.06
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
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	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	100 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	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	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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
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
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	100	0	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	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
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	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	100	118.00
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	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	07962	NRCC DIETARY NAH	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,262,936	26,413	586,596	725,164	63,365	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12,629.360000	264.130000	5,865.960000	7,251.640000	633.650000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	229,790	1,030	105,983	105,204	2,426	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2,297.900000	10.300000	1,059.830000	1,052.040000	24.260000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-2

Date/Time Prepared:
11/26/2019 9:18 am

		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	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00		ADJUST FOR NON CAP		1 90.00	-19,957,440	7.00
8.00		ADJUST FOR NON CAP		1 90.01	9,894,128	8.00
9.00		ADJUST FOR NON CAP		1 90.02	1,545,546	9.00
10.00		ADJUST FOR NON CAP		1 90.03	389,843	10.00
11.00		ADJUST FOR NON CAP		1 90.04	2,354,843	11.00
12.00		ADJUST FOR NON CAP		1 90.05	1,092,251	12.00
13.00		ADJUST FOR NON CAP		1 90.06	454,813	13.00
14.00		ADJUST FOR NON CAP		1 90.07	2,204,349	14.00
15.00		ADJUST FOR NON CAP		1 90.08	1,342,287	15.00
16.00		ADJUST FOR NON CAP		1 90.09	3,901	16.00
17.00		ADJUST FOR NON CAP		1 90.10	66,717	17.00
18.00		ADJUST FOR NON CAP		1 90.11	24,638	18.00
19.00		ADJUST FOR NON CAP		1 90.12	109,804	19.00
20.00		ADJUST FOR NON CAP		1 90.13	350,623	20.00
21.00		ADJUST FOR NON CAP		1 90.14	123,697	21.00
22.00		ADJUST FOR CAP		2 90.00	-1,869,311	22.00
23.00		ADJUST FOR CAP		2 90.01	861,533	23.00
24.00		ADJUST FOR CAP		2 90.02	117,763	24.00
25.00		ADJUST FOR CAP		2 90.03	15,143	25.00
26.00		ADJUST FOR CAP		2 90.04	153,984	26.00
27.00		ADJUST FOR CAP		2 90.05	102,790	27.00
28.00		ADJUST FOR CAP		2 90.06	38,954	28.00
29.00		ADJUST FOR CAP		2 90.07	305,892	29.00
30.00		ADJUST FOR CAP		2 90.08	157,543	30.00
31.00		ADJUST FOR CAP		2 90.09	671	31.00
32.00		ADJUST FOR CAP		2 90.10	3,810	32.00
33.00		ADJUST FOR CAP		2 90.11	9,355	33.00
34.00		ADJUST FOR CAP		2 90.12	9,360	34.00
35.00		ADJUST FOR CAP		2 90.13	84,607	35.00
36.00		ADJUST FOR CAP		2 90.14	7,906	36.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:18 am

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	193,245,737		193,245,737	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,601,259		20,601,259	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	8,346,717		8,346,717	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	4,930,947		4,930,947	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	11,154,422		11,154,422	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	14,130,866		14,130,866	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	10,846,366		10,846,366	31.06
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,246,256		6,246,256	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	5,583,841		5,583,841	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	141,531,613		141,531,613	50.00
51.00	05100	RECOVERY ROOM	24,484,735		24,484,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	52.00
53.00	05300	ANESTHESIOLOGY	15,698,447		15,698,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,280,203		53,280,203	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,882,979		18,882,979	55.00
56.00	05600	RADIOISOTOPE	12,048,728		12,048,728	56.00
57.00	05700	CT SCAN	10,007,015		10,007,015	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,419,954		14,419,954	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	59.00
59.01	05901	CARDIAC REHABILITATION	1,610,462		1,610,462	59.01
60.00	06000	LABORATORY	57,924,761		57,924,761	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.	15,420,462		15,420,462	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	64.00
65.00	06500	RESPIRATORY THERAPY	32,281,999	0	32,281,999	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,100,275	0	1,100,275	65.01
66.00	06600	PHYSICAL THERAPY	30,782,941	0	30,782,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,904,883	0	4,904,883	68.00
69.00	06900	ELECTROCARDIOLOGY	32,632,215		32,632,215	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,785,735		5,785,735	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,534,434		1,534,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,210,010		71,210,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184,240,249		184,240,249	73.00
74.00	07400	RENAL DIALYSIS	4,227,459		4,227,459	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	1,320,458		1,320,458	75.01
75.02	03540	PROSTHETIC DEVICES	3,678,663		3,678,663	75.02
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	CLINIC CSC	92,181,599		92,181,599	90.01
90.02	09002	CLINIC UNIVERSITY STATION	14,399,544		14,399,544	90.02
90.03	09003	CLINIC WAISMAN	3,632,087		3,632,087	90.03
90.04	09004	CLINIC WEST	21,939,600		21,939,600	90.04
90.05	09005	CLINIC EAST	10,176,286		10,176,286	90.05
90.06	09006	CLINIC RESEARCH PARK	4,237,399		4,237,399	90.06
90.07	09009	CLINIC DHC	20,537,480		20,537,480	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	12,505,817		12,505,817	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	36,348		36,348	90.09
90.10	09007	CLINIC MIDDLETON REHAB	621,588		621,588	90.10
90.11	09011	CLINIC AODA	229,548		229,548	90.11
90.12	09012	CLINIC KIDNEY	923,018		923,018	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	3,266,683		3,266,683	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	1,152,458		1,152,458	90.14
91.00	09100	EMERGENCY	40,864,659		40,864,659	91.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:18 am

				Title XVIII		Hospital		PPS	
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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,057,578			9,057,578		9,057,578	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	13,495,480			13,495,480	0	13,495,480	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
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	8,713,062			8,713,062		8,713,062	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	22,306,998			22,306,998		22,306,998	105.00
106.00	10600	HEART ACQUISITION	4,259,734			4,259,734		4,259,734	106.00
107.00	10700	LIVER ACQUISITION	8,182,544			8,182,544		8,182,544	107.00
108.00	10800	LUNG ACQUISITION	5,849,230			5,849,230		5,849,230	108.00
109.00	10900	PANCREAS ACQUISITION	4,542,674			4,542,674		4,542,674	109.00
110.00	11000	INTESTINAL ACQUISITION	76,902			76,902		76,902	110.00
111.00	11100	ISLET ACQUISITION	0			0		0	111.00
112.00	08600	POST TRANSPLANT	9,541,721			9,541,721		9,541,721	112.00
112.01	08601	PRE TRANSPLANT	0			0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0			0		0	112.02
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
200.00		Subtotal (see instructions)	1,326,825,128	0		1,326,825,128	0	1,326,825,128	200.00
201.00		Less Observation Beds	9,057,578			9,057,578		9,057,578	201.00
202.00		Total (see instructions)	1,317,767,550	0		1,317,767,550	0	1,317,767,550	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:18 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	435,604,093		435,604,093		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	64,848,050		64,848,050		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	28,571,205		28,571,205		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	15,914,971		15,914,971		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	37,131,998		37,131,998		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	48,276,505		48,276,505		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	42,775,252		42,775,252		31.06
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,141,679		13,141,679		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	11,763,042		11,763,042		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	490,685,191	238,523,230	729,208,421	0.194089	50.00
51.00	05100	RECOVERY ROOM	40,967,730	37,824,179	78,791,909	0.310752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	37,165,611	21,664,479	58,830,090	0.266844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,807,280	138,744,605	222,551,885	0.239406	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,733,090	134,551,006	140,284,096	0.134605	55.00
56.00	05600	RADIOISOTOPE	2,267,760	30,018,702	32,286,462	0.373182	56.00
57.00	05700	CT SCAN	70,561,187	153,512,790	224,073,977	0.044659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,358,928	141,484,668	170,843,596	0.084404	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	357,111	3,667,893	4,025,004	0.400114	59.01
60.00	06000	LABORATORY	145,752,862	221,997,330	367,750,192	0.157511	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.	32,473,727	21,145,372	53,619,099	0.287593	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	99,585,125	28,278,889	127,864,014	0.252471	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	112,430	1,478,419	1,590,849	0.691628	65.01
66.00	06600	PHYSICAL THERAPY	35,776,808	58,395,028	94,171,836	0.326881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,062,192	4,579,439	6,641,631	0.738506	68.00
69.00	06900	ELECTROCARDIOLOGY	104,187,375	109,198,068	213,385,443	0.152926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,874,781	8,524,917	25,399,698	0.227788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,011,395	715,425	2,726,820	0.562719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,377,258	22,877,792	90,255,050	0.788986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,612,683	439,574,059	742,186,742	0.248240	73.00
74.00	07400	RENAL DIALYSIS	10,294,420	1,548,089	11,842,509	0.356973	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	342,947	5,450,095	5,793,042	0.227939	75.01
75.02	03540	PROSTHETIC DEVICES	934,358	7,244,636	8,178,994	0.449770	75.02
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	90.00
90.01	09001	CLINIC CSC	14,102,580	120,630,504	134,733,084	0.684179	90.01
90.02	09002	CLINIC UNIVERSITY STATION	22,019	21,237,154	21,259,173	0.677333	90.02
90.03	09003	CLINIC WAISMAN	4,584	2,381,543	2,386,127	1.522168	90.03
90.04	09004	CLINIC WEST	183,979	41,004,328	41,188,307	0.532666	90.04
90.05	09005	CLINIC EAST	11,353	18,497,602	18,508,955	0.549803	90.05
90.06	09006	CLINIC RESEARCH PARK	1,875	6,046,047	6,047,922	0.700637	90.06
90.07	09009	CLINIC DHC	79,118	82,918,717	82,997,835	0.247446	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	104,778	20,729,212	20,833,990	0.600260	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	522	57,209	57,731	0.629610	90.09
90.10	09007	CLINIC MIDDLETON REHAB	3,825	2,147,774	2,151,599	0.288896	90.10
90.11	09011	CLINIC AODA	0	186,550	186,550	1.230490	90.11
90.12	09012	CLINIC KIDNEY	1,502	886,975	888,477	1.038877	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	1,705	5,203,022	5,204,727	0.627638	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	2,003,864	2,003,864	0.575118	90.14
91.00	09100	EMERGENCY	70,413,556	143,155,086	213,568,642	0.191342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	44,169,043	44,169,043	0.205066	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	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	17,630,237	17,630,237	0.765474	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
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	450	10,038,946	10,039,396			101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	30,359,272	5,070	30,364,342			105.00
106.00	10600	HEART ACQUISITION	3,110,370	0	3,110,370			106.00
107.00	10700	LIVER ACQUISITION	10,567,748	0	10,567,748			107.00
108.00	10800	LUNG ACQUISITION	5,963,325	0	5,963,325			108.00
109.00	10900	PANCREAS ACQUISITION	3,740,700	0	3,740,700			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
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
200.00		Subtotal (see instructions)	2,418,002,305	2,369,927,993	4,787,930,298			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,418,002,305	2,369,927,993	4,787,930,298			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT			31.06
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
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	0.194089		50.00
51.00	05100	RECOVERY ROOM	0.310752		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.266844		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239406		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.134605		55.00
56.00	05600	RADIOISOTOPE	0.373182		56.00
57.00	05700	CT SCAN	0.044659		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084404		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901	CARDIAC REHABILITATION	0.400114		59.01
60.00	06000	LABORATORY	0.157511		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.	0.287593		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.252471		65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.691628		65.01
66.00	06600	PHYSICAL THERAPY	0.326881		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.738506		68.00
69.00	06900	ELECTROCARDIOLOGY	0.152926		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227788		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562719		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.788986		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248240		73.00
74.00	07400	RENAL DIALYSIS	0.356973		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.227939		75.01
75.02	03540	PROSTHETIC DEVICES	0.449770		75.02
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	CLINIC CSC	0.684179		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.677333		90.02
90.03	09003	CLINIC WAISMAN	1.522168		90.03
90.04	09004	CLINIC WEST	0.532666		90.04
90.05	09005	CLINIC EAST	0.549803		90.05
90.06	09006	CLINIC RESEARCH PARK	0.700637		90.06
90.07	09009	CLINIC DHC	0.247446		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.600260		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.629610		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.288896		90.10
90.11	09011	CLINIC AODA	1.230490		90.11
90.12	09012	CLINIC KIDNEY	1.038877		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.627638		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.575118		90.14
91.00	09100	EMERGENCY	0.191342		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205066		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
95.00	09500	AMBULANCE SERVICES	0.765474			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
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
112.00	08600	POST TRANSPLANT				112.00
112.01	08601	PRE TRANSPLANT				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS				112.02
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
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: 52-0098

