

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: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 10/14/2020 7:57 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date:	Time:
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHILDREN'S HOSPITAL OF WISCONSIN (52-3300) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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)

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFCR

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-7,186	-238,516	0	25,591,932	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-7,186	-238,516	0	25,591,932	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/14/2020 7:57 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 9000 W. WISCONSIN AVE			PO Box:				1.00		
2.00	City: MILWAUKEE			State: WI		Zip Code: 53226		County: MILWAUKEE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		CHILDREN'S HOSPITAL OF WISCONSIN	523300	33340	7	01/01/1984	0	T	0
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis		RENAL DIALYSIS	522319	33340		01/01/2004			
18.01	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		
21.00	Type of Control (see instructions)						2			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
10/14/2020 7:57 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
					Urban/Rural S 1.00	Date of Geogr 2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning: 1.00	Ending: 2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N 1.00	Y/N 2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V 1.00	XVIII 2.00	XIX 3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/14/2020 7:57 am	
				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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N			60.00
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
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	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	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	61.20
				1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					0.00	62.00
62.01	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	62.01
63.00	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)						
				Teaching Hospitals that Claim Residents in Nonprovider Settings			
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	110.57	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	2.85	61.09	0.044573	65.00
65.01		FAMILY MEDICINE	1350	0.00	4.99	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	65.02
65.03		INTERNAL MED & PEDS	1450	0.00	10.67	0.000000	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	113.13	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	5.56	60.07	0.084717	67.00
67.01		FAMILY MEDICINE	1350	0.00	7.05	0.000000	67.01
67.02		INTERNAL MED & PEDS	1450	1.23	10.63	0.103710	67.02
67.03		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.03
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS				N		70.00
71.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00

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			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	Y		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	8.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/14/2020 7:57 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.	N					109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
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					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	166,285	0				0118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/01/1984				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		03/05/2015				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		04/25/2013				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 10/14/2020 7:57 am		
				1.00	2.00			
133.00	Removed and reserved						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		140.00	
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:		PO Box:				142.00	
143.00	City:		State:		Zip Code:		143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
				Part A	Part B	Title V	Title XIX	
				1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N	N	N	N	155.00
156.00	Subprovider - IPF			N	N	N	N	156.00
157.00	Subprovider - IRF			N	N	N	N	157.00
158.00	SUBPROVIDER							158.00
159.00	SNF			N	N	N	N	159.00
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00
161.00	CMHC				N	N	N	161.00
161.10	CORF				N	N	N	161.10
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 10/14/2020 7:57 am
			Beginning 1.00	Ending 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)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 10/14/2020 7:57 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)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/22/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	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	03/13/2020	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: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 10/14/2020 7:57 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HELEN	REMPEL	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHILDREN'S HOSPITAL OF WI		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-266-7653	HREMPEL@CHW.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 10/14/2020 7:57 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.	SR.FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Health Financial Systems		CHILDREN'S HOSPITAL OF WISCONSIN		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part IX Date/Time Prepared: 10/14/2020 7:57 am	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N		1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y		2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y		3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	Y		3.01
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		5.00
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y		6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y		7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		9.00
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/14/2020 7:57 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		30.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	48,180	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		132	48,180	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	142	51,830	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01	BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE HOT UNIT	35.00	24	8,760	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		298	108,770	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		298				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/14/2020 7:57 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)	47	7,264	23,836			1.00
2.00	HMO and other (see instructions)	0	17,423				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	47	7,264	23,836			7.00
8.00	INTENSIVE CARE UNIT	48	6,249	37,082			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE HOT UNIT	48	1,293	6,431			12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	143	14,806	67,349	186.29	2,647.10	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				186.29	2,647.10	27.00
28.00	Observation Bed Days		886	4,308			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
10/14/2020 7:57 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	19	2,212	9,531	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 BURN INTENSIVE CARE UNIT						10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE HOT UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	19	2,212	9,531	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-5

Date/Time Prepared:
10/14/2020 7:57 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	13	0	0	0	0	10	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00	
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	156	0					5.00	
6.00	Number of stations	5	0	0	0			6.00	
7.00	Treatment capacity per day per station	15	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						3		11.00
12.00	Number of patients transplanted during the cost reporting period						7		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP, EPOGEN	63,935	0	48,591	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-5

Date/Time Prepared:
10/14/2020 7:57 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	522319	10,979	23.00
23.01			0	23.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
10/14/2020 7:57 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		23,098,122	23,098,122	19,992,287	43,090,409	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,201,504	26,201,504	3,511,870	29,713,374	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	8,023,095	8,023,095	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,526,546	148,019,796	157,546,342	-23,369,918	134,176,424	5.00
7.00	00700	OPERATION OF PLANT	4,519,628	25,097,566	29,617,194	-2,668,649	26,948,545	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,201,924	1,201,924	0	1,201,924	8.00
9.00	00900	HOUSEKEEPING	3,507,306	4,852,233	8,359,539	-127,017	8,232,522	9.00
10.00	01000	DIETARY	1,668,433	3,743,722	5,412,155	54,270	5,466,425	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	7,954,289	4,039,725	11,994,014	2,121	11,996,135	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,408,378	1,710,565	4,118,943	-2,956,999	1,161,944	14.00
15.00	01500	PHARMACY	231,015	4,569,663	4,800,678	0	4,800,678	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,481,183	3,481,183	16.00
17.00	01700	SOCIAL SERVICE	2,488,020	961,372	3,449,392	-138,762	3,310,630	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	84	16,188,162	16,188,246	10,290,099	26,478,345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	502,562	502,562	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,316,093	8,190,224	30,506,317	43,315	30,549,632	30.00
31.00	03100	INTENSIVE CARE UNIT	32,131,396	13,914,897	46,046,293	-880,064	45,166,229	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	4,213,827	5,094,097	9,307,924	264,033	9,571,957	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,241,311	8,127,464	17,368,775	-546,952	16,821,823	50.00
51.00	05100	RECOVERY ROOM	1,931,589	573,568	2,505,157	-66,556	2,438,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	529,180	2,060,276	2,589,456	-1,540,844	1,048,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,494,608	6,334,247	13,828,855	-1,988,746	11,840,109	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	608,553	392,604	1,001,157	-837	1,000,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,544,420	1,009,034	2,553,454	-158,953	2,394,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	718,048	2,741,760	3,459,808	-2,705,392	754,416	59.00
60.00	06000	LABORATORY	6,602,342	16,118,597	22,720,939	-93,944	22,626,995	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,738	4,513,653	4,515,391	0	4,515,391	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,469,470	5,110,484	11,579,954	-494,729	11,085,225	65.00
66.00	06600	PHYSICAL THERAPY	4,565,196	1,642,422	6,207,618	1,353,528	7,561,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,880,188	1,594,234	4,474,422	428,248	4,902,670	68.00
69.00	06900	ELECTROCARDIOLOGY	2,658,866	2,905,371	5,564,237	-1,162,315	4,401,922	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	939,946	659,140	1,599,086	-98,544	1,500,542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,853,363	3,417,441	5,270,804	14,022,818	19,293,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,448,760	7,448,760	0	7,448,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,614,445	46,675,509	55,289,954	-87,240	55,202,714	73.00
74.00	07400	RENAL DIALYSIS	271,307	663,954	935,261	94,889	1,030,150	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	552,435	177,853	730,288	72,192	802,480	90.01
90.02	09002	PAIN/PALLIATIVE CARE	382,804	250,391	633,195	28,649	661,844	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
10/14/2020 7:57 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	
90.03	09003	DIABETIC CLINIC	748,321	321,226	1,069,547	5,788	1,075,335	90.03
90.04	09004	GI CLINIC	1,480,604	730,747	2,211,351	33,684	2,245,035	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,157,897	2,184,468	3,342,365	125,762	3,468,127	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	331,749	178,905	510,654	-37,880	472,774	90.07
90.08	09008	CARDIOLOGY CLINIC	2,112,497	673,110	2,785,607	-64,950	2,720,657	90.08
90.09	09009	PULMONARY CLINIC	475,210	205,745	680,955	11,645	692,600	90.09
90.10	09010	ENT CLINIC	639,374	247,078	886,452	54,891	941,343	90.10
90.11	09011	ORTHOPEDIC CLINIC	744,793	330,540	1,075,333	-55,617	1,019,716	90.11
90.12	09012	EYE CLINIC	432,197	169,994	602,191	48,369	650,560	90.12
90.13	09013	ONCOLOGY CLINIC	1,859,032	797,532	2,656,564	-88,338	2,568,226	90.13
90.14	09014	SURGICAL SPECIALTIES	648,591	232,774	881,365	-20,632	860,733	90.14
90.15	09015	ALLERGY CLINIC	789,061	400,029	1,189,090	-119,702	1,069,388	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	509,132	278,899	788,031	103,440	891,471	90.17
90.18	09018	CLINIC ADMINISTRATION	3,372,711	6,321,455	9,694,166	-9,601,679	92,487	90.18
90.19	09019	CRANIOFACIAL CENTER	178,203	56,301	234,504	20,334	254,838	90.19
90.20	09020	HEMATOLOGY CLINIC	340,477	109,027	449,504	-82,843	366,661	90.20
90.21	09021	SPINA BIFIDA	184,752	66,216	250,968	-12,691	238,277	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,410,898	454,795	1,865,693	-328	1,865,365	90.22
90.23	09023	RHEUMATOLOGY CLINIC	215,748	91,221	306,969	36,062	343,031	90.23
90.24	09024	ENDOCRINE CLINIC	211,637	85,138	296,775	2,234	299,009	90.24
90.25	09025	RENAL CLINIC	224,276	94,310	318,586	0	318,586	90.25
90.26	09026	GREENFIELD CLINIC	776,471	872,221	1,648,692	-463,606	1,185,086	90.26
90.27	09027	NEW BERLIN CLINIC	1,424,268	3,216,853	4,641,121	-1,883,088	2,758,033	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	335,214	159,201	494,415	433,226	927,641	90.29
90.30	09030	MEQUON CLINIC	530,611	263,854	794,465	551,701	1,346,166	90.30
90.31	09031	KENOSHA CLINIC	384	347	731	0	731	90.31
90.32	09032	WEST DEPERE CLINIC	1,060	3,398	4,458	14,561	19,019	90.32
90.33	09033	APPLETON CLINIC	0	447	447	1,325	1,772	90.33
90.34	09034	UROLOGY CLINIC	537,037	249,243	786,280	-33,384	752,896	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	78,951	127,869	206,820	-59,288	147,532	90.35
90.36	09036	KENOSHA CLINIC (KNO)	9,156	25,315	34,471	43,560	78,031	90.36
90.37	09037	ADOLESCENT MEDICINE	142,797	60,461	203,258	-6,092	197,166	90.37
91.00	09100	EMERGENCY	7,366,458	3,690,459	11,056,917	8,740	11,065,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	15,168	286,417	301,585	21,999	323,584	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,055,935	650,980	2,706,915	161,133	2,868,048	98.00
98.01	09851	TRANSPORT	2,348,915	954,218	3,303,133	-6,399	3,296,734	98.01
98.02	09852	GENETICS CENTER	212,250	974,690	1,186,940	-68,254	1,118,686	98.02
98.03	09853	NUCLEAR MEDICINE	343,263	616,586	959,849	-393,246	566,603	98.03
98.04	09854	CHILD DEVELOPMENT	107,891	383,365	491,256	-180,900	310,356	98.04
98.05	09855	CHILD PROTECTION CENTER	1,430,957	1,170,131	2,601,088	-357,111	2,243,977	98.05
98.06	09856	DENTAL SRVS	3,776,116	1,778,025	5,554,141	-664,183	4,889,958	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	67,264	22,921	90,185	0	90,185	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	179,512	449,873	629,385	29,307	658,692	105.00
106.00	10600	HEART ACQUISITION	503,642	547,722	1,051,364	-419,023	632,341	106.00
107.00	10700	LIVER ACQUISITION	201,520	918,917	1,120,437	92,964	1,213,401	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	11,529,517	11,529,517	-11,529,517	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	610,597	610,597	-610,597	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	189,336,824	442,893,471	632,230,295	-1,879,925	630,350,370	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	276,188	276,188	0	276,188	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
10/14/2020 7:57 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	
191.00	19100	RESEARCH	3,052,221	3,262,458	6,314,679	372,184	6,686,863	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	60,182	26,644	86,826	0	86,826	194.00
194.01	07951	POISON CONTROL	1,502,670	1,130,136	2,632,806	0	2,632,806	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	1,525,040	1,525,040	194.02
194.03	07953	OUTREACH	313,666	130,043	443,709	0	443,709	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	111,473	217,899	329,372	0	329,372	194.04
194.05	07955	RETAIL PHARMACY	943,150	360,772	1,303,922	0	1,303,922	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	39,713	101,081	140,794	-17,299	123,495	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	195,359,899	448,398,692	643,758,591	0	643,758,591	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
10/14/2020 7:57 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	-17,442,921	25,647,488	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	29,713,374	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,023,095	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,814,353	130,362,071	5.00
7.00	00700	OPERATION OF PLANT	-658,655	26,289,890	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,201,924	8.00
9.00	00900	HOUSEKEEPING	-272	8,232,250	9.00
10.00	01000	DIETARY	-311,610	5,154,815	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	-848,761	11,147,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,161,944	14.00
15.00	01500	PHARMACY	-4,185,166	615,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,481,183	16.00
17.00	01700	SOCIAL SERVICE	-41,562	3,269,068	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-84,882	26,393,463	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	502,562	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,289,421	29,260,211	30.00
31.00	03100	INTENSIVE CARE UNIT	-296,764	44,869,465	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	-114,920	9,457,037	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-159,759	16,662,064	50.00
51.00	05100	RECOVERY ROOM	0	2,438,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-567	1,048,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-123,472	11,716,637	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,000,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,394,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	754,416	59.00
60.00	06000	LABORATORY	-151,377	22,475,618	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,515,391	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-205,814	10,879,411	65.00
66.00	06600	PHYSICAL THERAPY	0	7,561,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,902,670	68.00
69.00	06900	ELECTROCARDIOLOGY	-144,564	4,257,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,400	1,499,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-12,636	19,280,986	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,448,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,352,804	47,849,910	73.00
74.00	07400	RENAL DIALYSIS	-3,468	1,026,682	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	-10,667	791,813	90.01
90.02	09002	PAIN/PALLIATIVE CARE	-82,766	579,078	90.02
90.03	09003	DIABETIC CLINIC	0	1,075,335	90.03
90.04	09004	GI CLINIC	0	2,245,035	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,468,127	90.05
90.06	09006	DIETETICS	0	0	90.06
90.07	09007	INFUSION ROOM	0	472,774	90.07
90.08	09008	CARDIOLOGY CLINIC	-345,410	2,375,247	90.08
90.09	09009	PULMONARY CLINIC	0	692,600	90.09
90.10	09010	ENT CLINIC	-277,368	663,975	90.10
90.11	09011	ORTHOPEDIC CLINIC	-219,773	799,943	90.11
90.12	09012	EYE CLINIC	-84	650,476	90.12
90.13	09013	ONCOLOGY CLINIC	0	2,568,226	90.13
90.14	09014	SURGICAL SPECIALTIES	-17,234	843,499	90.14
90.15	09015	ALLERGY CLINIC	-213,154	856,234	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	891,471	90.17
90.18	09018	CLINIC ADMINISTRATION	-92,487	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	254,838	90.19
90.20	09020	HEMATOLOGY CLINIC	0	366,661	90.20
90.21	09021	SPINA BIFIDA	0	238,277	90.21
90.22	09022	NEUROSCIENCES CLINIC	-190,596	1,674,769	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	343,031	90.23
90.24	09024	ENDOCRINE CLINIC	-1	299,008	90.24
90.25	09025	RENAL CLINIC	0	318,586	90.25
90.26	09026	GREENFIELD CLINIC	-80,767	1,104,319	90.26
90.27	09027	NEW BERLIN CLINIC	-41,768	2,716,265	90.27
90.28	09028	FOX POINT CLINIC	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	927,641	90.29
90.30	09030	MEQUON CLINIC	-7,293	1,338,873	90.30
90.31	09031	KENOSHA CLINIC	0	731	90.31
90.32	09032	WEST DEPERE CLINIC	0	19,019	90.32
90.33	09033	APPLETON CLINIC	0	1,772	90.33
90.34	09034	UROLOGY CLINIC	0	752,896	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	147,532	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	78,031	90.36
90.37	09037	ADOLESCENT MEDICINE	0	197,166	90.37
91.00	09100	EMERGENCY	-2,435	11,063,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	323,584	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	-36,307	2,831,741	98.00
98.01	09851	TRANSPORT	0	3,296,734	98.01
98.02	09852	GENETICS CENTER	0	1,118,686	98.02
98.03	09853	NUCLEAR MEDICINE	0	566,603	98.03
98.04	09854	CHILD DEVELOPMENT	-5,225	305,131	98.04
98.05	09855	CHILD PROTECTION CENTER	-47,911	2,196,066	98.05
98.06	09856	DENTAL SRVS	-8,580	4,881,378	98.06
98.07	09857	OTHER	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	90,185	98.08
98.09	09859	OTHER	0	0	98.09
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	658,692	105.00
106.00	10600	HEART ACQUISITION	-135,811	496,530	106.00
107.00	10700	LIVER ACQUISITION	0	1,213,401	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-39,060,785	591,289,585	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	276,188	190.00
191.00	19100	RESEARCH	0	6,686,863	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	86,826	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	POISON CONTROL	0	2,632,806	194.01
194.02	07952	PUBLIC RELATIONS	0	1,525,040	194.02
194.03	07953	OUTREACH	0	443,709	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	329,372	194.04
194.05	07955	RETAIL PHARMACY	0	1,303,922	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	194.06
194.07	07957	CAC WAUKESHA	0	123,495	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-39,060,785	604,697,806	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet Non-CMS W
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
33.01	BURN INTENSIVE CARE UNIT	03301		33.01
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.00	OTHER SPECIAL CARE HOT UNIT	02040	DETOXIFICATION INTENSIVE CARE UNIT	35.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	INFECTIOUS DISEASES	09001		90.01

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet Non-CMS W
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.02	PAIN/PALLATIVE CARE	09002		90.02
90.03	DIABETIC CLINIC	09003		90.03
90.04	GI CLINIC	09004		90.04
90.05	CLINIC FOR SPECIAL NEEDS	09005		90.05
90.06	DIETETICS	09006		90.06
90.07	INFUSION ROOM	09007		90.07
90.08	CARDIOLOGY CLINIC	09008		90.08
90.09	PULMONARY CLINIC	09009		90.09
90.10	ENT CLINIC	09010		90.10
90.11	ORTHOPEDIC CLINIC	09011		90.11
90.12	EYE CLINIC	09012		90.12
90.13	ONCOLOGY CLINIC	09013		90.13
90.14	SURGICAL SPECIALTIES	09014		90.14
90.15	ALLERGY CLINIC	09015		90.15
90.16	LASER CLINIC	09016		90.16
90.17	DERMATOLOGY CLINIC	09017		90.17
90.18	CLINIC ADMINISTRATION	09018		90.18
90.19	CRANIOFACIAL CENTER	09019		90.19
90.20	HEMATOLOGY CLINIC	09020		90.20
90.21	SPINA BIFIDA	09021		90.21
90.22	NEUROSCIENCES CLINIC	09022		90.22
90.23	RHEUMATOLOGY CLINIC	09023		90.23
90.24	ENDOCRINE CLINIC	09024		90.24
90.25	RENAL CLINIC	09025		90.25
90.26	GREENFIELD CLINIC	09026		90.26
90.27	NEW BERLIN CLINIC	09027		90.27
90.28	FOX POINT CLINIC	09028		90.28
90.29	DELAFIELD CLINIC	09029		90.29
90.30	MEQUON CLINIC	09030		90.30
90.31	KENOSHA CLINIC	09031		90.31
90.32	WEST DEPERE CLINIC	09032		90.32
90.33	APPLETON CLINIC	09033		90.33
90.34	UROLOGY CLINIC	09034		90.34
90.35	GREENFIELD ENT/ENT CLINIC	09035		90.35
90.36	KENOSHA CLINIC (KNO)	09036		90.36
90.37	ADOLESCENT MEDICINE	09037		90.37
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	PSYCHIATRY - OFFICE BLDG	09850		98.00
98.01	TRANSPORT	09851		98.01
98.02	GENETICS CENTER	09852		98.02
98.03	NUCLEAR MEDICINE	09853		98.03
98.04	CHILD DEVELOPMENT	09854		98.04
98.05	CHILD PROTECTION CENTER	09855		98.05
98.06	DENTAL SRVS	09856		98.06
98.07	OTHER	09857		98.07
98.08	OTHER OFFSITE CLINICS	09858		98.08
98.09	OTHER	09859		98.09
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
117.00	OTHER CAPITAL RELATED COSTS	06950		117.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

Period:
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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	DENTAL - SURGICENTER	07950		194.00
194.01	POISON CONTROL	07951		194.01
194.02	PUBLIC RELATIONS	07952		194.02
194.03	OUTREACH	07953		194.03
194.04	MED STAFF/PROVIDER SUPPORT	07954		194.04
194.05	RETAIL PHARMACY	07955		194.05
194.06	FLIGHT FOR LIFE	07956		194.06
194.07	CAC WAUKESHA	07957		194.07
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	306,992		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	303,605		2.00
			0	610,597		
	B - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,529,517		1.00
			0	11,529,517		
	C - RECLASS MALPRACTICE INSURANCE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	502,562		1.00
			0	502,562		
	D - RECLASS DENTAL I&R FROM A&G					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	353,817	105,090		1.00
			353,817	105,090		
	F - RECLASS SAL/BEN FOR MED SUPP STAFF					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2,100,823	670,038		1.00
			2,100,823	670,038		
	G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,300,483		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,935,251		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
			0	5,235,734		
	H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	186,821		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
			0	186,821		
	J - RECLASS MCW PURCHASED SERVICES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,297,262		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	398,371		2.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,596	3.00
4.00	TRANSPORT	98.01	0	150,141	4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,000	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,000	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,964,661	7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,096,302	8.00
	0		0	9,991,333	
K - RECLASS TRANSPLANT EXPENSES					
1.00	KIDNEY ACQUISITION	105.00	68,606	20,771	1.00
2.00	LIVER ACQUISITION	107.00	68,606	39,562	2.00
3.00	HEART ACQUISITION	106.00	68,606	19,552	3.00
4.00	RENAL DIALYSIS	74.00	0	26,599	4.00
5.00	INFUSION ROOM	90.07	0	7,167	5.00
6.00	OPERATING ROOM	50.00	154,901	14,623	6.00
	0		360,719	128,274	
P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	13,657	4,057	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	16,961	5,038	2.00
	0		30,618	9,095	
Q - RECLASS CHHS SALARY TO OTHER EXP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,023,095	1.00
2.00	PUBLIC RELATIONS	194.02	0	1,525,040	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,481,183	3.00
	0		0	13,029,318	
R - RECLASS AMBULATORY ADMINISTRATION					
1.00	DIETARY	10.00	109,381	37,359	1.00
2.00	NURSING ADMINISTRATION	13.00	1,583	538	2.00
3.00	ADULTS & PEDIATRICS	30.00	32,332	10,983	3.00
4.00	INTENSIVE CARE UNIT	31.00	39,516	13,423	4.00
5.00	OTHER SPECIAL CARE HOT UNIT	35.00	197,086	66,947	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	15,104	5,130	6.00
7.00	CT SCAN	57.00	1,160	394	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,695	915	8.00
9.00	RESPIRATORY THERAPY	65.00	142,600	85,683	9.00
10.00	PHYSICAL THERAPY	66.00	747,624	829,523	10.00
11.00	SPEECH PATHOLOGY	68.00	516,084	463,656	11.00
12.00	ELECTROCARDIOLOGY	69.00	34,481	39,517	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	4,359	8,265	13.00
14.00	INFECTIOUS DISEASES	90.01	53,637	18,555	14.00
15.00	PAIN/PALLIATIVE CARE	90.02	21,271	7,378	15.00
16.00	DIABETIC CLINIC	90.03	4,299	1,489	16.00
17.00	GI CLINIC	90.04	180,203	61,998	17.00
18.00	CLINIC FOR SPECIAL NEEDS	90.05	180,141	62,316	18.00
19.00	PULMONARY CLINIC	90.09	39,604	13,714	19.00
20.00	ENT CLINIC	90.10	53,803	18,631	20.00
21.00	EYE CLINIC	90.12	40,253	13,939	21.00
22.00	ONCOLOGY CLINIC	90.13	86,686	29,446	22.00
23.00	SURGICAL SPECIALTIES	90.14	3,374	1,168	23.00
24.00	ALLERGY CLINIC	90.15	4,726	1,636	24.00
25.00	DERMATOLOGY CLINIC	90.17	76,834	26,606	25.00
26.00	CLINIC ADMINISTRATION	90.18	6,679	2,313	26.00
27.00	CRANIOFACIAL CENTER	90.19	18,588	6,437	27.00
28.00	HEMATOLOGY CLINIC	90.20	13,550	4,603	28.00
29.00	SPINA BIFIDA	90.21	6,454	2,235	29.00
30.00	RHEUMATOLOGY CLINIC	90.23	26,786	9,276	30.00
31.00	ENDOCRINE CLINIC	90.24	1,659	575	31.00
32.00	GREENFIELD CLINIC	90.26	0	13,441	32.00
33.00	NEW BERLIN CLINIC	90.27	93,829	32,487	33.00
34.00	DELAFIELD CLINIC	90.29	163,797	274,102	34.00
35.00	MEQUON CLINIC	90.30	215,332	345,895	35.00
36.00	WEST DEPERE CLINIC	90.32	866	13,695	36.00
37.00	APPLETON CLINIC	90.33	0	1,750	37.00
38.00	UROLOGY CLINIC	90.34	3,465	1,200	38.00
39.00	GREENFIELD ENT/ENT CLINIC	90.35	14,674	5,082	39.00
40.00	KENOSHA CLINIC (KNO)	90.36	22,199	23,033	40.00
41.00	EMERGENCY	91.00	7,144	2,427	41.00
42.00	PSYCHIATRY - OFFICE BLDG	98.00	126,084	43,732	42.00
43.00	GENETICS CENTER	98.02	16,989	5,883	43.00
44.00	NUCLEAR MEDICINE	98.03	587	199	44.00