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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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	193,245,737		193,245,737	0	193,245,737
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,601,259		20,601,259	0	20,601,259
31.02	03101	CARDIOTHORACIC SURGERY ICU	8,346,717		8,346,717	0	8,346,717
31.03	03102	CARDIAC INTENSIVE CARE UNIT	4,930,947		4,930,947	0	4,930,947
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	11,154,422		11,154,422	0	11,154,422
31.05	03103	NEURO INTENSIVE CARE UNIT	14,130,866		14,130,866	0	14,130,866
31.06	02060	NEONATAL INTENSIVE CARE UNIT	10,846,366		10,846,366	0	10,846,366
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	6,246,256		6,246,256	0	6,246,256
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	5,583,841		5,583,841	0	5,583,841
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	141,531,613		141,531,613	0	141,531,613
51.00	05100	RECOVERY ROOM	24,484,735		24,484,735	0	24,484,735
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	15,698,447		15,698,447	0	15,698,447
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,280,203		53,280,203	0	53,280,203
55.00	05500	RADIOLOGY-THERAPEUTIC	18,882,979		18,882,979	0	18,882,979
56.00	05600	RADIOISOTOPE	12,048,728		12,048,728	0	12,048,728
57.00	05700	CT SCAN	10,007,015		10,007,015	0	10,007,015
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,419,954		14,419,954	0	14,419,954
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
59.01	05901	CARDIAC REHABILITATION	1,610,462		1,610,462	0	1,610,462
60.00	06000	LABORATORY	57,924,761		57,924,761	0	57,924,761
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.	15,420,462		15,420,462	0	15,420,462
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	32,281,999	0	32,281,999	0	32,281,999
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,100,275	0	1,100,275	0	1,100,275
66.00	06600	PHYSICAL THERAPY	30,782,941	0	30,782,941	0	30,782,941
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	4,904,883	0	4,904,883	0	4,904,883
69.00	06900	ELECTROCARDIOLOGY	32,632,215		32,632,215	0	32,632,215
70.00	07000	ELECTROENCEPHALOGRAPHY	5,785,735		5,785,735	0	5,785,735
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,534,434		1,534,434	0	1,534,434
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,210,010		71,210,010	0	71,210,010
73.00	07300	DRUGS CHARGED TO PATIENTS	184,240,249		184,240,249	0	184,240,249
74.00	07400	RENAL DIALYSIS	4,227,459		4,227,459	0	4,227,459
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
75.01	03560	PULMONARY FUNCTION TESTING	1,320,458		1,320,458	0	1,320,458
75.02	03540	PROSTHETIC DEVICES	3,678,663		3,678,663	0	3,678,663
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	CLINIC CSC	92,181,599		92,181,599	0	92,181,599
90.02	09002	CLINIC UNIVERSITY STATION	14,399,544		14,399,544	0	14,399,544
90.03	09003	CLINIC WAISMAN	3,632,087		3,632,087	0	3,632,087
90.04	09004	CLINIC WEST	21,939,600		21,939,600	0	21,939,600
90.05	09005	CLINIC EAST	10,176,286		10,176,286	0	10,176,286
90.06	09006	CLINIC RESEARCH PARK	4,237,399		4,237,399	0	4,237,399
90.07	09009	CLINIC DHC	20,537,480		20,537,480	0	20,537,480
90.08	09008	CLINIC THE AMERICAN CENTER	12,505,817		12,505,817	0	12,505,817
90.09	09010	CLINIC OAKWOOD VILLAGE	36,348		36,348	0	36,348
90.10	09007	CLINIC MIDDLETON REHAB	621,588		621,588	0	621,588
90.11	09011	CLINIC AODA	229,548		229,548	0	229,548
90.12	09012	CLINIC KIDNEY	923,018		923,018	0	923,018
90.13	09013	CLINIC PAIN MANAGEMENT	3,266,683		3,266,683	0	3,266,683
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	1,152,458		1,152,458	0	1,152,458
91.00	09100	EMERGENCY	40,864,659		40,864,659	0	40,864,659

COMPUTATION OF RATIO OF COSTS TO CHARGES

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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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,057,578		9,057,578		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	94.00
95.00	09500	AMBULANCE SERVICES	13,495,480		13,495,480	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
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	8,713,062		8,713,062	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	22,306,998		22,306,998	0	105.00
106.00	10600	HEART ACQUISITION	4,259,734		4,259,734	0	106.00
107.00	10700	LIVER ACQUISITION	8,182,544		8,182,544	0	107.00
108.00	10800	LUNG ACQUISITION	5,849,230		5,849,230	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,542,674		4,542,674	0	109.00
110.00	11000	INTESTINAL ACQUISITION	76,902		76,902	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	111.00
112.00	08600	POST TRANSPLANT	9,541,721		9,541,721	0	112.00
112.01	08601	PRE TRANSPLANT	0		0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0	0	112.02
113.00	11300	INTEREST EXPENSE	0		0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	115.00
116.00	11600	HOSPICE	0		0	0	116.00
200.00		Subtotal (see instructions)	1,326,825,128	0	1,326,825,128	0	200.00
201.00		Less Observation Beds	9,057,578		9,057,578	0	201.00
202.00		Total (see instructions)	1,317,767,550	0	1,317,767,550	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

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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	435,604,093		435,604,093		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	64,848,050		64,848,050		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	28,571,205		28,571,205		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	15,914,971		15,914,971		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	37,131,998		37,131,998		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	48,276,505		48,276,505		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	42,775,252		42,775,252		31.06
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,141,679		13,141,679		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	11,763,042		11,763,042		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	490,685,191	238,523,230	729,208,421	0.194089	50.00
51.00	05100	RECOVERY ROOM	40,967,730	37,824,179	78,791,909	0.310752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	37,165,611	21,664,479	58,830,090	0.266844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,807,280	138,744,605	222,551,885	0.239406	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,733,090	134,551,006	140,284,096	0.134605	55.00
56.00	05600	RADIOISOTOPE	2,267,760	30,018,702	32,286,462	0.373182	56.00
57.00	05700	CT SCAN	70,561,187	153,512,790	224,073,977	0.044659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,358,928	141,484,668	170,843,596	0.084404	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	357,111	3,667,893	4,025,004	0.400114	59.01
60.00	06000	LABORATORY	145,752,862	221,997,330	367,750,192	0.157511	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.	32,473,727	21,145,372	53,619,099	0.287593	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	99,585,125	28,278,889	127,864,014	0.252471	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	112,430	1,478,419	1,590,849	0.691628	65.01
66.00	06600	PHYSICAL THERAPY	35,776,808	58,395,028	94,171,836	0.326881	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,062,192	4,579,439	6,641,631	0.738506	68.00
69.00	06900	ELECTROCARDIOLOGY	104,187,375	109,198,068	213,385,443	0.152926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,874,781	8,524,917	25,399,698	0.127788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,011,395	715,425	2,726,820	0.562719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,377,258	22,877,792	90,255,050	0.788986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,612,683	439,574,059	742,186,742	0.248240	73.00
74.00	07400	RENAL DIALYSIS	10,294,420	1,548,089	11,842,509	0.356973	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	342,947	5,450,095	5,793,042	0.227939	75.01
75.02	03540	PROSTHETIC DEVICES	934,358	7,244,636	8,178,994	0.449770	75.02
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	CLINIC CSC	14,102,580	120,630,504	134,733,084	0.684179	90.01
90.02	09002	CLINIC UNIVERSITY STATION	22,019	21,237,154	21,259,173	0.677333	90.02
90.03	09003	CLINIC WAISMAN	4,584	2,381,543	2,386,127	1.522168	90.03
90.04	09004	CLINIC WEST	183,979	41,004,328	41,188,307	0.532666	90.04
90.05	09005	CLINIC EAST	11,353	18,497,602	18,508,955	0.549803	90.05
90.06	09006	CLINIC RESEARCH PARK	1,875	6,046,047	6,047,922	0.700637	90.06
90.07	09009	CLINIC DHC	79,118	82,918,717	82,997,835	0.247446	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	104,778	20,729,212	20,833,990	0.600260	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	522	57,209	57,731	0.629610	90.09
90.10	09007	CLINIC MIDDLETON REHAB	3,825	2,147,774	2,151,599	0.288896	90.10
90.11	09011	CLINIC AODA	0	186,550	186,550	1.230490	90.11
90.12	09012	CLINIC KIDNEY	1,502	886,975	888,477	1.038877	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	1,705	5,203,022	5,204,727	0.627638	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	2,003,864	2,003,864	0.575118	90.14
91.00	09100	EMERGENCY	70,413,556	143,155,086	213,568,642	0.191342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	44,169,043	44,169,043	0.205066	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

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From 07/01/2018
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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			
	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	17,630,237	17,630,237	0.765474	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
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	450	10,038,946	10,039,396			101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	30,359,272	5,070	30,364,342			105.00
106.00	10600	HEART ACQUISITION	3,110,370	0	3,110,370			106.00
107.00	10700	LIVER ACQUISITION	10,567,748	0	10,567,748			107.00
108.00	10800	LUNG ACQUISITION	5,963,325	0	5,963,325			108.00
109.00	10900	PANCREAS ACQUISITION	3,740,700	0	3,740,700			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
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
200.00		Subtotal (see instructions)	2,418,002,305	2,369,927,993	4,787,930,298			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,418,002,305	2,369,927,993	4,787,930,298			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:18 am