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
45.00	CHILD DEVELOPMENT	98.04	1,038	359	45.00
46.00	ADOLESCENT MEDICINE	90.37	1,006	348	46.00
47.00	RESEARCH	191.00	12,548	4,286	47.00
48.00	RESEARCH	191.00	30,351	0	48.00
0			3,372,461	2,612,567	
S - RECLASS SUPPLY EX CHARGED TO PTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,632,880	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
0			0	12,632,880	
T - RECLASS COST OF EPO TO DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	67,462	1.00
0			0	67,462	
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,073,182	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,021,444	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
0			0	6,094,626	
V - RECLASS CLINICAL TRIAL COST					
1.00	RESEARCH	191.00	0	76,245	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

RECLASSIFICATIONS

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Period:
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To 12/31/2019

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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
0		0	76,245			
W - RECLASS RESEARCH GRANT EXPENSE						
1.00	RESEARCH	191.00	208,976	174,355		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
0			208,976	174,355		
X - RECLASS TRANSPLANT SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	48,155	14,307		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	12,867	3,823		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	14,506	4,310		3.00
4.00	LIVER ACQUISITION	107.00	662	197		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	23,674	7,034		5.00
6.00	KIDNEY ACQUISITION	105.00	1,361	404		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	18,980	5,639		7.00
8.00	KIDNEY ACQUISITION	105.00	484	143		8.00
9.00	LIVER ACQUISITION	107.00	484	143		9.00
10.00	HEART ACQUISITION	106.00	484	144		10.00
0			121,657	36,144		
500.00	Grand Total: Increases		6,549,071	63,692,658		500.00

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS INSURANCE EXPENSE						
1.00	OTHER CAPITAL RELATED COSTS	117.00	0	610,597	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	610,597			
	B - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	11,529,517	11		1.00
	0		0	11,529,517			
	C - RECLASS MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	502,562	0		1.00
	0		0	502,562			
	D - RECLASS DENTAL I&R FROM A&G						
1.00	DENTAL SRVS	98.06	353,817	105,090	0		1.00
	0		353,817	105,090			
	F - RECLASS SAL/BEN FOR MED SUPP STAFF						
1.00	CENTRAL SERVICES & SUPPLY	14.00	2,100,823	670,038	0		1.00
	0		2,100,823	670,038			
	G - RECLASS RENTAL COSTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	406	9		1.00
2.00	GREENFIELD CLINIC	90.26	0	125,228	9		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,808	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	59,918	0		4.00
5.00	GREENFIELD ENT/ENT CLINIC	90.35	0	25,431	0		5.00
6.00	GENETICS CENTER	98.02	0	84,275	0		6.00
7.00	GREENFIELD CLINIC	90.26	0	249,747	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	69,534	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	120,054	0		9.00
10.00	GREENFIELD ENT/ENT CLINIC	90.35	0	53,613	0		10.00
11.00	TRANSPORT	98.01	0	54,948	0		11.00
12.00	RESEARCH	191.00	0	12,588	0		12.00
13.00	CHILD DEVELOPMENT	98.04	0	182,297	0		13.00
14.00	CHILD PROTECTION CENTER	98.05	0	65,993	0		14.00
15.00	CAC WAUKESHA	194.07	0	4,826	0		15.00
16.00	DENTAL SRVS	98.06	0	98,905	0		16.00
17.00	RESEARCH	191.00	0	20,984	0		17.00
18.00	PSYCHIATRY - OFFICE BLDG	98.00	0	8,683	0		18.00
19.00	NEW BERLIN CLINIC	90.27	0	883,931	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	327,070	0		20.00
21.00	LABORATORY	60.00	0	41,944	0		21.00
22.00	CLINIC ADMINISTRATION	90.18	0	396,156	0		22.00
23.00	CHILD PROTECTION CENTER	98.05	0	44,053	0		23.00
24.00	DENTAL SRVS	98.06	0	87,037	0		24.00
25.00	CENTRAL SERVICES & SUPPLY	14.00	0	185,732	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86,158	0		26.00
27.00	CLINIC ADMINISTRATION	90.18	0	579,357	0		27.00
28.00	CLINIC ADMINISTRATION	90.18	0	649,002	0		28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	184,379	0		29.00
30.00	LABORATORY	60.00	0	16,571	0		30.00
31.00	CLINIC ADMINISTRATION	90.18	0	29,994	0		31.00
32.00	CLINIC ADMINISTRATION	90.18	0	42,131	0		32.00
33.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,538	0		33.00
34.00	LABORATORY	60.00	0	22,067	0		34.00
35.00	CHILD PROTECTION CENTER	98.05	0	101,686	0		35.00
36.00	CAC WAUKESHA	194.07	0	8,447	0		36.00
37.00	RESEARCH	191.00	0	70,105	0		37.00
38.00	CAP REL COSTS-BLDG & FIXT	1.00	0	153,138	9		38.00
	0		0	5,235,734			
	H - RECLASS EQUIPMENT RENTAL COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,621	9		1.00
2.00	RESEARCH	191.00	0	196	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,362	0		3.00
4.00	RESEARCH	191.00	0	328	0		4.00
5.00	DIETARY	10.00	0	411	0		5.00
6.00	RENAL DIALYSIS	74.00	0	16,886	0		6.00
7.00	HOUSEKEEPING	9.00	0	127,017	0		7.00
	0		0	186,821			
	J - RECLASS MCW PURCHASED SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,991,333	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

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	_____	0.00	0	0	0		8.00
	0		0	9,991,333			
	K - RECLASS TRANSPLANT EXPENSES						
1.00	HEART ACQUISITION	106.00	360,719	128,274	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
			360,719	128,274			
	P - RECLASS SAL & BEN TO RENAL DIALYSIS						
1.00	SOCIAL SERVICE	17.00	12,981	3,855	0		1.00
2.00	DIETARY	10.00	17,637	5,240	0		2.00
			30,618	9,095			
	Q - RECLASS CHHS SALARY TO OTHER EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,029,318	0		1.00
2.00		0.00	0	0	0		2.00
3.00	_____	0.00	0	0	0		3.00
	0		0	13,029,318			
	R - RECLASS AMBULATORY ADMINISTRATION						
1.00	CLINIC ADMINISTRATION	90.18	3,372,461	2,612,567	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00	_____	0.00	0	0	0		48.00
	0		3,372,461	2,612,567			
	S - RECLASS SUPPLY EX CHARGED TO PTS						
1.00	INTENSIVE CARE UNIT	31.00	0	933,003	0		1.00
2.00	OPERATING ROOM	50.00	0	715,548	0		2.00
3.00	RECOVERY ROOM	51.00	0	66,389	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	1,540,540	0		4.00

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		Decreases					10/14/2020 7:57 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,114,348	0		5.00	
6.00	CT SCAN	57.00	0	1,602	0		6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	154,583	0		7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	2,705,392	0		8.00	
9.00	RESPIRATORY THERAPY	65.00	0	715,769	0		9.00	
10.00	PHYSICAL THERAPY	66.00	0	35,047	0		10.00	
11.00	SPEECH PATHOLOGY	68.00	0	548,392	0		11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	1,216,798	0		12.00	
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	111,168	0		13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,350,302	0		14.00	
15.00	GI CLINIC	90.04	0	208,369	0		15.00	
16.00	INFUSION ROOM	90.07	0	45,047	0		16.00	
17.00	CARDIOLOGY CLINIC	90.08	0	64,950	0		17.00	
18.00	PULMONARY CLINIC	90.09	0	41,673	0		18.00	
19.00	ENT CLINIC	90.10	0	17,543	0		19.00	
20.00	ORTHOPEDIC CLINIC	90.11	0	55,617	0		20.00	
21.00	EYE CLINIC	90.12	0	5,823	0		21.00	
22.00	ONCOLOGY CLINIC	90.13	0	203,718	0		22.00	
23.00	SURGICAL SPECIALTIES	90.14	0	24,956	0		23.00	
24.00	ALLERGY CLINIC	90.15	0	126,064	0		24.00	
25.00	CRANIOFACIAL CENTER	90.19	0	4,691	0		25.00	
26.00	SPINA BIFIDA	90.21	0	10,826	0		26.00	
27.00	GREENFIELD CLINIC	90.26	0	40,458	0		27.00	
28.00	NEW BERLIN CLINIC	90.27	0	10,659	0		28.00	
29.00	DELAFIELD CLINIC	90.29	0	4,673	0		29.00	
30.00	MEQUON CLINIC	90.30	0	9,526	0		30.00	
31.00	APPLETON CLINIC	90.33	0	425	0		31.00	
32.00	UROLOGY CLINIC	90.34	0	38,049	0		32.00	
33.00	KENOSHA CLINIC (KNO)	90.36	0	1,672	0		33.00	
34.00	ADOLESCENT MEDICINE	90.37	0	3,723	0		34.00	
35.00	TRANSPORT	98.01	0	101,592	0		35.00	
36.00	NUCLEAR MEDICINE	98.03	0	392,180	0		36.00	
37.00	CHILD PROTECTION CENTER	98.05	0	8,042	0		37.00	
38.00	ADOLESCENT MEDICINE	90.37	0	3,723	0		38.00	
			0	12,632,880				
T - RECLASS COST OF EPO TO DIALYSIS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	67,462	0		1.00	
			0	67,462				
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	134,474	9		1.00	
2.00	PHYSICAL THERAPY	66.00	0	7,681	9		2.00	
3.00	CLINIC ADMINISTRATION	90.18	0	1,916,321	0		3.00	
4.00	GREENFIELD CLINIC	90.26	0	61,614	0		4.00	
5.00	NEW BERLIN CLINIC	90.27	0	1,114,814	0		5.00	
6.00	CHILD PROTECTION CENTER	98.05	0	137,337	0		6.00	
7.00	DENTAL SRVS	98.06	0	19,334	0		7.00	
8.00	RESEARCH	191.00	0	30,376	0		8.00	
9.00	CAC WAUKESHA	194.07	0	4,026	0		9.00	
10.00	OPERATION OF PLANT	7.00	0	2,668,649	0		10.00	
			0	6,094,626				
V - RECLASS CLINICAL TRIAL COST								
1.00	OPERATING ROOM	50.00	0	928	0		1.00	
2.00	RECOVERY ROOM	51.00	0	167	0		2.00	
3.00	ANESTHESIOLOGY	53.00	0	304	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,004	0		4.00	
5.00	CT SCAN	57.00	0	789	0		5.00	
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,980	0		6.00	
7.00	LABORATORY	60.00	0	13,362	0		7.00	
8.00	RESPIRATORY THERAPY	65.00	0	7,243	0		8.00	
9.00	PHYSICAL THERAPY	66.00	0	919	0		9.00	
10.00	SPEECH PATHOLOGY	68.00	0	3,100	0		10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	19,515	0		11.00	
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,534	0		12.00	
13.00	GI CLINIC	90.04	0	148	0		13.00	
14.00	ONCOLOGY CLINIC	90.13	0	752	0		14.00	
15.00	SURGICAL SPECIALTIES	90.14	0	218	0		15.00	
16.00	NEUROSCIENCES CLINIC	90.22	0	328	0		16.00	
17.00	EMERGENCY	91.00	0	831	0		17.00	
18.00	GENETICS CENTER	98.02	0	2,271	0		18.00	
19.00	NUCLEAR MEDICINE	98.03	0	1,852	0		19.00	
			0	76,245				