			Title XIX		Hospital		11/20/2019 9:10 am	
Cost Center Description			PPS Inpatient Ratio					Cost
			11.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT						31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
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
59.01	05901	CARDIAC REHABILITATION	0.000000					59.01
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000					65.01
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
75.01	03560	PULMONARY FUNCTION TESTING	0.000000					75.01
75.02	03540	PROSTHETIC DEVICES	0.000000					75.02
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	CLINIC CSC	0.000000					90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000					90.02
90.03	09003	CLINIC WAISMAN	0.000000					90.03
90.04	09004	CLINIC WEST	0.000000					90.04
90.05	09005	CLINIC EAST	0.000000					90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000					90.06
90.07	09009	CLINIC DHC	0.000000					90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000					90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000					90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000					90.10
90.11	09011	CLINIC AODA	0.000000					90.11
90.12	09012	CLINIC KIDNEY	0.000000					90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000					90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.000000					90.14
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
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
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
112.00	08600	POST TRANSPLANT				112.00
112.01	08601	PRE TRANSPLANT				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS				112.02
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
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: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 9:18 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	15,314,501	0	15,314,501	146,040	104.87	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	TRAUMA INTENSIVE CARE UNIT	1,412,446		1,412,446	7,980	177.00	31.01	
31.02	CARDIOTHORACIC SURGERY ICU	617,413		617,413	2,338	264.08	31.02	
31.03	CARDIAC INTENSIVE CARE UNIT	307,881		307,881	2,095	146.96	31.03	
31.04	PEDIATRIC INTENSIVE CARE UNIT	858,268		858,268	4,103	209.18	31.04	
31.05	NEURO INTENSIVE CARE UNIT	928,625		928,625	6,054	153.39	31.05	
31.06	NEONATAL INTENSIVE CARE UNIT	1,135,325		1,135,325	4,857	233.75	31.06	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	453,214		453,214	2,308	196.37	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	496,808	0	496,808	5,241	94.79	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)	21,524,481		21,524,481	181,016		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	44,851	4,703,524					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	TRAUMA INTENSIVE CARE UNIT	4,734	837,918					31.01
31.02	CARDIOTHORACIC SURGERY ICU	1,387	366,279					31.02
31.03	CARDIAC INTENSIVE CARE UNIT	1,243	182,671					31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0					31.04
31.05	NEURO INTENSIVE CARE UNIT	3,592	550,977					31.05
31.06	NEONATAL INTENSIVE CARE UNIT	89	20,804					31.06
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	190	37,310					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,288	122,090					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)	57,374	6,821,573					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 9:18 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,308,555	729,208,421	0.020993	145,343,481	3,051,196	50.00
51.00	05100	RECOVERY ROOM	2,376,623	78,791,909	0.030163	12,899,411	389,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,963,467	58,830,090	0.033375	11,040,162	368,465	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,466,503	222,551,885	0.029056	26,115,070	758,799	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,531,013	140,284,096	0.046556	1,766,688	82,250	55.00
56.00	05600	RADIOISOTOPE	833,218	32,286,462	0.025807	848,305	21,892	56.00
57.00	05700	CT SCAN	1,779,331	224,073,977	0.007941	25,672,767	203,867	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,070,366	170,843,596	0.029678	8,966,483	266,107	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	163,726	4,025,004	0.040677	143,046	5,819	59.01
60.00	06000	LABORATORY	4,457,525	367,750,192	0.012121	47,902,503	580,626	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.	1,003,921	53,619,099	0.018723	9,995,077	187,138	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,488,291	127,864,014	0.019460	33,461,251	651,156	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	99,723	1,590,849	0.062685	21,462	1,345	65.01
66.00	06600	PHYSICAL THERAPY	2,590,465	94,171,836	0.027508	10,739,775	295,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	367,207	6,641,631	0.055289	901,122	49,822	68.00
69.00	06900	ELECTROCARDIOLOGY	5,301,930	213,385,443	0.024847	45,218,317	1,123,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	660,576	25,399,698	0.026007	3,904,522	101,545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,181	2,726,820	0.019503	748,770	14,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,468,006	90,255,050	0.027345	21,623,734	591,301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,347,064	742,186,742	0.008552	91,398,871	781,643	73.00
74.00	07400	RENAL DIALYSIS	373,496	11,842,509	0.031539	4,591,829	144,822	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	159,516	5,793,042	0.027536	100,553	2,769	75.01
75.02	03540	PROSTHETIC DEVICES	274,240	8,178,994	0.033530	788,666	26,444	75.02
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	CLINIC CSC	8,925,925	134,733,084	0.066249	5,594,687	370,642	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,220,082	21,259,173	0.057391	5,204	299	90.02
90.03	09003	CLINIC WAISMAN	156,891	2,386,127	0.065751	0	0	90.03
90.04	09004	CLINIC WEST	1,595,352	41,188,307	0.038733	71,334	2,763	90.04
90.05	09005	CLINIC EAST	1,064,959	18,508,955	0.057538	6,203	357	90.05
90.06	09006	CLINIC RESEARCH PARK	403,585	6,047,922	0.066731	978	65	90.06
90.07	09009	CLINIC DHC	3,169,203	82,997,835	0.038184	33,327	1,273	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1,632,228	20,833,990	0.078344	74,690	5,852	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	6,948	57,731	0.120351	519	62	90.09
90.10	09007	CLINIC MIDDLETON REHAB	39,478	2,151,599	0.018348	1,751	32	90.10
90.11	09011	CLINIC AODA	96,922	186,550	0.519550	0	0	90.11
90.12	09012	CLINIC KIDNEY	96,978	888,477	0.109151	854	93	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	876,568	5,204,727	0.168418	1,063	179	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	81,909	2,003,864	0.040876	0	0	90.14
91.00	09100	EMERGENCY	3,679,781	213,568,642	0.017230	23,750,754	409,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	717,804	44,169,043	0.016251	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	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
200.00		Total (lines 50 through 199)	90,902,556	4,008,487,385		533,733,229	10,490,506	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 9:18 am		
					Title XVIII		Hospital		PPS		
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	26,413	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01		
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	0	31.02		
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	0	31.03		
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	0	31.04		
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	0	31.05		
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.06		
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		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
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	26,413	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	26,413	146,040	0.18	44,851	0	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	0	31.00		
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	7,980	0.00	4,734	0	31.01		
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	2,338	0.00	1,387	0	31.02		
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	2,095	0.00	1,243	0	31.03		
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	4,103	0.00	0	0	31.04		
31.05	03103	NEURO INTENSIVE CARE UNIT		0	6,054	0.00	3,592	0	31.05		
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0	4,857	0.00	89	0	31.06		
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT		0	2,308	0.00	190	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	5,241	0.00	1,288	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)		26,413	181,016		57,374		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	8,073								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0								31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0								31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0								31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0								31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0								31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0								31.06
32.00	03200	CORONARY CARE UNIT	0								32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
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)	8,073								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	1,311,760	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	63,365	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
59.01	05901	CARDIAC REHABILITATION		0	0	0	0	0	59.01
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	65.01
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	1,106,756	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
75.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES		0	0	0	0	0	75.02
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	CLINIC CSC		0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN		0	0	0	0	0	90.03
90.04	09004	CLINIC WEST		0	0	0	0	0	90.04
90.05	09005	CLINIC EAST		0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK		0	0	0	0	0	90.06
90.07	09009	CLINIC DHC		0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0	0	0	0	0	90.10
90.11	09011	CLINIC AODA		0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY		0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	0	0	1,262,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	1,241	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
200.00		Total (lines 50 through 199)		0	0	0	0	3,746,058	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:18 am	
					Title XVIII		Hospital		PPS	
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	729,208,421	0.000000	50.00		
51.00	05100	RECOVERY ROOM	0	0	0	78,791,909	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	58,830,090	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,311,760	1,311,760	222,551,885	0.005894	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	63,365	63,365	140,284,096	0.000452	55.00		
56.00	05600	RADIOISOTOPE	0	0	0	32,286,462	0.000000	56.00		
57.00	05700	CT SCAN	0	0	0	224,073,977	0.000000	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	170,843,596	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00		
59.01	05901	CARDIAC REHABILITATION	0	0	0	4,025,004	0.000000	59.01		
60.00	06000	LABORATORY	0	0	0	367,750,192	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	53,619,099	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	127,864,014	0.000000	65.00		
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,590,849	0.000000	65.01		
66.00	06600	PHYSICAL THERAPY	0	0	0	94,171,836	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	6,641,631	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	213,385,443	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	25,399,698	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,726,820	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,255,050	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,106,756	1,106,756	742,186,742	0.001491	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	11,842,509	0.000000	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00		
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	5,793,042	0.000000	75.01		
75.02	03540	PROSTHETIC DEVICES	0	0	0	8,178,994	0.000000	75.02		
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	CLINIC CSC	0	0	0	134,733,084	0.000000	90.01		
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	21,259,173	0.000000	90.02		
90.03	09003	CLINIC WAISMAN	0	0	0	2,386,127	0.000000	90.03		
90.04	09004	CLINIC WEST	0	0	0	41,188,307	0.000000	90.04		
90.05	09005	CLINIC EAST	0	0	0	18,508,955	0.000000	90.05		
90.06	09006	CLINIC RESEARCH PARK	0	0	0	6,047,922	0.000000	90.06		
90.07	09009	CLINIC DHC	0	0	0	82,997,835	0.000000	90.07		
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	20,833,990	0.000000	90.08		
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	57,731	0.000000	90.09		
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	2,151,599	0.000000	90.10		
90.11	09011	CLINIC AODA	0	0	0	186,550	0.000000	90.11		
90.12	09012	CLINIC KIDNEY	0	0	0	888,477	0.000000	90.12		
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	5,204,727	0.000000	90.13		
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	2,003,864	0.000000	90.14		
91.00	09100	EMERGENCY	0	1,262,936	1,262,936	213,568,642	0.005913	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,241	1,241	44,169,043	0.000028	92.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	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		
200.00	Total (lines 50 through 199)		0	3,746,058	3,746,058	4,008,487,385		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		145,343,481	0	50,435,774	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		12,899,411	0	10,116,595	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		11,040,162	0	4,294,194	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.005894		26,115,070	153,922	33,638,488	198,265	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000452		1,766,688	799	47,345,562	21,400	55.00
56.00	05600	RADIOISOTOPE	0.000000		848,305	0	10,031,228	0	56.00
57.00	05700	CT SCAN	0.000000		25,672,767	0	47,411,771	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		8,966,483	0	28,237,301	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.000000		143,046	0	1,563,119	0	59.01
60.00	06000	LABORATORY	0.000000		47,902,503	0	37,871,014	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		9,995,077	0	3,964,413	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		33,461,251	0	1,584,575	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		21,462	0	305,167	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		10,739,775	0	318,498	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		901,122	0	501,677	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		45,218,317	0	35,533,830	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		3,904,522	0	1,471,216	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		748,770	0	45,287	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		21,623,734	0	8,687,700	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001491		91,398,871	136,276	135,892,687	202,616	73.00
74.00	07400	RENAL DIALYSIS	0.000000		4,591,829	0	218,441	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000		100,553	0	1,602,702	0	75.01
75.02	03540	PROSTHETIC DEVICES	0.000000		788,666	0	238,634	0	75.02
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	CLINIC CSC	0.000000		5,594,687	0	36,051,351	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000		5,204	0	6,612,860	0	90.02
90.03	09003	CLINIC WAISMAN	0.000000		0	0	22,542	0	90.03
90.04	09004	CLINIC WEST	0.000000		71,334	0	12,460,038	0	90.04
90.05	09005	CLINIC EAST	0.000000		6,203	0	4,347,361	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000		978	0	1,188,220	0	90.06
90.07	09009	CLINIC DHC	0.000000		33,327	0	18,802,069	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000		74,690	0	5,091,734	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000		519	0	40,241	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000		1,751	0	839,148	0	90.10
90.11	09011	CLINIC AODA	0.000000		0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.000000		854	0	375,921	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000		1,063	0	1,325,515	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.000000		0	0	567,427	0	90.14
91.00	09100	EMERGENCY	0.005913		23,750,754	140,438	25,478,153	150,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000028		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	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
200.00		Total (lines 50 through 199)			533,733,229	431,435	574,512,453	572,933	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.194089	50,435,774	0	0	9,789,029	50.00	
51.00	05100	RECOVERY ROOM	0.310752	10,116,595	0	0	3,143,752	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.266844	4,294,194	0	0	1,145,880	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239406	33,638,488	0	0	8,053,256	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.134605	47,345,562	0	0	6,372,949	55.00	
56.00	05600	RADIOISOTOPE	0.373182	10,031,228	0	0	3,743,474	56.00	
57.00	05700	CT SCAN	0.044659	47,411,771	0	0	2,117,362	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084404	28,237,301	0	0	2,383,341	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
59.01	05901	CARDIAC REHABILITATION	0.400114	1,563,119	0	0	625,426	59.01	
60.00	06000	LABORATORY	0.157511	37,871,014	0	0	5,965,101	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.	0.287593	3,964,413	0	0	1,140,137	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.252471	1,584,575	0	0	400,059	65.00	
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.691628	305,167	0	0	211,062	65.01	
66.00	06600	PHYSICAL THERAPY	0.326881	318,498	0	0	104,111	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.738506	501,677	0	0	370,491	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.152926	35,533,830	0	0	5,434,046	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227788	1,471,216	0	0	335,125	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562719	45,287	0	0	25,484	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.788986	8,687,700	7,500	0	6,854,474	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248240	135,892,687	31,190	1,614,735	33,734,001	73.00	
74.00	07400	RENAL DIALYSIS	0.356973	218,441	0	0	77,978	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03560	PULMONARY FUNCTION TESTING	0.227939	1,602,702	0	0	365,318	75.01	
75.02	03540	PROSTHETIC DEVICES	0.449770	238,634	0	0	107,330	75.02	
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	CLINIC CSC	0.684179	36,051,351	0	0	24,665,577	90.01	
90.02	09002	CLINIC UNIVERSITY STATION	0.677333	6,612,860	0	0	4,479,108	90.02	
90.03	09003	CLINIC WAISMAN	1.522168	22,542	0	0	34,313	90.03	
90.04	09004	CLINIC WEST	0.532666	12,460,038	0	0	6,637,039	90.04	
90.05	09005	CLINIC EAST	0.549803	4,347,361	0	0	2,390,192	90.05	
90.06	09006	CLINIC RESEARCH PARK	0.700637	1,188,220	0	0	832,511	90.06	
90.07	09009	CLINIC DHC	0.247446	18,802,069	0	0	4,652,497	90.07	
90.08	09008	CLINIC THE AMERICAN CENTER	0.600260	5,091,734	0	0	3,056,364	90.08	
90.09	09010	CLINIC OAKWOOD VILLAGE	0.629610	40,241	0	0	25,336	90.09	
90.10	09007	CLINIC MIDDLETON REHAB	0.288896	839,148	0	0	242,427	90.10	
90.11	09011	CLINIC AODA	1.230490	0	0	0	0	90.11	
90.12	09012	CLINIC KIDNEY	1.038877	375,921	0	0	390,536	90.12	
90.13	09013	CLINIC PAIN MANAGEMENT	0.627638	1,325,515	0	0	831,944	90.13	
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.575118	567,427	0	0	326,337	90.14	
91.00	09100	EMERGENCY	0.191342	25,478,153	0	0	4,875,041	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205066	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00	
95.00	09500	AMBULANCE SERVICES	0.765474		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	
200.00		Subtotal (see instructions)		574,512,453	38,690	1,614,735	145,938,408	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		574,512,453	38,690	1,614,735	145,938,408	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 9:18 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
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
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	0	0		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	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		65.01
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	5,917	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,743	400,842		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	PROSTHETIC DEVICES	0	0		75.02
	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	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0		90.10
90.11	09011	CLINIC AODA	0	0		90.11
90.12	09012	CLINIC KIDNEY	0	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0		90.14
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
200.00		Subtotal (see instructions)	13,660	400,842		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	13,660	400,842		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0098

Period:

Worksheet D

Component CCN: 52-S098

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:18 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	15,308,555	729,208,421	0.020993	1,684	35	50.00
51.00	05100 RECOVERY ROOM	2,376,623	78,791,909	0.030163	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,963,467	58,830,090	0.033375	9,928	331	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,466,503	222,551,885	0.029056	12,464	362	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,531,013	140,284,096	0.046556	0	0	55.00
56.00	05600 RADIOISOTOPE	833,218	32,286,462	0.025807	0	0	56.00
57.00	05700 CT SCAN	1,779,331	224,073,977	0.007941	31,728	252	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,070,366	170,843,596	0.029678	42,882	1,273	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901 CARDIAC REHABILITATION	163,726	4,025,004	0.040677	0	0	59.01
60.00	06000 LABORATORY	4,457,525	367,750,192	0.012121	293,622	3,559	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.	1,003,921	53,619,099	0.018723	2,260	42	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,488,291	127,864,014	0.019460	119,738	2,330	65.00
65.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	99,723	1,590,849	0.062685	0	0	65.01
66.00	06600 PHYSICAL THERAPY	2,590,465	94,171,836	0.027508	197,602	5,436	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	367,207	6,641,631	0.055289	793	44	68.00
69.00	06900 ELECTROCARDIOLOGY	5,301,930	213,385,443	0.024847	7,595	189	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	660,576	25,399,698	0.026007	2,056	53	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	53,181	2,726,820	0.019503	1,233	24	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,468,006	90,255,050	0.027345	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,347,064	742,186,742	0.008552	419,916	3,591	73.00
74.00	07400 RENAL DIALYSIS	373,496	11,842,509	0.031539	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	159,516	5,793,042	0.027536	0	0	75.01
75.02	03540 PROSTHETIC DEVICES	274,240	8,178,994	0.033530	0	0	75.02
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 CLINIC CSC	8,925,925	134,733,084	0.066249	45,952	3,044	90.01
90.02	09002 CLINIC UNIVERSITY STATION	1,220,082	21,259,173	0.057391	0	0	90.02
90.03	09003 CLINIC WAISMAN	156,891	2,386,127	0.065751	0	0	90.03
90.04	09004 CLINIC WEST	1,595,352	41,188,307	0.038733	0	0	90.04
90.05	09005 CLINIC EAST	1,064,959	18,508,955	0.057538	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	403,585	6,047,922	0.066731	0	0	90.06
90.07	09009 CLINIC DHC	3,169,203	82,997,835	0.038184	0	0	90.07
90.08	09008 CLINIC THE AMERICAN CENTER	1,632,228	20,833,990	0.078344	0	0	90.08
90.09	09010 CLINIC OAKWOOD VILLAGE	6,948	57,731	0.120351	0	0	90.09
90.10	09007 CLINIC MIDDLETON REHAB	39,478	2,151,599	0.018348	0	0	90.10
90.11	09011 CLINIC AODA	96,922	186,550	0.519550	0	0	90.11
90.12	09012 CLINIC KIDNEY	96,978	888,477	0.109151	0	0	90.12
90.13	09013 CLINIC PAIN MANAGEMENT	876,568	5,204,727	0.168418	0	0	90.13
90.14	09015 CLINIC WOMENS WELLNESS/PELVIC SURG	81,909	2,003,864	0.040876	0	0	90.14
91.00	09100 EMERGENCY	3,679,781	213,568,642	0.017230	375,498	6,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	44,169,043	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	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
200.00	Total (lines 50 through 199)	90,184,752	4,008,487,385		1,564,951	27,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	1,311,760	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	63,365	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
59.01	05901	CARDIAC REHABILITATION		0	0	0	0	0	59.01
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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	65.01
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	1,106,756	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
75.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES		0	0	0	0	0	75.02
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	CLINIC CSC		0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN		0	0	0	0	0	90.03
90.04	09004	CLINIC WEST		0	0	0	0	0	90.04
90.05	09005	CLINIC EAST		0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK		0	0	0	0	0	90.06
90.07	09009	CLINIC DHC		0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0	0	0	0	0	90.10
90.11	09011	CLINIC AODA		0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY		0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	0	0	1,262,936	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
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
200.00		Total (lines 50 through 199)		0	0	0	0	3,744,817	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Subprovider - IPF		PPS	
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	729,208,421	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	78,791,909	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	58,830,090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	1,311,760	1,311,760	222,551,885	0.005894	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	63,365	63,365	140,284,096	0.000452	55.00
56.00	05600	RADIOISOTOPE		0	0	0	32,286,462	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	224,073,977	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	170,843,596	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION		0	0	0	4,025,004	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	367,750,192	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	53,619,099	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	127,864,014	0.000000	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	1,590,849	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	94,171,836	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	6,641,631	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	213,385,443	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	25,399,698	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	2,726,820	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	90,255,050	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	1,106,756	1,106,756	742,186,742	0.001491	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	11,842,509	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING		0	0	0	5,793,042	0.000000	75.01
75.02	03540	PROSTHETIC DEVICES		0	0	0	8,178,994	0.000000	75.02
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	CLINIC CSC		0	0	0	134,733,084	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0	0	0	21,259,173	0.000000	90.02
90.03	09003	CLINIC WAISMAN		0	0	0	2,386,127	0.000000	90.03
90.04	09004	CLINIC WEST		0	0	0	41,188,307	0.000000	90.04
90.05	09005	CLINIC EAST		0	0	0	18,508,955	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK		0	0	0	6,047,922	0.000000	90.06
90.07	09009	CLINIC DHC		0	0	0	82,997,835	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0	0	0	20,833,990	0.000000	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0	0	0	57,731	0.000000	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0	0	0	2,151,599	0.000000	90.10
90.11	09011	CLINIC AODA		0	0	0	186,550	0.000000	90.11
90.12	09012	CLINIC KIDNEY		0	0	0	888,477	0.000000	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0	0	0	5,204,727	0.000000	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0	0	0	2,003,864	0.000000	90.14
91.00	09100	EMERGENCY		0	1,262,936	1,262,936	213,568,642	0.005913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	44,169,043	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	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
200.00		Total (lines 50 through 199)		0	3,744,817	3,744,817	4,008,487,385		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	1,684	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	4,050	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	9,928	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.005894	12,464	73	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000452	0	0	3,560	2	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	31,728	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	42,882	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION		0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	293,622	0	189	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	2,260	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	119,738	0	1,560	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	197,602	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	793	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	7,595	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,056	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	1,233	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001491	419,916	626	449	1	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES		0.000000	0	0	0	0	75.02
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	CLINIC CSC		0.000000	45,952	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0.000000	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN		0.000000	0	0	0	0	90.03
90.04	09004	CLINIC WEST		0.000000	0	0	0	0	90.04
90.05	09005	CLINIC EAST		0.000000	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK		0.000000	0	0	0	0	90.06
90.07	09009	CLINIC DHC		0.000000	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0.000000	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0.000000	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0.000000	0	0	0	0	90.10
90.11	09011	CLINIC AODA		0.000000	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY		0.000000	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0.000000	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0.000000	0	0	0	0	90.14
91.00	09100	EMERGENCY		0.005913	375,498	2,220	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	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
200.00		Total (lines 50 through 199)			1,564,951	2,919	9,808	3	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:

Worksheet D

Component CCN: 52-S098

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

11/26/2019 9:18 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.194089	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.310752	4,050	0	0	1,259 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.266844	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239406	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.134605	3,560	0	0	479 55.00
56.00	05600 RADIOISOTOPE	0.373182	0	0	0	0 56.00
57.00	05700 CT SCAN	0.044659	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084404	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
59.01	05901 CARDIAC REHABILITATION	0.400114	0	0	0	0 59.01
60.00	06000 LABORATORY	0.157511	189	0	0	30 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.	0.287593	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.252471	1,560	0	0	394 65.00
65.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.691628	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.326881	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.738506	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.152926	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.227788	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562719	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.788986	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248240	449	0	0	111 73.00
74.00	07400 RENAL DIALYSIS	0.356973	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03560 PULMONARY FUNCTION TESTING	0.227939	0	0	0	0 75.01
75.02	03540 PROSTHETIC DEVICES	0.449770	0	0	0	0 75.02
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 CLINIC CSC	0.684179	0	0	0	0 90.01
90.02	09002 CLINIC UNIVERSITY STATION	0.677333	0	0	0	0 90.02
90.03	09003 CLINIC WAISMAN	1.522168	0	0	0	0 90.03
90.04	09004 CLINIC WEST	0.532666	0	0	0	0 90.04
90.05	09005 CLINIC EAST	0.549803	0	0	0	0 90.05
90.06	09006 CLINIC RESEARCH PARK	0.700637	0	0	0	0 90.06
90.07	09009 CLINIC DHC	0.247446	0	0	0	0 90.07
90.08	09008 CLINIC THE AMERICAN CENTER	0.600260	0	0	0	0 90.08
90.09	09010 CLINIC OAKWOOD VILLAGE	0.629610	0	0	0	0 90.09
90.10	09007 CLINIC MIDDLETON REHAB	0.288896	0	0	0	0 90.10
90.11	09011 CLINIC AODA	1.230490	0	0	0	0 90.11
90.12	09012 CLINIC KIDNEY	1.038877	0	0	0	0 90.12
90.13	09013 CLINIC PAIN MANAGEMENT	0.627638	0	0	0	0 90.13
90.14	09015 CLINIC WOMENS WELLNESS/PELVIC SURG	0.575118	0	0	0	0 90.14
91.00	09100 EMERGENCY	0.191342	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.205066	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		0 94.00
95.00	09500 AMBULANCE SERVICES	0.765474		0		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
200.00	Subtotal (see instructions)		9,808	0	0	2,273 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		9,808	0	0	2,273 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 9:18 am
			Component CCN: 52-S098			
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	0	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
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		65.01
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
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	PROSTHETIC DEVICES	0	0		75.02
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	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0		90.10
90.11	09011	CLINIC AODA	0	0		90.11
90.12	09012	CLINIC KIDNEY	0	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0		90.14
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	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
200.00		Subtotal (see instructions)	0	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		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 9:18 am

			Title XIX		Hospital	Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.194089	0	9,562,732	0	0
51.00	05100	RECOVERY ROOM	0.310752	0	2,820,927	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.266844	0	1,062,896	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239406	0	3,315,190	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.134605	0	3,264,549	0	0
56.00	05600	RADIOISOTOPE	0.373182	0	434,830	0	0
57.00	05700	CT SCAN	0.044659	0	3,405,528	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084404	0	3,673,600	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0
59.01	05901	CARDIAC REHABILITATION	0.400114	0	30,116	0	0
60.00	06000	LABORATORY	0.157511	0	5,330,183	0	0
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.287593	0	722,615	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.252471	0	1,911,633	0	0
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.691628	0	151,853	0	0
66.00	06600	PHYSICAL THERAPY	0.326881	0	1,808,864	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.738506	0	694,333	0	0
69.00	06900	ELECTROCARDIOLOGY	0.152926	0	2,573,498	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227788	0	475,575	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562719	0	15,183	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.788986	0	230,874	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248240	0	12,571,683	0	0
74.00	07400	RENAL DIALYSIS	0.356973	0	35,317	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01	03560	PULMONARY FUNCTION TESTING	0.227939	0	176,598	0	0
75.02	03540	PROSTHETIC DEVICES	0.449770	0	464,928	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00	09000	CLINIC	0.000000	0	0	0	0
90.01	09001	CLINIC CSC	0.684179	0	5,443,952	0	0
90.02	09002	CLINIC UNIVERSITY STATION	0.677333	0	373,084	0	0
90.03	09003	CLINIC WAISMAN	1.522168	0	564,875	0	0
90.04	09004	CLINIC WEST	0.532666	0	229,243	0	0
90.05	09005	CLINIC EAST	0.549803	0	211,728	0	0
90.06	09006	CLINIC RESEARCH PARK	0.700637	0	85,510	0	0
90.07	09009	CLINIC DHC	0.247446	0	364,742	0	0
90.08	09008	CLINIC THE AMERICAN CENTER	0.600260	0	193,664	0	0
90.09	09010	CLINIC OAKWOOD VILLAGE	0.629610	0	0	0	0
90.10	09007	CLINIC MIDDLETON REHAB	0.288896	0	305,583	0	0
90.11	09011	CLINIC AODA	1.230490	0	26,724	0	0
90.12	09012	CLINIC KIDNEY	1.038877	0	10,835	0	0
90.13	09013	CLINIC PAIN MANAGEMENT	0.627638	0	112,781	0	0
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.575118	0	13,147	0	0
91.00	09100	EMERGENCY	0.191342	0	5,953,220	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205066	0	590,958	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0.765474	0	103,489	0	0
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
200.00		Subtotal (see instructions)		0	69,317,040	0	0
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00		Net Charges (line 200 - line 201)		0	69,317,040	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 9:18 am