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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	W - RECLASS RESEARCH GRANT EXPENSE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	3,785	882	0	1.00
2.00	CLINIC FOR SPECIAL NEEDS	90.05	0	116,695	0	2.00
3.00	CLINIC ADMINISTRATION	90.18	10,458	2,224	0	3.00
4.00	DIETARY	10.00	32,070	10,728	0	4.00
5.00	GENETICS CENTER	98.02	3,753	827	0	5.00
6.00	HEMATOLOGY CLINIC	90.20	77,657	23,339	0	6.00
7.00	SOCIAL SERVICE	17.00	72,322	18,037	0	7.00
8.00	SPINA BIFIDA	90.21	8,931	1,623	0	8.00
			208,976	174,355		
	X - RECLASS TRANSPLANT SALARY					
1.00	KIDNEY ACQUISITION	105.00	48,155	14,307	0	1.00
2.00	LIVER ACQUISITION	107.00	12,867	3,823	0	2.00
3.00	HEART ACQUISITION	106.00	14,506	4,310	0	3.00
4.00	SOCIAL SERVICE	17.00	24,337	7,230	0	4.00
5.00	DIETARY	10.00	20,341	6,043	0	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	1,451	431	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
			121,657	36,144		
500.00	Grand Total: Decreases		6,549,071	63,692,658		500.00

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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - RECLASS INSURANCE EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	306,992	OTHER CAPITAL RELATED COSTS	117.00	0	610,597	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	303,605		0.00	0	0	2.00
	0		0	610,597	0		0	610,597	
B - RECLASS INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,529,517	INTEREST EXPENSE	113.00	0	11,529,517	1.00
	0		0	11,529,517	0		0	11,529,517	
C - RECLASS MALPRACTICE INSURANCE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	502,562	ADMINISTRATIVE & GENERAL	5.00	0	502,562	1.00
	0		0	502,562	0		0	502,562	
D - RECLASS DENTAL I&R FROM A&G									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	353,817	105,090	DENTAL SRVS	98.06	353,817	105,090	1.00
	0		353,817	105,090	0		353,817	105,090	
F - RECLASS SAL/BEN FOR MED SUPP STAFF									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2,100,823	670,038	CENTRAL SERVICES & SUPPLY	14.00	2,100,823	670,038	1.00
	0		2,100,823	670,038	0		2,100,823	670,038	
G - RECLASS RENTAL COSTS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,300,483	CENTRAL SERVICES & SUPPLY	14.00	0	406	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,935,251	GREENFIELD CLINIC	90.26	0	125,228	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	34,808	3.00
4.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	59,918	4.00
5.00		0.00	0	0	GREENFIELD ENT/ENT CLINIC	90.35	0	25,431	5.00
6.00		0.00	0	0	GENETICS CENTER	98.02	0	84,275	6.00
7.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	249,747	7.00
8.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	69,534	8.00
9.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	120,054	9.00
10.00		0.00	0	0	GREENFIELD ENT/ENT CLINIC	90.35	0	53,613	10.00
11.00		0.00	0	0	TRANSPORT	98.01	0	54,948	11.00
12.00		0.00	0	0	RESEARCH	191.00	0	12,588	12.00
13.00		0.00	0	0	CHILD DEVELOPMENT	98.04	0	182,297	13.00
14.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	65,993	14.00
15.00		0.00	0	0	CAC WAUKESHA	194.07	0	4,826	15.00
16.00		0.00	0	0	DENTAL SRVS	98.06	0	98,905	16.00
17.00		0.00	0	0	RESEARCH	191.00	0	20,984	17.00
18.00		0.00	0	0	PSYCHIATRY - OFFICE BLDG	98.00	0	8,683	18.00
19.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	883,931	19.00
20.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	327,070	20.00
21.00		0.00	0	0	LABORATORY	60.00	0	41,944	21.00
22.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	396,156	22.00
23.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	44,053	23.00
24.00		0.00	0	0	DENTAL SRVS	98.06	0	87,037	24.00
25.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	185,732	25.00
26.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	86,158	26.00
27.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	579,357	27.00
28.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	649,002	28.00
29.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	184,379	29.00
30.00		0.00	0	0	LABORATORY	60.00	0	16,571	30.00
31.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	29,994	31.00
32.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	42,131	32.00
33.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	54,538	33.00
34.00		0.00	0	0	LABORATORY	60.00	0	22,067	34.00
35.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	101,686	35.00
36.00		0.00	0	0	CAC WAUKESHA	194.07	0	8,447	36.00
37.00		0.00	0	0	RESEARCH	191.00	0	70,105	37.00
38.00		0.00	0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	153,138	38.00
	0		0	5,235,734	0		0	5,235,734	

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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
H - RECLASS EQUIPMENT RENTAL COSTS									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	186,821	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,621	1.00
2.00		0.00	0	0	RESEARCH	191.00	0	196	2.00
3.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	11,362	3.00
4.00		0.00	0	0	RESEARCH	191.00	0	328	4.00
5.00		0.00	0	0	DIETARY	10.00	0	411	5.00
6.00		0.00	0	0	RENAL DIALYSIS	74.00	0	16,886	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	127,017	7.00
0			0	186,821	0		0	186,821	
J - RECLASS MCW PURCHASED SERVICES									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,297,262	ADMINISTRATIVE & GENERAL	5.00	0	9,991,333	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	398,371		0.00	0	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	9,596		0.00	0	0	3.00
4.00	TRANSPORT	98.01	0	150,141		0.00	0	0	4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,000		0.00	0	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,000		0.00	0	0	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,964,661		0.00	0	0	7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,096,302		0.00	0	0	8.00
0			0	9,991,333	0		0	9,991,333	
K - RECLASS TRANSPLANT EXPENSES									
1.00	KIDNEY ACQUISITION	105.00	68,606	20,771	HEART ACQUISITION	106.00	360,719	128,274	1.00
2.00	LIVER ACQUISITION	107.00	68,606	39,562		0.00	0	0	2.00
3.00	HEART ACQUISITION	106.00	68,606	19,552		0.00	0	0	3.00
4.00	RENAL DIALYSIS	74.00	0	26,599		0.00	0	0	4.00
5.00	INFUSION ROOM	90.07	0	7,167		0.00	0	0	5.00
6.00	OPERATING ROOM	50.00	154,901	14,623		0.00	0	0	6.00
0			360,719	128,274	0		360,719	128,274	
P - RECLASS SAL & BEN TO RENAL DIALYSIS									
1.00	RENAL DIALYSIS	74.00	13,657	4,057	SOCIAL SERVICE	17.00	12,981	3,855	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	16,961	5,038	DIETARY	10.00	17,637	5,240	2.00
0			30,618	9,095	0		30,618	9,095	
Q - RECLASS CHHS SALARY TO OTHER EXP									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,023,095	ADMINISTRATIVE & GENERAL	5.00	0	13,029,318	1.00
2.00	PUBLIC RELATIONS	194.02	0	1,525,040		0.00	0	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,481,183		0.00	0	0	3.00
0			0	13,029,318	0		0	13,029,318	
R - RECLASS AMBULATORY ADMINISTRATION									
1.00	DIETARY	10.00	109,381	37,359	CLINIC ADMINISTRATION	90.18	3,372,461	2,612,567	1.00
2.00	NURSING ADMINISTRATION	13.00	1,583	538		0.00	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	32,332	10,983		0.00	0	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	39,516	13,423		0.00	0	0	4.00
5.00	OTHER SPECIAL CARE HOT UNIT	35.00	197,086	66,947		0.00	0	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	15,104	5,130		0.00	0	0	6.00
7.00	CT SCAN	57.00	1,160	394		0.00	0	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,695	915		0.00	0	0	8.00
9.00	RESPIRATORY THERAPY	65.00	142,600	85,683		0.00	0	0	9.00
10.00	PHYSICAL THERAPY	66.00	747,624	829,523		0.00	0	0	10.00
11.00	SPEECH PATHOLOGY	68.00	516,084	463,656		0.00	0	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	34,481	39,517		0.00	0	0	12.00
13.00	ELECTROENCEPHALOGRAPH Y	70.00	4,359	8,265		0.00	0	0	13.00
14.00	INFECTIOUS DISEASES	90.01	53,637	18,555		0.00	0	0	14.00
15.00	PAIN/PALLIATIVE CARE	90.02	21,271	7,378		0.00	0	0	15.00
16.00	DIABETIC CLINIC	90.03	4,299	1,489		0.00	0	0	16.00
17.00	GI CLINIC	90.04	180,203	61,998		0.00	0	0	17.00
18.00	CLINIC FOR SPECIAL NEEDS	90.05	180,141	62,316		0.00	0	0	18.00
19.00	PULMONARY CLINIC	90.09	39,604	13,714		0.00	0	0	19.00
20.00	ENT CLINIC	90.10	53,803	18,631		0.00	0	0	20.00
21.00	EYE CLINIC	90.12	40,253	13,939		0.00	0	0	21.00
22.00	ONCOLOGY CLINIC	90.13	86,686	29,446		0.00	0	0	22.00
23.00	SURGICAL SPECIALTIES	90.14	3,374	1,168		0.00	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
10/14/2020 7:57 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
24.00	ALLERGY CLINIC	90.15	4,726	1,636		0.00	0	0	24.00
25.00	DERMATOLOGY CLINIC	90.17	76,834	26,606		0.00	0	0	25.00
26.00	CLINIC ADMINISTRATION	90.18	6,679	2,313		0.00	0	0	26.00
27.00	CRANIOFACIAL CENTER	90.19	18,588	6,437		0.00	0	0	27.00
28.00	HEMATOLOGY CLINIC	90.20	13,550	4,603		0.00	0	0	28.00
29.00	SPINA BIFIDA	90.21	6,454	2,235		0.00	0	0	29.00
30.00	RHEUMATOLOGY CLINIC	90.23	26,786	9,276		0.00	0	0	30.00
31.00	ENDOCRINE CLINIC	90.24	1,659	575		0.00	0	0	31.00
32.00	GREENFIELD CLINIC	90.26	0	13,441		0.00	0	0	32.00
33.00	NEW BERLIN CLINIC	90.27	93,829	32,487		0.00	0	0	33.00
34.00	DELAFIELD CLINIC	90.29	163,797	274,102		0.00	0	0	34.00
35.00	MEQUON CLINIC	90.30	215,332	345,895		0.00	0	0	35.00
36.00	WEST DEPERE CLINIC	90.32	866	13,695		0.00	0	0	36.00
37.00	APPLETON CLINIC	90.33	0	1,750		0.00	0	0	37.00
38.00	UROLOGY CLINIC	90.34	3,465	1,200		0.00	0	0	38.00
39.00	GREENFIELD ENT/ENT CLINIC	90.35	14,674	5,082		0.00	0	0	39.00
40.00	KENOSHA CLINIC (KNO)	90.36	22,199	23,033		0.00	0	0	40.00
41.00	EMERGENCY	91.00	7,144	2,427		0.00	0	0	41.00
42.00	PSYCHIATRY - OFFICE BLDG	98.00	126,084	43,732		0.00	0	0	42.00
43.00	GENETICS CENTER	98.02	16,989	5,883		0.00	0	0	43.00
44.00	NUCLEAR MEDICINE	98.03	587	199		0.00	0	0	44.00
45.00	CHILD DEVELOPMENT	98.04	1,038	359		0.00	0	0	45.00
46.00	ADOLESCENT MEDICINE	90.37	1,006	348		0.00	0	0	46.00
47.00	RESEARCH	191.00	12,548	4,286		0.00	0	0	47.00
48.00	RESEARCH	191.00	30,351	0		0.00	0	0	48.00
0			3,372,461	2,612,567	0		3,372,461	2,612,567	
S - RECLASS SUPPLY EX CHARGED TO PTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,632,880	INTENSIVE CARE UNIT	31.00	0	933,003	1.00
2.00		0.00	0	0	0 OPERATING ROOM	50.00	0	715,548	2.00
3.00		0.00	0	0	0 RECOVERY ROOM	51.00	0	66,389	3.00
4.00		0.00	0	0	0 ANESTHESIOLOGY	53.00	0	1,540,540	4.00
5.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	1,114,348	5.00
6.00		0.00	0	0	0 CT SCAN	57.00	0	1,602	6.00
7.00		0.00	0	0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	154,583	7.00
8.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	2,705,392	8.00
9.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	715,769	9.00
10.00		0.00	0	0	0 PHYSICAL THERAPY	66.00	0	35,047	10.00
11.00		0.00	0	0	0 SPEECH PATHOLOGY	68.00	0	548,392	11.00
12.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	1,216,798	12.00
13.00		0.00	0	0	0 ELECTROENCEPHALOGRAPH Y	70.00	0	111,168	13.00
14.00		0.00	0	0	0 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,350,302	14.00
15.00		0.00	0	0	0 GI CLINIC	90.04	0	208,369	15.00
16.00		0.00	0	0	0 INFUSION ROOM	90.07	0	45,047	16.00
17.00		0.00	0	0	0 CARDIOLOGY CLINIC	90.08	0	64,950	17.00
18.00		0.00	0	0	0 PULMONARY CLINIC	90.09	0	41,673	18.00
19.00		0.00	0	0	0 ENT CLINIC	90.10	0	17,543	19.00
20.00		0.00	0	0	0 ORTHOPEDIC CLINIC	90.11	0	55,617	20.00
21.00		0.00	0	0	0 EYE CLINIC	90.12	0	5,823	21.00
22.00		0.00	0	0	0 ONCOLOGY CLINIC	90.13	0	203,718	22.00
23.00		0.00	0	0	0 SURGICAL SPECIALTIES	90.14	0	24,956	23.00
24.00		0.00	0	0	0 ALLERGY CLINIC	90.15	0	126,064	24.00
25.00		0.00	0	0	0 CRANIOFACIAL CENTER	90.19	0	4,691	25.00
26.00		0.00	0	0	0 SPINA BIFIDA	90.21	0	10,826	26.00
27.00		0.00	0	0	0 GREENFIELD CLINIC	90.26	0	40,458	27.00
28.00		0.00	0	0	0 NEW BERLIN CLINIC	90.27	0	10,659	28.00
29.00		0.00	0	0	0 DELAFIELD CLINIC	90.29	0	4,673	29.00
30.00		0.00	0	0	0 MEQUON CLINIC	90.30	0	9,526	30.00
31.00		0.00	0	0	0 APPLETON CLINIC	90.33	0	425	31.00
32.00		0.00	0	0	0 UROLOGY CLINIC	90.34	0	38,049	32.00
33.00		0.00	0	0	0 KENOSHA CLINIC (KNO)	90.36	0	1,672	33.00
34.00		0.00	0	0	0 ADOLESCENT MEDICINE	90.37	0	3,723	34.00
35.00		0.00	0	0	0 TRANSPORT	98.01	0	101,592	35.00
36.00		0.00	0	0	0 NUCLEAR MEDICINE	98.03	0	392,180	36.00
37.00		0.00	0	0	0 CHILD PROTECTION CENTER	98.05	0	8,042	37.00
38.00		0.00	0	0	0 ADOLESCENT MEDICINE	90.37	0	3,723	38.00
0			0	12,632,880	0		0	12,632,880	

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
10/14/2020 7:57 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
T - RECLASS COST OF EPO TO DIALYSIS									
1.00	RENAL DIALYSIS	74.00	0	67,462	DRUGS CHARGED TO PATIENTS	73.00	0	67,462	1.00
	0		0	67,462	0		0	67,462	
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,073,182	RADIOLOGY-DIAGNOSTIC	54.00	0	134,474	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,021,444	PHYSICAL THERAPY	66.00	0	7,681	2.00
3.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	1,916,321	3.00
4.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	61,614	4.00
5.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	1,114,814	5.00
6.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	137,337	6.00
7.00		0.00	0	0	DENTAL SRVS	98.06	0	19,334	7.00
8.00		0.00	0	0	RESEARCH	191.00	0	30,376	8.00
9.00		0.00	0	0	CAC WAUKESHA	194.07	0	4,026	9.00
10.00		0.00	0	0	OPERATION OF PLANT	7.00	0	2,668,649	10.00
	0		0	6,094,626	0		0	6,094,626	
V - RECLASS CLINICAL TRIAL COST									
1.00	RESEARCH	191.00	0	76,245	OPERATING ROOM	50.00	0	928	1.00
2.00		0.00	0	0	RECOVERY ROOM	51.00	0	167	2.00
3.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	304	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,004	4.00
5.00		0.00	0	0	CT SCAN	57.00	0	789	5.00
6.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,980	6.00
7.00		0.00	0	0	LABORATORY	60.00	0	13,362	7.00
8.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	7,243	8.00
9.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	919	9.00
10.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	3,100	10.00
11.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	19,515	11.00
12.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	6,534	12.00
13.00		0.00	0	0	GI CLINIC	90.04	0	148	13.00
14.00		0.00	0	0	ONCOLOGY CLINIC	90.13	0	752	14.00
15.00		0.00	0	0	SURGICAL SPECIALTIES	90.14	0	218	15.00
16.00		0.00	0	0	NEUROSCIENCES CLINIC	90.22	0	328	16.00
17.00		0.00	0	0	EMERGENCY	91.00	0	831	17.00
18.00		0.00	0	0	GENETICS CENTER	98.02	0	2,271	18.00
19.00		0.00	0	0	NUCLEAR MEDICINE	98.03	0	1,852	19.00
	0		0	76,245	0		0	76,245	
W - RECLASS RESEARCH GRANT EXPENSE									
1.00	RESEARCH	191.00	208,976	174,355	RADIOLOGY-DIAGNOSTIC	54.00	3,785	882	1.00
2.00		0.00	0	0	CLINIC FOR SPECIAL NEEDS	90.05	0	116,695	2.00
3.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	10,458	2,224	3.00
4.00		0.00	0	0	DIETARY	10.00	32,070	10,728	4.00
5.00		0.00	0	0	GENETICS CENTER	98.02	3,753	827	5.00
6.00		0.00	0	0	HEMATOLOGY CLINIC	90.20	77,657	23,339	6.00
7.00		0.00	0	0	SOCIAL SERVICE	17.00	72,322	18,037	7.00
8.00		0.00	0	0	SPINA BIFIDA	90.21	8,931	1,623	8.00
	0		208,976	174,355	0		208,976	174,355	
X - RECLASS TRANSPLANT SALARY									
1.00	ADMINISTRATIVE & GENERAL	5.00	48,155	14,307	KIDNEY ACQUISITION	105.00	48,155	14,307	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	12,867	3,823	LIVER ACQUISITION	107.00	12,867	3,823	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	14,506	4,310	HEART ACQUISITION	106.00	14,506	4,310	3.00
4.00	LIVER ACQUISITION	107.00	662	197	SOCIAL SERVICE	17.00	24,337	7,230	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	23,674	7,034	DIETARY	10.00	20,341	6,043	5.00
6.00	KIDNEY ACQUISITION	105.00	1,361	404	DRUGS CHARGED TO PATIENTS	73.00	1,451	431	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	18,980	5,639		0.00	0	0	7.00
8.00	KIDNEY ACQUISITION	105.00	484	143		0.00	0	0	8.00
9.00	LIVER ACQUISITION	107.00	484	143		0.00	0	0	9.00
10.00	HEART ACQUISITION	106.00	484	144		0.00	0	0	10.00
	0		121,657	36,144	0		121,657	36,144	
500.00	Grand Total: Increases		6,549,071	63,692,658	Grand Total: Decreases		6,549,071	63,692,658	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
10/14/2020 7:57 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	10,727,367	2,858,179	0	2,858,179	99,659	2.00	
3.00	Buildings and Fixtures	372,834,649	8,841,205	0	8,841,205	0	3.00	
4.00	Building Improvements	224,627,881	145,546,681	0	145,546,681	74,940,201	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	218,610,702	29,512,743	0	29,512,743	17,203,975	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	826,800,599	186,758,808	0	186,758,808	92,243,835	8.00	
9.00	Reconciling Items	32,627,520	108,276,851	0	108,276,851	69,015,072	9.00	
10.00	Total (line 8 minus line 9)	794,173,079	78,481,957	0	78,481,957	23,228,763	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0					1.00
2.00	Land Improvements	13,485,887	0					
3.00	Buildings and Fixtures	381,675,854	0					
4.00	Building Improvements	295,234,361	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	230,919,470	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	921,315,572	0					
9.00	Reconciling Items	71,889,299	0					
10.00	Total (line 8 minus line 9)	849,426,273	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
10/14/2020 7:57 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	14,584,445	8,513,677	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,424,012	2,777,492	0	0	0	2.00
3.00	Total (sum of lines 1-2)	38,008,457	11,291,169	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	23,098,122				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,201,504				2.00
3.00	Total (sum of lines 1-2)	0	49,299,626				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	395,932,771	0	395,932,771	0.464709	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	456,069,332	0	456,069,332	0.535291	0	2.00
3.00	Total (sum of lines 1-2)	852,002,103	0	852,002,103	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	17,161,301	8,513,677	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	26,632,277	2,777,492	2.00
3.00	Total (sum of lines 1-2)	0	0	0	43,793,578	11,291,169	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-334,482	306,992	0	0	25,647,488	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	303,605	0	0	29,713,374	2.00
3.00	Total (sum of lines 1-2)	-334,482	610,597	0	0	55,360,862	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
10/14/2020 7:57 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-11,529,517	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-97,780	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-4,800	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	0	CAP REL COSTS-BLDG & FIXT	1.00	9	9.00
10.00	Provider-based physician adjustment	A-8-2	-1			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-135,207	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others	B	-6,423,904	CAP REL COSTS-BLDG & FIXT	1.00	9	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-7,352,804	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-48,249	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	REBATES REVENUE	B	-12,636	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.00
33.01	RETAIL PHARMACY	B	0		0.00	0	33.01
33.02	ADDBACK SITE SELECTION COSTS	A	125,840	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03	ADDBACK BUILDER'S RISK INSURANCE CRC	A	1,161	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04	1989 CAPITALIZED INTEREST	A	105,865	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05	INTEREST OFF-SET 1998 REVENUE BONDS	A	-334,482	CAP REL COSTS-BLDG & FIXT	1.00	11	33.05
33.06	DEDUCT PRESIDENT ADMINISTRATION	A	-3,259,906	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	SALE OF DRUGS OTHER THAN PATIENTS	B	-4,185,166	PHARMACY	15.00	11	33.07
33.08	CHW-ANESTHESIOLOGY	B	-567	ANESTHESIOLOGY	53.00	0	33.08
33.09	CHW- ANESTHESIOLOGY	B	-111,847	DIETARY	10.00	0	33.09
33.10	CHW- NUTRITIONAL SERVICES	B	-848,761	NURSING ADMINISTRATION	13.00	0	33.10
33.11	MISC REVENUE - ADMINISTRATIVE	B	-447,171	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	CLINICAL ENGINEERING	B	-658,655	OPERATION OF PLANT	7.00	10	33.12
33.13	OTHER SUPPORT	B	-296,764	INTENSIVE CARE UNIT	31.00	0	33.13
33.14	LAB REVENUE	B	-151,377	LABORATORY	60.00	0	33.14
33.15	CARDIOVASCULAR SURGERY	B	-159,759	OPERATING ROOM	50.00	0	33.15
33.16	CHILD PROTECTION	B	-46,804	CHILD PROTECTION CENTER	98.05	0	33.16
33.17	CHILD LIFE - MISC REVENUE	B	-1,251,821	ADULTS & PEDIATRICS	30.00	0	33.17
33.18	MISC REVENUE - OUTREACH	B	-10,667	INFECTIOUS DISEASES	90.01	0	33.18
33.19	ALLERGY REVENUE	B	-213,154	ALLERGY CLINIC	90.15	0	33.19
33.20	MISCELLANEOUS REVENUE - EKG	B	-144,564	ELECTROCARDIOLOGY	69.00	0	33.20
33.21	MISC REVENUE - EMERGENCY ROOM	B	-2,435	EMERGENCY	91.00	0	33.21
33.22	MISC REVENUE - HEART TRANSPLANT	B	-135,811	HEART ACQUISITION	106.00	0	33.22
33.23	MISC REVENUE - POISON CENTER	B	0		0.00	0	33.23
33.24	MISC REVENUE - RADIOLOGY	B	-77,120	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	MISC REVENUE/OUTSIDE SALARY SUPPORT	B	-37,600	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	MISC REVENUE - RESP THERAPY	B	-205,814	RESPIRATORY THERAPY	65.00	0	33.26
33.27	PSYCHIATRY - MISC REVENUE	B	-36,307	PSYCHIATRY - OFFICE BLDG	98.00	0	33.27
33.28	FAMILY SERVICES - MISC REVENUE	B	-41,562	SOCIAL SERVICE	17.00	0	33.28
33.29	CHW-DIAGNOSTIC NEUROLOGY	B	-1,400	ELECTROENCEPHALOGRAPHY	70.00	0	33.29
33.30	ONCOLOGY - MISC REVENUE	B	-114,920	OTHER SPECIAL CARE HOT UNIT	35.00	0	33.30
33.31	MISC REVENUE - AMBULATORY ADMIN	B	-92,487	CLINIC ADMINISTRATION	90.18	0	33.31
33.32	OUTSIDE SUPPORT - ORTHOPEDIC CLINIC	B	-219,773	ORTHOPEDIC CLINIC	90.11	0	33.32
33.33	OUTSIDE SUPPORT - MEDICAL EDUCATION	B	-84,882	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.33
33.34	OUTSIDE REVENUE - PALLATIVE CARE	B	-82,766	PAIN/PALLATIVE CARE	90.02	0	33.34
33.35	AHA GUIDELINE	A	23,603	CAP REL COSTS-BLDG & FIXT	1.00	9	33.35
33.36	MISC REVENUE - CHILD DEVELOPMENT	B	-5,225	CHILD DEVELOPMENT	98.04	0	33.36
33.37	MISC REVENUE - EYE CLINIC	B	-84	EYE CLINIC	90.12	0	33.37
33.38	MISC REVENUE - NEUROSCIENCES CLINIC	B	-190,596	NEUROSCIENCES CLINIC	90.22	0	33.38
33.39	MISC REVENUE - GREENFIELD CLINIC	B	-80,767	GREENFIELD CLINIC	90.26	0	33.39
33.40	MISC REVENUE -CHW- NEW BERLIC CLINIC	B	-41,768	NEW BERLIN CLINIC	90.27	0	33.40
33.41	MISC REVENUE -CHW - SURG SPECIALTIES	B	-17,234	SURGICAL SPECIALTIES	90.14	9	33.41
33.42	MISC REVENUE - CLINICAL NUTRITION	B	-16,307	DIETARY	10.00	9	33.42
33.43	MISC REVENUE - CHW-ENT CLINIC	B	-277,368	ENT CLINIC	90.10	0	33.43
33.44	MISC REVENUE DENTAL CTR CLINICS BLDG	B	-8,580	DENTAL SRVS	98.06	0	33.44
33.45	MISC REVENUE - CHRONIC DIALYSIS	B	-3,468	RENAL DIALYSIS	74.00	0	33.45
33.46	MISC REVENUE - PT/OT THERAPY	B	-7,293	MEQUON CLINIC	90.30	0	33.46
33.47	MISC REVENUE - CAPS ADMINISTRATION	B	-1,107	CHILD PROTECTION CENTER	98.05	0	33.47
33.48	GREENFIELD RADIOLOGY	B	-46,352	RADIOLOGY-DIAGNOSTIC	54.00	0	33.48
33.49	INTEREST EXPENSE TO 2017 BOND	A	68,924	CAP REL COSTS-BLDG & FIXT	1.00	9	33.49