			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	1,856,021	0		50.00
51.00	05100	RECOVERY ROOM	876,609	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	283,627	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	793,676	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	439,425	0		55.00
56.00	05600	RADIOISOTOPE	162,271	0		56.00
57.00	05700	CT SCAN	152,087	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	310,067	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	12,050	0		59.01
60.00	06000	LABORATORY	839,562	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.	207,819	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	482,632	0		65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	105,026	0		65.01
66.00	06600	PHYSICAL THERAPY	591,283	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	512,769	0		68.00
69.00	06900	ELECTROCARDIOLOGY	393,555	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,330	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,544	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	182,156	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,120,795	0		73.00
74.00	07400	RENAL DIALYSIS	12,607	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	40,254	0		75.01
75.02	03540	PROSTHETIC DEVICES	209,111	0		75.02
	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	CLINIC CSC	3,724,638	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	252,702	0		90.02
90.03	09003	CLINIC WAISMAN	859,835	0		90.03
90.04	09004	CLINIC WEST	122,110	0		90.04
90.05	09005	CLINIC EAST	116,409	0		90.05
90.06	09006	CLINIC RESEARCH PARK	59,911	0		90.06
90.07	09009	CLINIC DHC	90,254	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	116,249	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	88,282	0		90.10
90.11	09011	CLINIC AODA	32,884	0		90.11
90.12	09012	CLINIC KIDNEY	11,256	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	70,786	0		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	7,561	0		90.14
91.00	09100	EMERGENCY	1,139,101	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	121,185	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	79,218	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
200.00		Subtotal (see instructions)	18,592,657	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	18,592,657	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		146,040	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		146,040	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)		139,195	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)		44,851	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)		193,245,737	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)		193,245,737	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)		193,245,737	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,323.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		59,348,637	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)		59,348,637	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	20,601,259	7,980	2,581.61	4,734	12,221,342	43.01
43.02	CARDIOTHORACIC SURGERY ICU	8,346,717	2,338	3,570.02	1,387	4,951,618	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	4,930,947	2,095	2,353.67	1,243	2,925,612	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	11,154,422	4,103	2,718.60	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	14,130,866	6,054	2,334.14	3,592	8,384,231	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	10,846,366	4,857	2,233.14	89	198,749	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	6,246,256	2,308	2,706.35	190	514,207	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					125,455,420	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					213,999,816	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,707,556	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,921,941	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					17,629,497	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					196,370,319	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)					6,845	87.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Hospital		PPS	
Cost Center Description								1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,323.24	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						9,057,578	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	15,314,501	193,245,737	0.079249	9,057,578	717,804	90.00		
91.00	Nursing School cost	0	193,245,737	0.000000	9,057,578	0	91.00		
92.00	Allied health cost	26,413	193,245,737	0.000137	9,057,578	1,241	92.00		
93.00	All other Medical Education	0	193,245,737	0.000000	9,057,578	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,241	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,241	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,241	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,288	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)		5,583,841	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)		5,583,841	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)		5,583,841	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,065.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,372,261	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,372,261	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 52-S098		Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII		Subprovider - IPF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					363,154	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,735,415	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)					122,090	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,954	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					152,044	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,583,371	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 9:18 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	496,808	5,583,841	0.088972	0	0	90.00
91.00	Nursing School cost	0	5,583,841	0.000000	0	0	91.00
92.00	Allied health cost	0	5,583,841	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,583,841	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:18 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		143,874,156	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		21,491,630	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		16,375,226	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		6,108,063	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		14,719,666	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		934,482	31.06
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,949,966	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,569	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	0.194089	145,343,481	50.00
51.00	05100	RECOVERY ROOM	0.310752	12,899,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.266844	11,040,162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239406	26,115,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.134605	1,766,688	55.00
56.00	05600	RADIOISOTOPE	0.373182	848,305	56.00
57.00	05700	CT SCAN	0.044659	25,672,767	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084404	8,966,483	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.400114	143,046	59.01
60.00	06000	LABORATORY	0.157511	47,902,503	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.287593	9,995,077	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.252471	33,461,251	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.691628	21,462	65.01
66.00	06600	PHYSICAL THERAPY	0.326881	10,739,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.738506	901,122	68.00
69.00	06900	ELECTROCARDIOLOGY	0.152926	45,218,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227788	3,904,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562719	748,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.788986	21,623,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248240	91,398,871	73.00
74.00	07400	RENAL DIALYSIS	0.356973	4,591,829	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.227939	100,553	75.01
75.02	03540	PROSTHETIC DEVICES	0.449770	788,666	75.02
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	90.00
90.01	09001	CLINIC CSC	0.684179	5,594,687	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.677333	5,204	90.02
90.03	09003	CLINIC WAISMAN	1.522168	0	90.03
90.04	09004	CLINIC WEST	0.532666	71,334	90.04
90.05	09005	CLINIC EAST	0.549803	6,203	90.05
90.06	09006	CLINIC RESEARCH PARK	0.700637	978	90.06
90.07	09009	CLINIC DHC	0.247446	33,327	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.600260	74,690	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.629610	519	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.288896	1,751	90.10
90.11	09011	CLINIC AODA	1.230490	0	90.11
90.12	09012	CLINIC KIDNEY	1.038877	854	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.627638	1,063	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.575118	0	90.14
91.00	09100	EMERGENCY	0.191342	23,750,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.205066	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D-3 Date/Time Prepared: 11/26/2019 9:18 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Ratio of Cost To Charges		Inpatient Program Charges		Inpatient Program Costs (col. 1 x col. 2)	
			1.00		2.00		3.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0		0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0		0	
200.00		Total (sum of lines 50 through 94 and 96 through 98)			533,733,229		125,455,420	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0			
202.00		Net charges (line 200 minus line 201)			533,733,229			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 52-S098		Date/Time Prepared: 11/26/2019 9:18 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02180 TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	03101 CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	03102 CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	03103 NEURO INTENSIVE CARE UNIT		0		31.05
31.06	02060 NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		2,892,522		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	0.194089	1,684	327	50.00
51.00	05100 RECOVERY ROOM	0.310752	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.266844	9,928	2,649	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239406	12,464	2,984	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.134605	0	0	55.00
56.00	05600 RADIOISOTOPE	0.373182	0	0	56.00
57.00	05700 CT SCAN	0.044659	31,728	1,417	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084404	42,882	3,619	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901 CARDIAC REHABILITATION	0.400114	0	0	59.01
60.00	06000 LABORATORY	0.157511	293,622	46,249	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.	0.287593	2,260	650	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.252471	119,738	30,230	65.00
65.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.691628	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.326881	197,602	64,592	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.738506	793	586	68.00
69.00	06900 ELECTROCARDIOLOGY	0.152926	7,595	1,161	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.227788	2,056	468	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562719	1,233	694	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.788986	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248240	419,916	104,240	73.00
74.00	07400 RENAL DIALYSIS	0.356973	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0.227939	0	0	75.01
75.02	03540 PROSTHETIC DEVICES	0.449770	0	0	75.02
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 CLINIC CSC	0.684179	45,952	31,439	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0.677333	0	0	90.02
90.03	09003 CLINIC WAISMAN	1.522168	0	0	90.03
90.04	09004 CLINIC WEST	0.532666	0	0	90.04
90.05	09005 CLINIC EAST	0.549803	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0.700637	0	0	90.06
90.07	09009 CLINIC DHC	0.247446	0	0	90.07
90.08	09008 CLINIC THE AMERICAN CENTER	0.600260	0	0	90.08
90.09	09010 CLINIC OAKWOOD VILLAGE	0.629610	0	0	90.09
90.10	09007 CLINIC MIDDLETON REHAB	0.288896	0	0	90.10
90.11	09011 CLINIC AODA	1.230490	0	0	90.11
90.12	09012 CLINIC KIDNEY	1.038877	0	0	90.12
90.13	09013 CLINIC PAIN MANAGEMENT	0.627638	0	0	90.13
90.14	09015 CLINIC WOMENS WELLNESS/PELVIC SURG	0.575118	0	0	90.14
91.00	09100 EMERGENCY	0.191342	375,498	71,849	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.205066	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:18 am	
			Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,564,951	363,154	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		1,564,951		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 9:18 am	
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	33,257,321		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	5,501,036		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	2,328,649		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	676,271		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,871,845		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	3,412,758		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	11,271,013		31.06
32.00	03200	CORONARY CARE UNIT	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	977,129		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000	SUBPROVIDER - IPF	941,905		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	25,225,641	4,896,019	50.00
51.00	05100	RECOVERY ROOM	1,617,713	502,708	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,836,573	490,078	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,133,247	1,228,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	313,310	42,173	55.00
56.00	05600	RADIOISOTOPE	145,514	54,303	56.00
57.00	05700	CT SCAN	3,914,591	174,822	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,215,231	186,974	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	12,955	5,183	59.01
60.00	06000	LABORATORY	10,461,114	1,647,741	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.	2,284,769	657,084	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,325,844	3,111,918	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,960	8,963	65.01
66.00	06600	PHYSICAL THERAPY	3,028,251	989,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	136,710	100,961	68.00
69.00	06900	ELECTROCARDIOLOGY	4,087,623	625,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,992,846	453,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	147,725	83,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,236,528	975,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,813,733	5,911,521	73.00
74.00	07400	RENAL DIALYSIS	721,839	257,677	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	20,233	4,612	75.01
75.02	03540	PROSTHETIC DEVICES	86,149	38,747	75.02
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	CLINIC CSC	795,797	544,468	90.01
90.02	09002	CLINIC UNIVERSITY STATION	2,140	1,449	90.02
90.03	09003	CLINIC WAISMAN	2,319	3,530	90.03
90.04	09004	CLINIC WEST	5,248	2,795	90.04
90.05	09005	CLINIC EAST	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	90.06
90.07	09009	CLINIC DHC	295	73	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1,588	953	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	1,114	322	90.10
90.11	09011	CLINIC AODA	1,230,490	0	90.11
90.12	09012	CLINIC KIDNEY	1,038,877	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	90.14
91.00	09100	EMERGENCY	5,386,553	1,030,674	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	0	95.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0098		Period: From 07/01/2018 To 06/30/2019		Worksheet D-3 Date/Time Prepared: 11/26/2019 9:18 am	
			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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0		0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0		0	
200.00		Total (sum of lines 50 through 94 and 96 through 98)			106,966,153		24,032,337	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0			
202.00		Net charges (line 200 minus line 201)			106,966,153			

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	982,260	1,323.24	198	262,002	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,581.61	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	361,533	3,570.02	36	128,521	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,353.67	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	15,550	2,718.60	1	2,719	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,334.14	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,233.14	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	4,354	2,706.35	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		1,363,697		235	393,242	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.194089	5,007,138	971,830	8.00
9.00	RECOVERY ROOM		51.00	0.310752	385,037	119,651	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.266844	279,090	74,473	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.239406	2,079,797	497,916	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.134605	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.373182	175,312	65,423	14.00
15.00	CT SCAN		57.00	0.044659	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.084404	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION		59.01	0.400114	0	0	17.01
18.00	LABORATORY		60.00	0.157511	4,023,948	633,816	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	0.287593	3,879	1,116	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.252471	89,255	22,534	23.00
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		65.01	0.691628	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.326881	5,009	1,637	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.738506	281	208	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.152926	501,816	76,741	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.227788	292,598	66,650	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.562719	584,925	329,148	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.788986	7,058	5,569	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248240	725,071	179,992	31.00
32.00	RENAL DIALYSIS		74.00	0.356973	20,422	7,290	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING		75.01	0.227939	0	0	33.01
33.02	PROSTHETIC DEVICES		75.02	0.449770	0	0	33.02
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	CLINIC CSC		90.01	0.684179	624,934	427,567	37.01
37.02	CLINIC UNIVERSITY STATION		90.02	0.677333	0	0	37.02
37.03	CLINIC WAISMAN		90.03	1.522168	0	0	37.03
37.04	CLINIC WEST		90.04	0.532666	0	0	37.04
37.05	CLINIC EAST		90.05	0.549803	0	0	37.05
37.06	CLINIC RESEARCH PARK		90.06	0.700637	0	0	37.06
37.07	CLINIC DHC		90.07	0.247446	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER		90.08	0.600260	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE		90.09	0.629610	0	0	37.09
37.10	CLINIC MIDDLETON REHAB		90.10	0.288896	0	0	37.10
37.11	CLINIC AODA		90.11	1.230490	0	0	37.11
37.12	CLINIC KIDNEY		90.12	1.038877	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT		90.13	0.627638	0	0	37.13
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG		90.14	0.575118	0	0	37.14
38.00	EMERGENCY		91.00	0.191342	890	170	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.205066	0	0	39.00