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
10/14/2020 7:57 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	
33.50	ALLOWABLE LOSS ON REFINANCING	A	519,589	CAP REL COSTS-BLDG & FIXT	1.00	9	33.50
33.51	CHW- CARDIOVASCULAR SURGERY	B	-345,410	CARDIOLOGY CLINIC	90.08	0	33.51
33.52	CHW - ENVIRONMENTAL SERVICES	B	-272	HOUSEKEEPING	9.00	0	33.52
33.53	CHS-INSURANCE EXPENSE	A	-4,696	ADMINISTRATIVE & GENERAL	5.00	0	33.53
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-39,060,785				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
10/14/2020 7:57 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	PURCHASED SERVICES	86,860,932	86,860,932	1.00
2.00	98.05	CHILD PROTECTION CENTER	PURCHASED SERVICES	105,849	105,849	2.00
3.00	69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES	50,132	50,132	3.00
3.01	194.07	CAC WAUKESHA	PURCHASED SERVICES	52,134	52,134	3.01
4.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY RENT	576,586	576,586	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			87,645,633	87,645,633	5.00

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

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

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

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

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

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

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

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
10/14/2020 7:57 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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
4.00	0	9		4.00
5.00	0			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
10/14/2020 7:57 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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	7,118,537	0	7,118,537	169,700	164,133	1.00
2.00	30.00	ADULTS & PEDIATRICS	998,164	0	998,164	169,700	24,425	2.00
3.00	31.00	INTENSIVE CARE UNIT	143,020	0	143,020	169,700	3,000	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	20,864	0	20,864	169,700	1,175	4.00
5.00	50.00	OPERATING ROOM	306,177	0	306,177	246,400	9,633	5.00
6.00	53.00	ANESTHESIOLOGY	65,681	0	65,681	239,400	3,649	6.00
7.00	60.00	LABORATORY	54,951	0	54,951	260,300	2,743	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	53,292	0	53,292	271,900	1,222	8.00
9.00	90.09	PULMONARY CLINIC	24,015	0	24,015	169,700	562	9.00
10.00	69.00	ELECTROCARDIOLOGY	83,495	0	83,495	169,700	2,344	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	6,655	0	6,655	169,700	140	11.00
12.00	74.00	RENAL DIALYSIS	45,494	0	45,494	169,700	1,457	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	191,163	0	191,163	181,300	9,175	13.00
14.00	98.02	GENETICS CENTER	51,305	0	51,305	169,700	2,059	14.00
15.00	98.04	CHILD DEVELOPMENT	59,796	0	59,796	169,700	2,498	15.00
16.00	98.05	CHILD PROTECTION CENTER	112,734	0	112,734	169,700	4,400	16.00
17.00	90.01	INFECTIOUS DISEASES	167,623	0	167,623	169,700	5,281	17.00
18.00	90.02	PAIN/PALLIATIVE CARE	20,426	0	20,426	169,700	803	18.00
19.00	90.04	GI CLINIC	39,351	0	39,351	169,700	825	19.00
20.00	90.13	ONCOLOGY CLINIC	30,954	0	30,954	169,700	649	20.00
21.00	90.15	ALLERGY CLINIC	29,714	0	29,714	169,700	623	21.00
22.00	90.10	ENT CLINIC	27,165	0	27,165	169,700	463	22.00
23.00	90.12	EYE CLINIC	10,054	0	10,054	169,700	200	23.00
24.00	90.17	DERMATOLOGY CLINIC	12,420	0	12,420	169,700	526	24.00
25.00	66.00	PHYSICAL THERAPY	1,771	0	1,771	169,700	132	25.00
26.00	90.22	NEUROSCIENCES CLINIC	6,655	0	6,655	169,700	140	26.00
27.00	90.23	RHEUMATOLOGY CLINIC	41,362	0	41,362	169,700	1,659	27.00
28.00	90.24	ENDOCRINE CLINIC	37,158	0	37,157	169,700	1,427	28.00
29.00	91.00	EMERGENCY	32,310	0	32,310	169,700	678	29.00
30.00	98.07	OTHER	38,886	0	38,886	169,700	1,506	30.00
200.00			9,831,192	0	9,831,191		247,527	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,391,043	669,552	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,992,751	99,638	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	244,760	12,238	0	0	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	95,864	4,793	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,141,140	57,057	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	419,986	20,999	0	0	0	6.00
7.00	60.00	LABORATORY	343,271	17,164	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	159,741	7,987	0	0	0	8.00
9.00	90.09	PULMONARY CLINIC	45,852	2,293	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	191,239	9,562	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	11,422	571	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	118,872	5,944	0	0	0	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	799,725	39,986	0	0	0	13.00
14.00	98.02	GENETICS CENTER	167,987	8,399	0	0	0	14.00
15.00	98.04	CHILD DEVELOPMENT	203,803	10,190	0	0	0	15.00
16.00	98.05	CHILD PROTECTION CENTER	358,981	17,949	0	0	0	16.00
17.00	90.01	INFECTIOUS DISEASES	430,858	21,543	0	0	0	17.00
18.00	90.02	PAIN/PALLIATIVE CARE	65,514	3,276	0	0	0	18.00
19.00	90.04	GI CLINIC	67,309	3,365	0	0	0	19.00
20.00	90.13	ONCOLOGY CLINIC	52,950	2,648	0	0	0	20.00
21.00	90.15	ALLERGY CLINIC	50,828	2,541	0	0	0	21.00
22.00	90.10	ENT CLINIC	37,775	1,889	0	0	0	22.00
23.00	90.12	EYE CLINIC	16,317	816	0	0	0	23.00
24.00	90.17	DERMATOLOGY CLINIC	42,915	2,146	0	0	0	24.00
25.00	66.00	PHYSICAL THERAPY	10,770	539	0	0	0	25.00
26.00	90.22	NEUROSCIENCES CLINIC	11,422	571	0	0	0	26.00
27.00	90.23	RHEUMATOLOGY CLINIC	135,352	6,768	0	0	0	27.00
28.00	90.24	ENDOCRINE CLINIC	116,424	5,821	0	0	0	28.00
29.00	91.00	EMERGENCY	55,316	2,766	0	0	0	29.00
30.00	98.07	OTHER	122,869	6,143	0	0	0	30.00
200.00			20,903,056	1,045,154	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
10/14/2020 7:57 am

	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,391,043	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	1,992,751	0	0		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	244,760	0	0		3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	0	95,864	0	0		4.00
5.00	50.00	OPERATING ROOM	0	1,141,140	0	0		5.00
6.00	53.00	ANESTHESIOLOGY	0	419,986	0	0		6.00
7.00	60.00	LABORATORY	0	343,271	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	159,741	0	0		8.00
9.00	90.09	PULMONARY CLINIC	0	45,852	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	191,239	0	0		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	11,422	0	0		11.00
12.00	74.00	RENAL DIALYSIS	0	118,872	0	0		12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	0	799,725	0	0		13.00
14.00	98.02	GENETICS CENTER	0	167,987	0	0		14.00
15.00	98.04	CHILD DEVELOPMENT	0	203,803	0	0		15.00
16.00	98.05	CHILD PROTECTION CENTER	0	358,981	0	0		16.00
17.00	90.01	INFECTIOUS DISEASES	0	430,858	0	0		17.00
18.00	90.02	PAIN/PALLATIVE CARE	0	65,514	0	0		18.00
19.00	90.04	GI CLINIC	0	67,309	0	0		19.00
20.00	90.13	ONCOLOGY CLINIC	0	52,950	0	0		20.00
21.00	90.15	ALLERGY CLINIC	0	50,828	0	0		21.00
22.00	90.10	ENT CLINIC	0	37,775	0	0		22.00
23.00	90.12	EYE CLINIC	0	16,317	0	0		23.00
24.00	90.17	DERMATOLOGY CLINIC	0	42,915	0	0		24.00
25.00	66.00	PHYSICAL THERAPY	0	10,770	0	0		25.00
26.00	90.22	NEUROSCIENCES CLINIC	0	11,422	0	0		26.00
27.00	90.23	RHEUMATOLOGY CLINIC	0	135,352	0	0		27.00
28.00	90.24	ENDOCRINE CLINIC	0	116,424	0	1		28.00
29.00	91.00	EMERGENCY	0	55,316	0	0		29.00
30.00	98.07	OTHER	0	122,869	0	0		30.00
200.00			0	20,903,056	0	1		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	25,647,488	25,647,488			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	29,713,374		29,713,374		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,023,095	220,924	12,640	8,256,659	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	130,362,071	2,722,327	13,067,376	397,834	146,549,608
7.00	00700	OPERATION OF PLANT	26,289,890	550,372	330,893	191,415	27,362,570
8.00	00800	LAUNDRY & LINEN SERVICE	1,201,924	0	5,648	0	1,207,572
9.00	00900	HOUSEKEEPING	8,232,250	156,472	314,882	148,541	8,852,145
10.00	01000	DIETARY	5,154,815	496,932	254,511	73,686	5,979,944
11.00	01100	CAFETERIA	0	106,588	0	0	106,588
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	11,147,374	381,747	294,026	336,947	12,160,094
14.00	01400	CENTRAL SERVICES & SUPPLY	1,161,944	164,910	66,374	13,026	1,406,254
15.00	01500	PHARMACY	615,512	23,695	3,529	9,784	652,520
16.00	01600	MEDICAL RECORDS & LIBRARY	3,481,183	0	0	0	3,481,183
17.00	01700	SOCIAL SERVICE	3,269,068	193,567	14,200	103,792	3,580,627
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	26,393,463	38,130	0	14,988	26,446,581
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	502,562	0	0	0	502,562
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,260,211	3,665,193	1,096,775	946,500	34,968,679
31.00	03100	INTENSIVE CARE UNIT	44,869,465	3,928,174	2,308,663	1,362,592	52,468,894
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	9,457,037	546,604	175,064	186,811	10,365,516
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
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	16,662,064	1,488,939	2,149,042	394,984	20,695,029
51.00	05100	RECOVERY ROOM	2,438,601	299,863	17,823	81,807	2,838,094
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	1,048,045	134,104	383,765	22,412	1,588,326
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,716,637	1,160,154	793,822	318,051	13,988,664
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,000,320	47,894	392,492	25,823	1,466,529
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,394,501	95,125	1,823,119	65,523	4,378,268
59.00	05900	CARDIAC CATHETERIZATION	754,416	104,518	450,593	30,411	1,339,938
60.00	06000	LABORATORY	22,475,618	700,317	776,807	279,622	24,232,364
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,515,391	0	18,576	74	4,534,041
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,879,411	286,702	267,514	280,034	11,713,661
66.00	06600	PHYSICAL THERAPY	7,561,146	662,107	30,719	225,009	8,478,981
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	4,902,670	544,296	146,906	140,426	5,734,298
69.00	06900	ELECTROCARDIOLOGY	4,257,358	498,312	313,304	114,069	5,183,043
70.00	07000	ELECTROENCEPHALOGRAPHY	1,499,142	35,184	355,456	39,993	1,929,775
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,280,986	352,931	659,503	167,468	20,460,888
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,448,760	0	0	0	7,448,760
73.00	07300	DRUGS CHARGED TO PATIENTS	47,849,910	324,699	75,592	364,778	48,614,979
74.00	07400	RENAL DIALYSIS	1,026,682	54,554	35,426	12,069	1,128,731
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.01	09001	INFECTIOUS DISEASES	791,813	2,043	0	25,668	819,524	90.01
90.02	09002	PAIN/PALLATIVE CARE	579,078	27,489	6,394	17,113	630,074	90.02
90.03	09003	DIABETIC CLINIC	1,075,335	110,409	17,477	31,875	1,235,096	90.03
90.04	09004	GI CLINIC	2,245,035	43,171	104,651	70,338	2,463,195	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,468,127	70,793	11,843	56,669	3,607,432	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	472,774	91,145	21,163	14,050	599,132	90.07
90.08	09008	CARDIOLOGY CLINIC	2,375,247	25,393	14,214	89,468	2,504,322	90.08
90.09	09009	PULMONARY CLINIC	692,600	59,675	22,345	21,803	796,423	90.09
90.10	09010	ENT CLINIC	663,975	0	72,852	29,357	766,184	90.10
90.11	09011	ORTHOPEDIC CLINIC	799,943	307,690	9,807	31,543	1,148,983	90.11
90.12	09012	EYE CLINIC	650,476	63,576	105,731	20,009	839,792	90.12
90.13	09013	ONCOLOGY CLINIC	2,568,226	438,875	188,010	82,405	3,277,516	90.13
90.14	09014	SURGICAL SPECIALTIES	843,499	77,851	4,843	27,612	953,805	90.14
90.15	09015	ALLERGY CLINIC	856,234	107,994	40,513	33,618	1,038,359	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	891,471	71,218	43,131	24,817	1,030,637	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	254,838	71,218	116	8,334	334,506	90.19
90.20	09020	HEMATOLOGY CLINIC	366,661	117,653	0	14,994	499,308	90.20
90.21	09021	SPINA BIFIDA	238,277	61,506	0	8,098	307,881	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,674,769	179,875	28,962	59,754	1,943,360	90.22
90.23	09023	RHEUMATOLOGY CLINIC	343,031	198,661	20,704	10,272	572,668	90.23
90.24	09024	ENDOCRINE CLINIC	299,008	54,952	0	9,034	362,994	90.24
90.25	09025	RENAL CLINIC	318,586	63,602	1,747	9,499	393,434	90.25
90.26	09026	GREENFIELD CLINIC	1,104,319	338,629	61,696	32,885	1,537,529	90.26
90.27	09027	NEW BERLIN CLINIC	2,716,265	383,843	394,371	64,294	3,558,773	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	927,641	165,281	378,944	21,134	1,493,000	90.29
90.30	09030	MEQUON CLINIC	1,338,873	269,508	957,682	31,592	2,597,655	90.30
90.31	09031	KENOSHA CLINIC	731	0	0	16	747	90.31
90.32	09032	WEST DEPERE CLINIC	19,019	29,241	6,751	82	55,093	90.32
90.33	09033	APPLETON CLINIC	1,772	37,785	17,136	0	56,693	90.33
90.34	09034	UROLOGY CLINIC	752,896	102,024	42,885	22,891	920,696	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	147,532	24,093	0	3,965	175,590	90.35
90.36	09036	KENOSHA CLINIC (KNO)	78,031	137,208	0	1,328	216,567	90.36
90.37	09037	ADOLESCENT MEDICINE	197,166	66,707	12,753	6,048	282,674	90.37
91.00	09100	EMERGENCY	11,063,222	552,760	180,404	312,287	12,108,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	323,584	0	0	1,361	324,945	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,831,741	308,354	20,456	92,413	3,252,964	98.00
98.01	09851	TRANSPORT	3,296,734	4,245	76,329	99,481	3,476,789	98.01
98.02	09852	GENETICS CENTER	1,118,686	0	5,680	9,709	1,134,075	98.02
98.03	09853	NUCLEAR MEDICINE	566,603	42,614	9,394	14,563	633,174	98.03
98.04	09854	CHILD DEVELOPMENT	305,131	0	6,251	4,613	315,995	98.04
98.05	09855	CHILD PROTECTION CENTER	2,196,066	115,371	112,678	60,604	2,484,719	98.05
98.06	09856	DENTAL SRVS	4,881,378	136,465	50,826	144,941	5,213,610	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	90,185	0	0	2,849	93,034	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	658,692	6,448	627	8,547	674,314	105.00
106.00	10600	HEART ACQUISITION	496,530	6,448	537	8,365	511,880	106.00
107.00	10700	LIVER ACQUISITION	1,213,401	6,448	768	10,944	1,231,561	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,289,585	24,963,595	29,685,711	7,999,711	590,321,081	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	276,188	37,546	296	0	314,030	190.00
191.00	19100	RESEARCH	6,686,863	426,617	14,058	131,127	7,258,665	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	86,826	0	0	2,549	89,375	194.00
194.01	07951	POISON CONTROL	2,632,806	79,470	438	63,641	2,776,355	194.01
194.02	07952	PUBLIC RELATIONS	1,525,040	122,668	1,361	0	1,649,069	194.02
194.03	07953	OUTREACH	443,709	0	0	13,284	456,993	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	329,372	17,592	8,719	4,721	360,404	194.04
194.05	07955	RETAIL PHARMACY	1,303,922	0	0	39,944	1,343,866	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	123,495	0	2,791	1,682	127,968	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers					0	201.00
202.00		TOTAL (sum lines 118 through 201)	604,697,806	25,647,488	29,713,374	8,256,659	604,697,806	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	146,549,608					5.00
7.00	00700	OPERATION OF PLANT	8,752,575	36,115,145				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	386,271		1,593,843			8.00
9.00	00900	HOUSEKEEPING	2,831,571	255,080	21,637	11,960,433		9.00
10.00	01000	DIETARY	1,912,829	810,097		287,028	8,989,898	10.00
11.00	01100	CAFETERIA	34,095	173,759		60,240		11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	3,889,698	622,323	15,843	173,456		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	449,824	268,836		100,534		14.00
15.00	01500	PHARMACY	208,724	38,628		14,445		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,113,540					16.00
17.00	01700	SOCIAL SERVICE	1,145,349	315,552		118,004		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,459,574	62,159		23,245		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	160,757					22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)						23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,185,571	5,974,983	318,374	2,234,415	6,501,258	30.00
31.00	03100	INTENSIVE CARE UNIT	16,783,344	6,403,694	168,515	2,394,738	1,122,647	31.00
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
33.01	03301	BURN INTENSIVE CARE UNIT						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,315,659	891,072	47,114	333,227	1,145,320	35.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,619,802	2,427,263	71,464	907,703	17,851	50.00
51.00	05100	RECOVERY ROOM	907,832	488,835	32,020	182,806		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY	508,064	218,615		81,754		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,474,610	1,891,279	124,082	622,050	5,130	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN	469,104	78,077		29,198		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,400,494	155,072	24,414	57,991		58.00
59.00	05900	CARDIAC CATHETERIZATION	428,611	170,385		63,718		59.00
60.00	06000	LABORATORY	7,751,303	1,141,653		415,919		60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,450,322					63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY	3,746,896	467,380	20,931	161,566	4,822	65.00
66.00	06600	PHYSICAL THERAPY	2,712,206	1,079,365	26,122	378,682		66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY	1,834,253	887,309	137,235	82,191		68.00
69.00	06900	ELECTROCARDIOLOGY	1,657,921	812,346	14,540	302,379		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,285	57,357	35,985	19,961		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,544,906	575,347	13,347	215,158		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,382,665					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,550,668	529,323		197,946		73.00
74.00	07400	RENAL DIALYSIS	361,052	88,934	4,241	33,258	22,365	74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	INFECTIOUS DISEASES	262,144	3,331		1,391		90.01
90.02	09002	PAIN/PALLIATIVE CARE	201,544	44,813	4,290	16,904		90.02
90.03	09003	DIABETIC CLINIC	395,075	179,988		66,953	15,491	90.03
90.04	09004	GI CLINIC	787,912	70,377	129,262	26,318	12,003	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,153,924	115,407		43,497		90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	191,647	148,584	3,004	55,565	77,353	90.07
90.08	09008	CARDIOLOGY CLINIC	801,067	41,396	0	15,901	0	90.08
90.09	09009	PULMONARY CLINIC	254,755	97,283	0	36,752	0	90.09
90.10	09010	ENT CLINIC	245,082	0	4,575	50,113	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	367,530	501,596	16,945	187,578	0	90.11
90.12	09012	EYE CLINIC	268,628	103,641	0	38,612	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,048,392	715,453	0	263,071	0	90.13
90.14	09014	SURGICAL SPECIALTIES	305,097	126,913	0	45,228	0	90.14
90.15	09015	ALLERGY CLINIC	332,144	176,052	8,133	65,303	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	329,674	116,099	10,379	53,510	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	107,000	116,099	0	53,510	0	90.19
90.20	09020	HEMATOLOGY CLINIC	159,716	191,797	0	76,205	0	90.20
90.21	09021	SPINA BIFIDA	98,483	100,267	0	37,173	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	621,630	293,232	0	109,205	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	183,182	323,857	5,473	58,363	0	90.23
90.24	09024	ENDOCRINE CLINIC	116,112	89,583	0	33,856	0	90.24
90.25	09025	RENAL CLINIC	125,849	103,684	0	38,774	0	90.25
90.26	09026	GREENFIELD CLINIC	491,816	552,032	13,212	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,138,359	625,740	8,872	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	477,572	269,441	13,703	0	0	90.29
90.30	09030	MEQUON CLINIC	830,922	439,350	2,718	0	0	90.30
90.31	09031	KENOSHA CLINIC	239	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	17,623	47,668	0	0	0	90.32
90.33	09033	APPLETON CLINIC	18,135	61,596	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	294,507	166,319	0	64,429	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	56,167	39,276	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	69,274	223,676	36,490	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	90,420	108,745	0	38,823	0	90.37
91.00	09100	EMERGENCY	3,873,250	901,107	70,913	336,980	64,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	103,941	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,040,539	502,677	0	69,217	0	98.00
98.01	09851	TRANSPORT	1,112,134	6,921	130,285	2,588	0	98.01
98.02	09852	GENETICS CENTER	362,761	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	202,536	69,469	9,700	25,979	0	98.03
98.04	09854	CHILD DEVELOPMENT	101,079	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	794,797	188,077	9,905	0	0	98.05
98.06	09856	DENTAL SRVS	1,667,698	222,465	40,120	139,033	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	29,759	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	215,696	10,511	0	3,931	0	105.00
106.00	10600	HEART ACQUISITION	163,737	10,511	0	3,931	0	106.00
107.00	10700	LIVER ACQUISITION	393,944	10,511	0	3,931	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,950,867	35,000,267	1,593,843	11,554,236	8,989,077	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,450	61,207	0	22,889	0	190.00
191.00	19100	RESEARCH	2,321,858	695,469	0	260,079	821	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	28,589	0	0	0	0	194.00
194.01	07951	POISON CONTROL	888,084	129,551	0	48,447	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.02	07952	PUBLIC RELATIONS	527,494	199,972	0	74,782	0	194.02
194.03	07953	OUTREACH	146,180	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	115,284	28,679	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	429,868	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	40,934	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	146,549,608	36,115,145	1,593,843	11,960,433	8,989,898	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	374,682					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	17,171	0	16,878,585			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,225,448		14.00