(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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018

To 06/30/2019

Date/Time Prepared:
11/26/2019 9:18 am

		Kidney		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			14,806,460	3,481,731	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	198	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	36	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			235	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	624,934	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0	51.14
52.00	EMERGENCY	24.00	890	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)		625,824		0	55.00

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

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Kidney		Hospital		PPS
		Cost		Charges		
Cost Center Description		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	3,874,973		16,170,157		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)	22,306,998		26,083,767		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)	26,181,971		42,253,924		61.00
62.00	Total Usable Organs (see instructions)		596			62.00
63.00	Medicare Usable Organs (see instructions)		461			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.773490			64.00
65.00	Medicare Cost/Charges (see instructions)	20,251,493		32,682,988		65.00
66.00	Revenue for Organs Sold	2,649,474		0		66.00
67.00	Subtotal (line 65 minus line 66)	17,602,019		32,682,988		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	17,602,019	0	32,682,988	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)		100	55		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		33	273		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	205		73.00
74.00	Total (sum of lines 70 through 73)		133	533		74.00
75.00	Organs Transplanted		103	410	0	75.00
76.00	Organs Sold to Other Hospitals		30	53	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	55		82.00
83.00	Unusable/Discarded Organs		0	15		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		133	533		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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	133,758	1,323.24	27	35,727	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,581.61	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	250,323	3,570.02	25	89,251	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,353.67	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	7,775	2,718.60	1	2,719	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,334.14	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,233.14	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	2,177	2,706.35	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		394,033		53	127,697	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.194089	929,918	180,487	8.00
9.00	RECOVERY ROOM		51.00	0.310752	157,148	48,834	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.266844	75,779	20,221	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.239406	1,221,125	292,345	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.134605	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.373182	6,115	2,282	14.00
15.00	CT SCAN		57.00	0.044659	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.084404	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION		59.01	0.400114	0	0	17.01
18.00	LABORATORY		60.00	0.157511	1,735,893	273,422	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	0.287593	6,582	1,893	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.252471	58,742	14,831	23.00
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		65.01	0.691628	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.326881	3,438	1,124	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.738506	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.152926	754,464	115,377	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.227788	299,837	68,299	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.562719	84,919	47,786	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.788986	6,186	4,881	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.248240	340,486	84,522	31.00
32.00	RENAL DIALYSIS		74.00	0.356973	2,020	721	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING		75.01	0.227939	0	0	33.01
33.02	PROSTHETIC DEVICES		75.02	0.449770	0	0	33.02
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	CLINIC CSC		90.01	0.684179	395,569	270,640	37.01
37.02	CLINIC UNIVERSITY STATION		90.02	0.677333	0	0	37.02
37.03	CLINIC WAISMAN		90.03	1.522168	0	0	37.03
37.04	CLINIC WEST		90.04	0.532666	0	0	37.04
37.05	CLINIC EAST		90.05	0.549803	0	0	37.05
37.06	CLINIC RESEARCH PARK		90.06	0.700637	0	0	37.06
37.07	CLINIC DHC		90.07	0.247446	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER		90.08	0.600260	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE		90.09	0.629610	0	0	37.09
37.10	CLINIC MIDDLETON REHAB		90.10	0.288896	0	0	37.10
37.11	CLINIC AODA		90.11	1.230490	0	0	37.11
37.12	CLINIC KIDNEY		90.12	1.038877	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT		90.13	0.627638	0	0	37.13
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG		90.14	0.575118	0	0	37.14
38.00	EMERGENCY		91.00	0.191342	2,948	564	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.205066	0	0	39.00

(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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Liver		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
40.00	OTHER OUTPATIENT SERVICE COST CENTER	0	1.00	2.00	3.00	40.00
41.00	TOTAL (sum of lines 8 through 40)			6,081,169	1,428,229	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	27	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	25	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			53	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	395,569	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0	51.14
52.00	EMERGENCY	24.00	2,948	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)		398,517		0	55.00

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Liver		Hospital		PPS
		Cost		Charges		
Cost Center Description		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	1,555,926		6,475,202		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)	8,182,544		8,465,890		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)	9,738,470		14,941,092		61.00
62.00	Total Usable Organs (see instructions)		246			62.00
63.00	Medicare Usable Organs (see instructions)		148			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.601626			64.00
65.00	Medicare Cost/Charges (see instructions)	5,858,917		8,988,949		65.00
66.00	Revenue for Organs Sold	1,203,205		0		66.00
67.00	Subtotal (line 65 minus line 66)	4,655,712		8,988,949		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	4,655,712	0	8,988,949	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)		5	23		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	118		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	107		73.00
74.00	Total (sum of lines 70 through 73)		5	248		74.00
75.00	Organs Transplanted		5	214	0	75.00
76.00	Organs Sold to Other Hospitals		0	27	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	5		82.00
83.00	Unusable/Discarded Organs		0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		5	248		84.00

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/26/2019 9:18 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,323.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,581.61	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	62,652	3,570.02	6	21,420	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,353.67	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	7,775	2,718.60	1	2,719	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,334.14	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,233.14	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	2,177	2,706.35	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		72,604		7	24,139	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.194089	123,197	23,911	8.00	
9.00	RECOVERY ROOM	51.00	0.310752	16,139	5,015	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.266844	11,040	2,946	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.239406	132,468	31,714	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.134605	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.373182	1,317	491	14.00	
15.00	CT SCAN	57.00	0.044659	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.084404	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.400114	0	0	17.01	
18.00	LABORATORY	60.00	0.157511	216,780	34,145	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	0.287593	510	147	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.252471	44,735	11,294	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.691628	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.326881	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.738506	1,497	1,106	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.152926	208,613	31,902	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.227788	228,641	52,082	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.562719	25,485	14,341	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.788986	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.248240	68,486	17,001	31.00	
32.00	RENAL DIALYSIS	74.00	0.356973	67	24	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.227939	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.449770	0	0	33.02	
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	CLINIC CSC	90.01	0.684179	98,663	67,503	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.677333	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	1.522168	0	0	37.03	
37.04	CLINIC WEST	90.04	0.532666	0	0	37.04	
37.05	CLINIC EAST	90.05	0.549803	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.700637	0	0	37.06	
37.07	CLINIC DHC	90.07	0.247446	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	0.600260	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.629610	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.288896	0	0	37.10	
37.11	CLINIC AODA	90.11	1.230490	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	1.038877	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.627638	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.575118	0	0	37.14	
38.00	EMERGENCY	91.00	0.191342	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205066	0	0	39.00	

(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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018

To 06/30/2019

Date/Time Prepared:
11/26/2019 9:18 am

		Heart		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,177,638	293,622	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	6	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	98,663	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0	51.14
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)		98,663		0	55.00

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

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Heart		Hospital		PPS
		Cost		Charges		
Cost Center Description		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	317,761		1,250,242		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)	4,259,734		4,905,708		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)	4,577,495		6,155,950		61.00
62.00	Total Usable Organs (see instructions)		91			62.00
63.00	Medicare Usable Organs (see instructions)		66			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.725275			64.00
65.00	Medicare Cost/Charges (see instructions)	3,319,943		4,464,757		65.00
66.00	Revenue for Organs Sold	1,328,426		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,991,517		4,464,757		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,991,517	0	4,464,757	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	13		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	58		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	30		73.00
74.00	Total (sum of lines 70 through 73)		0	101		74.00
75.00	Organs Transplanted		0	60	0	75.00
76.00	Organs Sold to Other Hospitals		0	31	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	10		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	101		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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/26/2019 9:18 am

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,323.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,581.61	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	126,397	3,570.02	12	42,840	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,353.67	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	15,550	2,718.60	1	2,719	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,334.14	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,233.14	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,706.35	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		141,947		13	45,559	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.194089	322,332	62,561	8.00	
9.00	RECOVERY ROOM	51.00	0.310752	38,452	11,949	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.266844	17,341	4,627	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.239406	235,270	56,325	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.134605	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.373182	36,412	13,588	14.00	
15.00	CT SCAN	57.00	0.044659	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.084404	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.400114	0	0	17.01	
18.00	LABORATORY	60.00	0.157511	282,953	44,568	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	0.287593	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.252471	258,887	65,361	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.691628	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.326881	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.738506	456	337	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.152926	414,709	63,420	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.227788	58,054	13,224	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.562719	32,316	18,185	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.788986	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.248240	98,722	24,507	31.00	
32.00	RENAL DIALYSIS	74.00	0.356973	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.227939	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.449770	0	0	33.02	
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	CLINIC CSC	90.01	0.684179	78,643	53,806	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.677333	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	1.522168	0	0	37.03	
37.04	CLINIC WEST	90.04	0.532666	0	0	37.04	
37.05	CLINIC EAST	90.05	0.549803	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.700637	0	0	37.06	
37.07	CLINIC DHC	90.07	0.247446	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	0.600260	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.629610	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.288896	0	0	37.10	
37.11	CLINIC AODA	90.11	1.230490	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	1.038877	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.627638	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.575118	0	0	37.14	
38.00	EMERGENCY	91.00	0.191342	2,948	564	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205066	0	0	39.00	

(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: 52-0098 Component CCN: 52P001		Period: From 07/01/2018 To 06/30/2019		Worksheet D-4 Date/Time Prepared: 11/26/2019 9:18 am	
				Lung		Hospital		PPS	
Cost Center Description				Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
				0	1.00	2.00	3.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER							40.00	
41.00	TOTAL (sum of lines 8 through 40)					1,877,495	433,022	41.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS			2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT			3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU			3.02	0.00	12	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT			3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT			3.04	0.00	1	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT			3.05	0.00	0	0	43.05	
43.06	NEONATAL INTENSIVE CARE UNIT			3.06	0.00	0	0	43.06	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					13	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	0	0.000000	0	51.00	
51.01	CLINIC CSC			23.01	78,643	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION			23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN			23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST			23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST			23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK			23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC			23.07	0	0.000000	0	51.07	
51.08	CLINIC THE AMERICAN CENTER			23.08	0	0.000000	0	51.08	
51.09	CLINIC OAKWOOD VILLAGE			23.09	0	0.000000	0	51.09	
51.10	CLINIC MIDDLETON REHAB			23.10	0	0.000000	0	51.10	
51.11	CLINIC AODA			23.11	0	0.000000	0	51.11	
51.12	CLINIC KIDNEY			23.12	0	0.000000	0	51.12	
51.13	CLINIC PAIN MANAGEMENT			23.13	0	0.000000	0	51.13	
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG			23.14	0	0.000000	0	51.14	
52.00	EMERGENCY			24.00	2,948	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)				81,591		0	55.00	

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

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Lung		Hospital		PPS
		Cost		Charges		
Cost Center Description		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	478,581		2,019,442		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,849,230		6,176,075		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)	6,327,811		8,195,517		61.00
62.00	Total Usable Organs (see instructions)		180			62.00
63.00	Medicare Usable Organs (see instructions)		123			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.683333			64.00
65.00	Medicare Cost/Charges (see instructions)	4,324,002		5,600,267		65.00
66.00	Revenue for Organs Sold	1,431,764		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,892,238		5,600,267		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,892,238	0	5,600,267	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	24		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	113		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	61		73.00
74.00	Total (sum of lines 70 through 73)		0	198		74.00
75.00	Organs Transplanted		0	122	0	75.00
76.00	Organs Sold to Other Hospitals		0	52	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	6	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	10		82.00
83.00	Unusable/Discarded Organs		0	8		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	198		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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,323.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,581.61	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	81,976	3,570.02	8	28,560	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,353.67	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	7,775	2,718.60	1	2,719	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,334.14	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,233.14	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	2,177	2,706.35	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		91,928		9	31,279	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.194089	147,704	28,668	8.00	
9.00	RECOVERY ROOM	51.00	0.310752	10,353	3,217	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.266844	3,972	1,060	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.239406	22,080	5,286	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.134605	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.373182	3,068	1,145	14.00	
15.00	CT SCAN	57.00	0.044659	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.084404	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.400114	0	0	17.01	
18.00	LABORATORY	60.00	0.157511	192,363	30,299	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	0.287593	510	147	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.252471	19,230	4,855	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.691628	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.326881	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.738506	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.152926	12,377	1,893	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.227788	36,744	8,370	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.562719	16,871	9,494	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.788986	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.248240	52,283	12,979	31.00	
32.00	RENAL DIALYSIS	74.00	0.356973	1,626	580	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.227939	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.449770	0	0	33.02	
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	CLINIC CSC	90.01	0.684179	19,562	13,384	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.677333	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	1.522168	0	0	37.03	
37.04	CLINIC WEST	90.04	0.532666	0	0	37.04	
37.05	CLINIC EAST	90.05	0.549803	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.700637	0	0	37.06	
37.07	CLINIC DHC	90.07	0.247446	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	0.600260	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.629610	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.288896	0	0	37.10	
37.11	CLINIC AODA	90.11	1.230490	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	1.038877	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.627638	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.575118	0	0	37.14	
38.00	EMERGENCY	91.00	0.191342	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.205066	0	0	39.00	

(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: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Pancreas		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			538,743	121,377	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	8	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			9	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	19,562	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0	51.14
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)		19,562		0	55.00

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

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 9:18 am

		Pancreas		Hospital		PPS
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	152,656		630,671		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)	4,542,674		4,734,423		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)	4,695,330		5,365,094		61.00
62.00	Total Usable Organs (see instructions)		101			62.00
63.00	Medicare Usable Organs (see instructions)		65			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.643564			64.00
65.00	Medicare Cost/Charges (see instructions)	3,021,745		3,452,781		65.00
66.00	Revenue for Organs Sold	46,686		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,975,059		3,452,781		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,975,059	0	3,452,781	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	13		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	80		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	50		73.00
74.00	Total (sum of lines 70 through 73)		0	143		74.00
75.00	Organs Transplanted		0	100	0	75.00
76.00	Organs Sold to Other Hospitals		0	1	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	37		82.00
83.00	Unusable/Discarded Organs		0	5		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	143		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		32,859,017	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		100,869,165	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		16,415,220	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		44,408,523	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		589.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		287.66	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		287.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		453.71	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		287.66	12.00
13.00	Total allowable FTE count for the prior year.		287.66	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		287.66	14.00
15.00	Sum of lines 12 through 14 divided by 3.		287.66	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		287.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.488180	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.496556	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.488180	21.00
22.00	IME payment adjustment (see instructions)		31,538,454	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		10,473,306	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		15.50	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		166.05	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		15.50	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.026305	26.00
27.00	IME payments adjustment factor. (see instructions)		0.006977	27.00
28.00	IME add-on adjustment amount (see instructions)		933,022	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		309,838	28.01
29.00	Total IME payment (sum of lines 22 and 28)		32,471,476	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		10,783,144	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.95	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.49	31.00
32.00	Sum of lines 30 and 31		26.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.03	33.00
34.00	Disproportionate share adjustment (see instructions)		3,687,555	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 9:18 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.001078260	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		7,296,257	6,347,506	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,839,058	4,747,585	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,586,643		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		192,889,076		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			203,672,220	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			15,170,799	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			7,277,177	52.00
53.00	Nursing and Allied Health Managed Care payment			321,270	53.00
54.00	Special add-on payments for new technologies			236,592	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			30,116,545	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			8,073	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			431,435	58.00
59.00	Total (sum of amounts on lines 49 through 58)			257,234,111	59.00
60.00	Primary payer payments			464,105	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			256,770,006	61.00
62.00	Deductibles billed to program beneficiaries			9,560,040	62.00
63.00	Coinsurance billed to program beneficiaries			829,075	63.00
64.00	Allowable bad debts (see instructions)			1,114,694	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			724,551	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			925,231	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			247,105,442	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			610,299	70.93
70.94	HRR adjustment amount (see instructions)			-191,846	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 9:18 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		247,523,895		71.00
71.01	Sequestration adjustment (see instructions)		4,950,478		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		240,090,829		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		2,482,588		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,823,490		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		414,502	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		145,365,475	2.00
3.00	OPPS payments		127,376,962	3.00
4.00	Outlier payment (see instructions)		1,074,231	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		572,933	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		414,502	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,653,425	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,653,425	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)		1,653,425	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,238,923	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)		414,502	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)		129,024,126	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,500	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		23,782,564	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)		105,654,564	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,338,355	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)		109,992,919	30.00
31.00	Primary payer payments		65,142	31.00
32.00	Subtotal (line 30 minus line 31)		109,927,777	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,384,951	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,550,218	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,036,387	36.00
37.00	Subtotal (see instructions)		111,477,995	37.00
38.00	MSP-LCC reconciliation amount from PS&R		870	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		111,477,125	40.00
40.01	Sequestration adjustment (see instructions)		2,229,543	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		107,931,106	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,316,476	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,270	2.00
3.00	OPPS payments		955	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		958	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		191	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)		767	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		767	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		767	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)		767	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)		767	40.00
40.01	Sequestration adjustment (see instructions)		15	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		748	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 9:18 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		240,090,829		107,931,106	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		240,090,829		107,931,106	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		2,482,588		1,316,476	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		242,573,417		109,247,582	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0098

Period:

Worksheet E-1

Component CCN: 52-S098

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:18 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,175,657		748	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,175,657		748	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		49,463		4	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,225,120		752	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: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/26/2019 9:18 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			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: 52-0098 Component CCN: 52-S098	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,267,519 1.00
2.00	Net IPF PPS Outlier Payments			933 2.00
3.00	Net IPF PPS ECT Payments			17,382 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			5.66 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			3.57 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.57 8.00
9.00	Average Daily Census (see instructions)			14.358904 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.121147 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			153,556 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,439,390 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,439,390 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,439,390 18.00
19.00	Deductibles			216,056 19.00
20.00	Subtotal (line 18 minus line 19)			1,223,334 20.00
21.00	Coinsurance			14,848 21.00
22.00	Subtotal (line 20 minus line 21)			1,208,486 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			59,565 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			38,717 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			55,538 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,247,203 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,919 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,250,122 31.00
31.01	Sequestration adjustment (see instructions)			25,002 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,175,657 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			49,463 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			933 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 9:18 am
		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	0		1.00
2.00	Medical and other services		18,592,657	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	18,592,657	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	18,592,657	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	106,966,153	69,317,040	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	106,966,153	69,317,040	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)	106,966,153	69,317,040	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	106,966,153	50,724,383	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)	0	18,592,657	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)	0	18,592,657	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)	0	18,592,657	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)	0	18,592,657	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	18,592,657	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)	0	18,592,657	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	18,592,657	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 9:18 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 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	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	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)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	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)	0	0	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)	0	0	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)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	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)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	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: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 9:18 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			324.18	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			3.24	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)			320.94	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			474.89	6.00
7.00	Enter the lesser of line 5 or line 6			320.94	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.	100.78	326.82	427.60	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.	68.11	220.87	288.98	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	68.11	220.87		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	68.79	220.37		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	71.12	219.29		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	69.34	220.18		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	69.34	220.18		17.00
18.00	Per resident amount	89,089.76	89,089.76		18.00
19.00	Approved amount for resident costs	6,177,484	19,615,783	25,793,267	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)			15.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			153.95	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			13.96	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			104,811.47	23.00
24.00	Multiply line 22 time line 23			1,463,168	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			27,256,435	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	57,374	19,623		26.00
27.00	Total Inpatient Days (see instructions)	174,171	174,171		27.00
28.00	Ratio of inpatient days to total inpatient days	0.329412	0.112665		28.00
29.00	Program direct GME amount	8,978,597	3,070,846		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		433,911		30.00
31.00	Net Program direct GME amount			11,615,532	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Hospital	PPS
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		11,842,509	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)		215,735,231	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		30,116,545	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		464,105	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		245,387,671	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		146,355,183	42.00
43.00	Primary payer payments (see instructions)		65,260	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		146,289,923	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		391,677,594	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.626504	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.373496	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		11,615,532	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,277,177	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,338,355	50.00

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

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:

11/26/2019 9:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,189,602,607	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	270,643,888	0	0	0	4.00
5.00	Other receivable	229,765,245	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	29,214,624	0	0	0	7.00
8.00	Prepaid expenses	25,236,038	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)	1,744,462,402	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,772,228	0	0	0	12.00
13.00	Land improvements	4,334,072	0	0	0	13.00
14.00	Accumulated depreciation	-3,020,412	0	0	0	14.00
15.00	Buildings	934,004,563	0	0	0	15.00
16.00	Accumulated depreciation	-403,940,045	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	565,996,195	0	0	0	23.00
24.00	Accumulated depreciation	-357,881,646	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	40,881,500	0	0	0	27.00
28.00	Accumulated depreciation	-38,520,663	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)	779,625,792	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	101,205,625	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	574,210,340	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	675,415,965	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,199,504,159	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,779,661	0	0	0	37.00
38.00	Salaries, wages, and fees payable	75,475,021	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	4,328,484	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	608,441,323	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	690,024,489	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	909,201,952	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	909,201,952	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,599,226,441	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,600,277,718	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)	1,600,277,718	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,199,504,159	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/26/2019 9:18 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,394,173,890		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		165,109,390				2.00
3.00	Total (sum of line 1 and line 2)		1,559,283,280		0		3.00
4.00	PLUG	40,994,438		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		40,994,438		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,600,277,718		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,600,277,718		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	PLUG		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	435,604,093		435,604,093	1.00
2.00	SUBPROVIDER - IPF	11,763,042		11,763,042	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)	447,367,135		447,367,135	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	TRAUMA INTENSIVE CARE UNIT	64,848,050		64,848,050	11.01
11.02	CARDIOTHORACIC SURGERY ICU	28,571,205		28,571,205	11.02
11.03	CARDIAC INTENSIVE CARE UNIT	15,914,971		15,914,971	11.03
11.04	PEDIATRIC INTENSIVE CARE UNIT	37,131,998		37,131,998	11.04
11.05	NEURO INTENSIVE CARE UNIT	48,276,505		48,276,505	11.05
11.06	NEONATAL INTENSIVE CARE UNIT	42,775,252		42,775,252	11.06
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	13,141,679		13,141,679	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	250,659,660		250,659,660	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	698,026,795		698,026,795	17.00
18.00	Ancillary services	1,581,302,249	1,830,999,110	3,412,301,359	18.00
19.00	Outpatient services	84,931,396	511,254,630	596,186,026	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		10,038,946	10,038,946	22.00
23.00	AMBULANCE SERVICES	0	17,630,237	17,630,237	23.00
24.00	CMHC		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	ORGAN ACQUISITION AND HHA	53,741,865	5,070	53,746,935	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,418,002,305	2,369,927,993	4,787,930,298	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,900,458,353		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)		1,900,458,353		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/26/2019 9:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,787,930,298	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,781,800,164	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,006,130,134	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,900,458,353	4.00
5.00	Net income from service to patients (line 3 minus line 4)	105,671,781	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	54,813,892	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	4,467,933	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	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	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	AUXILIARY REVENUE	13,421,357	24.00
24.01	OPERATING REVENUE	7,242,281	24.01
24.02	ROUNDING	2	24.02
25.00	Total other income (sum of lines 6-24)	79,945,465	25.00
26.00	Total (line 5 plus line 25)	185,617,246	26.00
27.00	ACADEMIC SUPPORT	20,507,856	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	20,507,856	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	165,109,390	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0098

Period:

Worksheet H

HHA CCN: 52-7220

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/26/2019 9:18 am

						Home Health Agency I	11/20/2016 0:16 am	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	574,022	192,443	1,908	22,363	455,664	1,246,400	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,149,198	720,535	0	0	0	2,869,733	6.00
7.00	Physical Therapy	1,204,574	403,842	0	0	0	1,608,416	7.00
8.00	Occupational Therapy	358,858	120,310	0	0	0	479,168	8.00
9.00	Speech Pathology	180,963	60,669	0	0	0	241,632	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	105,801	35,471	0	0	0	141,272	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,573,416	1,533,270	1,908	22,363	455,664	6,586,621	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	1,246,400	0	1,246,400			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	2,869,733	0	2,869,733			6.00
7.00	Physical Therapy	0	1,608,416	0	1,608,416			7.00
8.00	Occupational Therapy	0	479,168	0	479,168			8.00
9.00	Speech Pathology	0	241,632	0	241,632			9.00
10.00	Medical Social Services	0	0	0	0			10.00
11.00	Home Health Aide	0	141,272	0	141,272			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	6,586,621	0	6,586,621			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 52-0098

Period:

Worksheet H-1

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:18 am

						Home Health Agency I	11/20/2018 01:10 am	
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00			2.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,246,400	0	0	0	0	1,246,400	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,869,733	0	0	0	0	2,869,733	6.00
7.00	Physical Therapy	1,608,416	0	0	0	0	1,608,416	7.00
8.00	Occupational Therapy	479,168	0	0	0	0	479,168	8.00
9.00	Speech Pathology	241,632	0	0	0	0	241,632	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	141,272	0	0	0	0	141,272	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,586,621	0	0	0	0	6,586,621	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,246,400						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	669,790	3,539,523					6.00
7.00	Physical Therapy	375,403	1,983,819					7.00
8.00	Occupational Therapy	111,837	591,005					8.00
9.00	Speech Pathology	56,397	298,029					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	32,973	174,245					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		6,586,621					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0098

Period:

Worksheet H-1

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:18 am

						Home Health Agency I			
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						3.00
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-1,246,400	5,340,221	5.00	
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	0	0	0	0	0	2,869,733	6.00	
7.00	Physical Therapy	0	0	0	0	0	1,608,416	7.00	
8.00	Occupational Therapy	0	0	0	0	0	479,168	8.00	
9.00	Speech Pathology	0	0	0	0	0	241,632	9.00	
10.00	Medical Social Services	0	0	0	0	0	0	10.00	
11.00	Home Health Aide	0	0	0	0	0	141,272	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES									
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,246,400	5,340,221	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,246,400	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.233399	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/26/2019 9:18 am

						Home Health Agency I	11/20/2019 0:10 am	
Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS					
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	600 HIGHLAND	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	307	1.00
2.00	Skilled Nursing Care	3,539,523	0	0	0	0	656	2.00
3.00	Physical Therapy	1,983,819	0	0	0	0	394	3.00
4.00	Occupational Therapy	591,005	0	0	0	0	110	4.00
5.00	Speech Pathology	298,029	0	0	0	0	66	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	174,245	0	0	0	0	44	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,586,621	0	0	0	0	1,577	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAPITAL RELATED COSTS						
		WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	TAC	PHARMACY SERVICES	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:18 amHome Health
Agency I

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		MOVABLE EQUIP						
		2.00	4.00	4A	5.00	6.00	7.00	
1.00	Administrative and General	0	23,909	24,216	4,591	1,557	0	1.00
2.00	Skilled Nursing Care	0	55,047	3,595,226	681,623	3,336	0	2.00
3.00	Physical Therapy	0	30,853	2,015,066	382,038	2,002	0	3.00
4.00	Occupational Therapy	0	9,191	600,306	113,813	556	0	4.00
5.00	Speech Pathology	0	4,635	302,730	57,395	334	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	2,710	176,999	33,557	222	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	126,345	6,714,543	1,273,017	8,007	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	516	0	0	0	124,557	1.00
2.00	Skilled Nursing Care	0	1,106	0	0	0	286,976	2.00
3.00	Physical Therapy	0	664	0	0	0	160,851	3.00
4.00	Occupational Therapy	0	184	0	0	0	47,870	4.00
5.00	Speech Pathology	0	111	0	0	0	24,116	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	74	0	0	0	14,108	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	2,655	0	0	0	658,478	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/26/2019 9:18 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBI LITY LAB	
		14.00	15.00	16.00	17.00	18.00	18.01	
1.00	Administrative and General	906	53	9,706	0	0	0	1.00
2.00	Skilled Nursing Care	2,087	124	22,347	0	0	0	2.00
3.00	Physical Therapy	1,169	69	12,525	0	0	0	3.00
4.00	Occupational Therapy	348	20	3,731	0	0	0	4.00
5.00	Speech Pathology	176	10	1,882	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	103	6	1,100	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,789	282	51,291	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY PROGRAM	
		19.00	20.00	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description		EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.02	23.03	23.04	23.05	23.06	24.00	
1.00	Administrative and General	0	0	0	0	0	166,102	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,592,825	2.00
3.00	Physical Therapy	0	0	0	0	0	2,574,384	3.00
4.00	Occupational Therapy	0	0	0	0	0	766,828	4.00
5.00	Speech Pathology	0	0	0	0	0	386,754	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	226,169	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	8,713,062	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	166,102					1.00
2.00	Skilled Nursing Care	0	4,592,825	89,257	4,682,082			2.00
3.00	Physical Therapy	0	2,574,384	50,031	2,624,415			3.00
4.00	Occupational Therapy	0	766,828	14,903	781,731			4.00
5.00	Speech Pathology	0	386,754	7,516	394,270			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	226,169	4,395	230,564			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	8,713,062	166,102	8,713,062			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.019434				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:18 amHome Health
Agency I

Cost Center Description		CAPITAL RELATED COSTS		Agency 1				
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (DOLLAR VALUE)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	WAISMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	14	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	30	0	2.00
3.00	Physical Therapy	0	0	0	0	18	0	3.00
4.00	Occupational Therapy	0	0	0	0	5	0	4.00
5.00	Speech Pathology	0	0	0	0	3	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	2	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	72	0	20.00
21.00	Total cost to be allocated	0	0	0	0	1,577	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	21.902778	0.000000	22.00
Cost Center Description		CAPITAL RELATED COSTS		Agency 2				
		USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	PHARMACY SERVICES (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.06	1.07	1.08	1.09	1.10	2.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:18 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	Home Health Agency I	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			4.00	5A	5.00	6.00	7.00		8.00	
1.00	Administrative and General		865,438	0	24,216	14	0		0	1.00
2.00	Skilled Nursing Care		1,992,597	0	3,595,226	30	0		0	2.00
3.00	Physical Therapy		1,116,802	0	2,015,066	18	0		0	3.00
4.00	Occupational Therapy		332,710	0	600,306	5	0		0	4.00
5.00	Speech Pathology		167,777	0	302,730	3	0		0	5.00
6.00	Medical Social Services		0	0	0	0	0		0	6.00
7.00	Home Health Aide		98,092	0	176,999	2	0		0	7.00
8.00	Supplies (see instructions)		0	0	0	0	0		0	8.00
9.00	Drugs		0	0	0	0	0		0	9.00
10.00	DME		0	0	0	0	0		0	10.00
11.00	Home Dialysis Aide Services		0	0	0	0	0		0	11.00
12.00	Respiratory Therapy		0	0	0	0	0		0	12.00
13.00	Private Duty Nursing		0	0	0	0	0		0	13.00
14.00	Clinic		0	0	0	0	0		0	14.00
15.00	Health Promotion Activities		0	0	0	0	0		0	15.00
16.00	Day Care Program		0	0	0	0	0		0	16.00
17.00	Home Delivered Meals Program		0	0	0	0	0		0	17.00
18.00	Homemaker Service		0	0	0	0	0		0	18.00
19.00	All Others (specify)		0	0	0	0	0		0	19.00
19.50	Telemedicine		0	0	0	0	0		0	19.50
20.00	Total (sum of lines 1-19)		4,573,416		6,714,543	72	0		0	20.00
21.00	Total cost to be allocated		126,345		1,273,017	8,007	0		0	21.00
22.00	Unit cost multiplier		0.027626		0.189591	111.208333	0.000000		0.000000	22.00
Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	12.00	13.00		14.00	
1.00	Administrative and General		14	0	0	0	1,033		2,773	1.00
2.00	Skilled Nursing Care		30	0	0	0	2,380		6,385	2.00
3.00	Physical Therapy		18	0	0	0	1,334		3,578	3.00
4.00	Occupational Therapy		5	0	0	0	397		1,066	4.00
5.00	Speech Pathology		3	0	0	0	200		538	5.00
6.00	Medical Social Services		0	0	0	0	0		0	6.00
7.00	Home Health Aide		2	0	0	0	117		314	7.00
8.00	Supplies (see instructions)		0	0	0	0	0		0	8.00
9.00	Drugs		0	0	0	0	0		0	9.00
10.00	DME		0	0	0	0	0		0	10.00
11.00	Home Dialysis Aide Services		0	0	0	0	0		0	11.00
12.00	Respiratory Therapy		0	0	0	0	0		0	12.00
13.00	Private Duty Nursing		0	0	0	0	0		0	13.00
14.00	Clinic		0	0	0	0	0		0	14.00
15.00	Health Promotion Activities		0	0	0	0	0		0	15.00
16.00	Day Care Program		0	0	0	0	0		0	16.00
17.00	Home Delivered Meals Program		0	0	0	0	0		0	17.00
18.00	Homemaker Service		0	0	0	0	0		0	18.00
19.00	All Others (specify)		0	0	0	0	0		0	19.00
19.50	Telemedicine		0	0	0	0	0		0	19.50
20.00	Total (sum of lines 1-19)		72	0	0	0	5,461		14,654	20.00
21.00	Total cost to be allocated		2,655	0	0	0	658,478		4,789	21.00
22.00	Unit cost multiplier		36.875000	0.000000	0.000000	0.000000	120.578282		0.326805	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/26/2019 9:18 am

Cost Center Description		PHARMACY (COSTED REQUIS.)		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		SOCIAL SERVICE (TIME SPENT)		OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
								(SPECIFY) (TIME SPENT)	HISTOCOMPATIBI LITY LAB (# OF TESTS)			
		15.00	16.00	17.00	18.00	18.01	19.00					
1.00	Administrative and General	222	1,899,778	0	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	510	4,374,076	0	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	286	2,451,564	0	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	85	730,353	0	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	43	368,297	0	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	25	215,328	0	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,171	10,039,396	0	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	282	51,291	0	0	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.240820	0.005109	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL		INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		PHARMACY PROGRAM (ASSIGNED TIME)		EMERGENCY MED PROGRAM (ASSIGNED TIME)		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)							
				(ASSIGNED TIME)	(ASSIGNED TIME)							
		20.00	21.00	22.00	23.00	23.01	23.02					
1.00	Administrative and General	0	0	0	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098

Period:

Worksheet H-2

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:18 amHome Health
Agency I

Cost Center Description		DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)			
		23.03	23.04	23.05	23.06			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0098

Period:

Worksheet H-3

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:18 am

				Title XVIII		Home Health Agency I		
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,682,082		4,682,082	57,954	80.79	1.00
2.00	Physical Therapy	3.00	2,624,415	0	2,624,415	36,565	71.77	2.00
3.00	Occupational Therapy	4.00	781,731	0	781,731	13,010	60.09	3.00
4.00	Speech Pathology	5.00	394,270	0	394,270	2,065	190.93	4.00
5.00	Medical Social Services	6.00	0		0	2,220	0.00	5.00
6.00	Home Health Aide	7.00	230,564		230,564	8,179	28.19	6.00
7.00	Total (sum of lines 1-6)		8,713,062	0	8,713,062	119,993		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		31540	0	8,122			8.00
9.00	Physical Therapy		31540	0	6,382			9.00
10.00	Occupational Therapy		31540	0	2,285			10.00
11.00	Speech Pathology		31540	0	341			11.00
12.00	Medical Social Services		31540	0	360			12.00
13.00	Home Health Aide		31540	0	1,674			13.00
14.00	Total (sum of lines 8-13)			0	19,164			14.00
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	211,332	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	8,122		0	656,176		1.00
2.00	Physical Therapy	0	6,382		0	458,036		2.00
3.00	Occupational Therapy	0	2,285		0	137,306		3.00
4.00	Speech Pathology	0	341		0	65,107		4.00
5.00	Medical Social Services	0	360		0	0		5.00
6.00	Home Health Aide	0	1,674		0	47,190		6.00
7.00	Total (sum of lines 1-6)	0	19,164		0	1,363,815		7.00
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0098

Period:

Worksheet H-3

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 9:18 am

Title XVIII

Home Health
Agency I

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00		9.00	10.00	11.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	211,332	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation									
1.00	Skilled Nursing Care	656,176						1.00	
2.00	Physical Therapy	458,036						2.00	
3.00	Occupational Therapy	137,306						3.00	
4.00	Speech Pathology	65,107						4.00	
5.00	Medical Social Services	0						5.00	
6.00	Home Health Aide	47,190						6.00	
7.00	Total (sum of lines 1-6)	1,363,815						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0098

Period:

Worksheet H-3

HHA CCN: 52-7220

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 9:18 am

Title XVIII

Home Health
Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.326881	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.738506	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.562719	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.248240	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098 HHA CCN: 52-7220	Period: From 07/01/2018 To 06/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Home Health Agency I	
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	6,155,159	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	6,155,159	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	6,155,159	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	118	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	-118	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,715,431	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	700,516	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	49,751	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	17,604	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	283,127	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	4,996	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,771,307	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,771,307	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,771,307	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	3,771,307	29.00
30.00	OTHER ADJUSTMENTS/MSP RECONCILIATION	0	3,417	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	3,774,724	31.00
31.01	Sequestration adjustment (see instructions)	0	75,493	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	3,699,231	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 52-0098
HHA CCN: 52-7220Period:
From 07/01/2018
To 06/30/2019Worksheet H-5
Date/Time Prepared:
11/26/2019 9:18 am

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,699,231	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,699,231	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,699,231	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0098	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 9:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,878,606	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,485,513	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		462.82	3.00
4.00	Number of interns & residents (see instructions)		303.16	4.00
5.00	Indirect medical education percentage (see instructions)		20.30	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		2,208,357	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.95	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.49	8.00
9.00	Sum of lines 7 and 8		26.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.50	10.00
11.00	Disproportionate share adjustment (see instructions)		598,323	11.00
12.00	Total prospective capital payments (see instructions)		15,170,799	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00