15.00	01500	PHARMACY	572	0	0	0	914,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,040	0	499,629	4,996	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,287	0	0	9,489	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,096	0	4,234,756	219,797	15	30.00
31.00	03100	INTENSIVE CARE UNIT	74,589	0	6,180,890	233,001	1	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	10,501	0	846,145	39,138	1	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,894	0	116,849	202,444	29	50.00
51.00	05100	RECOVERY ROOM	3,786	0	0	8,159	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,723	0	0	70,283	3,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,254	0	0	51,313	659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,309	0	0	1,441	4	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,038	0	0	7,460	1,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,364	0	112,819	11,489	0	59.00
60.00	06000	LABORATORY	16,436	0	0	117,120	255	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.	4	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,964	0	1,011,345	82,593	0	65.00
66.00	06600	PHYSICAL THERAPY	5,142	0	0	125,291	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,454	0	0	43,499	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,604	0	390,839	2,561	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,541	0	217,580	982	43	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,330	0	0	314,168	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,133	0	0	239,362	908,068	73.00
74.00	07400	RENAL DIALYSIS	688	0	0	38,041	4	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,163	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	903	0	12,088	713	0	90.02
90.03	09003	DIABETIC CLINIC	1,909	0	0	2,862	1	90.03
90.04	09004	GI CLINIC	3,990	0	0	3,774	2	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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To 12/31/2019Worksheet B
Part I
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10/14/2020 7:57 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,909	0	0	4,446	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	822	0	0	3,660	0	90.07
90.08	09008	CARDIOLOGY CLINIC	4,315	0	237,727	12,617	0	90.08
90.09	09009	PULMONARY CLINIC	1,390	0	0	2,578	0	90.09
90.10	09010	ENT CLINIC	1,806	0	0	13,342	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,180	0	0	5,212	1	90.11
90.12	09012	EYE CLINIC	1,309	0	0	8,413	0	90.12
90.13	09013	ONCOLOGY CLINIC	4,618	0	370,692	10,594	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,499	0	0	854	0	90.14
90.15	09015	ALLERGY CLINIC	2,101	0	0	6,101	1	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,792	0	0	5,233	6	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	435	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	468	0	56,410	14,734	0	90.20
90.21	09021	SPINA BIFIDA	408	0	0	0	17	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,493	0	290,107	1,734	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	625	0	0	1,155	0	90.23
90.24	09024	ENDOCRINE CLINIC	737	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	604	0	0	1,029	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	5,543	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	12,088	38,117	8	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	4,029	7,443	4	90.29
90.30	09030	MEQUON CLINIC	0	0	8,059	11,223	2	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	430	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	23	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	1,540	0	0	6,276	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	2,371	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	33,060	0	90.36
90.37	09037	ADOLESCENT MEDICINE	447	0	0	1,491	0	90.37
91.00	09100	EMERGENCY	17,622	0	1,394,125	77,992	13	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	42	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	3,363	0	0	4,657	0	98.00
98.01	09851	TRANSPORT	4,424	0	362,634	11,766	0	98.01
98.02	09852	GENETICS CENTER	546	0	0	1,099	0	98.02
98.03	09853	NUCLEAR MEDICINE	663	0	0	111	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	8,510	0	98.04
98.05	09855	CHILD PROTECTION CENTER	384	0	0	27,275	54	98.05
98.06	09856	DENTAL SRVS	5,954	0	0	58,426	13	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	26	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	509	0	4,029	389	0	105.00
106.00	10600	HEART ACQUISITION	343	0	8,059	389	0	106.00
107.00	10700	LIVER ACQUISITION	700	0	4,029	389	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	360,933	0	16,374,928	2,218,684	914,449	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	383	0	190.00
191.00	19100	RESEARCH	4,584	0	221,609	108	440	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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,782	0	229,668	272	194.01
194.02	07952	PUBLIC RELATIONS	537	0	0	0	194.02
194.03	07953	OUTREACH	5,846	0	52,380	4,101	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	1,900	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	194.07
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)	374,682	0	16,878,585	2,225,448	914,889 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,594,723					16.00
17.00	01700	SOCIAL SERVICE	0	5,670,197				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,036	1,719,064	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,050,145	879,363	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	155,050	248,414	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	122,579	60,538	0	0	0	50.00
51.00	05100	RECOVERY ROOM	69,325	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	38,142	1,044	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	245,260	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	63,072	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	131,028	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,312	1,044	0	0	0	59.00
60.00	06000	LABORATORY	460,630	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.	42,334	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	146,015	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	89,485	17,744	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	52,872	1,044	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	114,961	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,018	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	312,262	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,528	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	813,356	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,415	1,044	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	93	2,088	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	696	2,088	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.03	09003	DIABETIC CLINIC	2,757	0	0	0	0	90.03
90.04	09004	GI CLINIC	9,991	31,313	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	12,420	66,800	0	0	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	10,739	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3,311	5,219	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	2,156	1,044	0	0	0	90.09
90.10	09010	ENT CLINIC	4,444	9,394	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	7,600	3,131	0	0	0	90.11
90.12	09012	EYE CLINIC	2,862	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	20,965	622,078	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,919	81,413	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	5,666	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	5,312	2,088	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1,117	1,044	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,786	2,088	0	0	0	90.20
90.21	09021	SPINA BIFIDA	2,429	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,946	25,050	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	680	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	863	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	762	1,044	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	6,179	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	14,560	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	4,785	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	9,349	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	147	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	784	1,044	0	0	0	90.32
90.33	09033	APPLETON CLINIC	335	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	5,041	2,088	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1,324	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1,250	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	1,286	0	0	0	0	90.37
91.00	09100	EMERGENCY	222,745	1,863,096	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	3,554	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	15,115	3,131	0	0	0	98.00
98.01	09851	TRANSPORT	9,543	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	1,995	1,044	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	14,603	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	682	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	6,362	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	43,268	0	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	623	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,588	2,088	0	0	0	105.00
106.00	10600	HEART ACQUISITION	3,433	3,131	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,431	9,394	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,590,321	5,670,197	0	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,685	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	2,460	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	257	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,594,723	5,670,197	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,015,335					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		663,319				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,772,744	241,961	0	80,469,749	-13,014,705	30.00
31.00	03100	INTENSIVE CARE UNIT	4,074,224	77,181	0	91,911,226	-4,151,405	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	778,225	14,742	0	18,190,124	-792,967	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,552,948	48,362	0	33,862,755	-2,601,310	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,530,857	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,346,426	44,450	0	4,902,792	-2,390,876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	772,178	14,628	0	22,202,107	-786,806	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	2,108,734	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,159,024	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,149,680	0	59.00
60.00	06000	LABORATORY	0	0	0	34,135,680	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	6,026,701	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,901	207	0	17,381,281	-11,108	65.00
66.00	06600	PHYSICAL THERAPY	402,909	7,633	0	13,323,560	-410,542	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,777,155	0	68.00
69.00	06900	ELECTROCARDIOLOGY	397,373	7,528	0	8,888,119	-404,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	460,054	8,715	0	3,401,296	-468,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	28,437,406	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,899,953	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,869,835	0	73.00
74.00	07400	RENAL DIALYSIS	149,377	2,830	0	1,849,980	-216,142	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
90.01	09001	INFECTIOUS DISEASES	161,470	3,059	0	1,254,263	-164,529	90.01
90.02	09002	PAIN/PALLIATIVE CARE	14,989	284	0	929,386	-15,273	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	1,900,132	0	90.03
90.04	09004	GI CLINIC	916,445	17,361	0	4,471,943	-933,806	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	13,796	261	0	5,021,892	-14,057	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	1,090,506	0	90.07
90.08	09008	CARDIOLOGY CLINIC	566,508	10,732	0	4,203,115	-577,240	90.08
90.09	09009	PULMONARY CLINIC	349,937	6,629	0	1,548,947	-356,566	90.09
90.10	09010	ENT CLINIC	711,371	13,476	0	1,819,787	-724,847	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	2,240,756	0	90.11
90.12	09012	EYE CLINIC	183,953	3,485	0	1,450,695	-187,438	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	6,333,379	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	1,516,728	0	90.14
90.15	09015	ALLERGY CLINIC	78,180	1,481	0	1,713,521	-79,661	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	674,155	12,771	0	2,241,656	-686,926	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	613,711	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	1,002,512	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	546,658	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	3,290,757	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	384,258	7,279	0	1,537,540	-391,537	90.23
90.24	09024	ENDOCRINE CLINIC	180,632	3,422	0	788,199	-184,054	90.24
90.25	09025	RENAL CLINIC	0	0	0	665,180	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	2,606,311	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	5,396,517	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	2,269,977	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	3,899,278	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	1,563	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	122,235	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	136,759	0	90.33
90.34	09034	UROLOGY CLINIC	462,864	8,768	0	1,932,528	-471,632	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	274,728	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	580,317	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	523,886	0	90.37
91.00	09100	EMERGENCY	2,818,743	53,397	0	23,803,493	-2,872,140	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	432,482	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	855,383	16,204	0	5,763,250	-871,587	98.00
98.01	09851	TRANSPORT	0	0	0	5,117,084	0	98.01
98.02	09852	GENETICS CENTER	131,322	2,488	0	1,635,330	-133,810	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	956,235	0	98.03
98.04	09854	CHILD DEVELOPMENT	134,814	2,554	0	563,634	-137,368	98.04
98.05	09855	CHILD PROTECTION CENTER	162,151	3,072	0	3,676,796	-165,223	98.05
98.06	09856	DENTAL SRVS	1,383,482	26,208	0	8,800,277	-1,409,690	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	123,416	0	98.08
98.09	09859	OTHER	0	0	0	26	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	915,055	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	705,414	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,659,890	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
116.00	11600	HOSPICE			0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,901,812	661,168	0	583,555,758	-35,626,915	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	498,959	0	190.00
191.00	19100	RESEARCH	113,523	2,151	0	10,880,992	-115,674	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	120,424	0	194.00
194.01	07951	POISON CONTROL	0	0	0	4,075,159	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	2,451,854	0	194.02
194.03	07953	OUTREACH	0	0	0	665,500	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	504,367	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	1,775,634	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	169,159	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,015,335	663,319	0	604,697,806	-35,742,589	202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	INFECTIOUS DISEASES	90.01
90.02	09002	PAIN/PALLIATIVE CARE	90.02
90.03	09003	DIABETIC CLINIC	90.03
90.04	09004	GI CLINIC	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	90.05
90.06	09006	DIETETICS	90.06

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Cost Center Description			Total	
			26.00	
90.07	09007	INFUSION ROOM	1,090,506	90.07
90.08	09008	CARDIOLOGY CLINIC	3,625,875	90.08
90.09	09009	PULMONARY CLINIC	1,192,381	90.09
90.10	09010	ENT CLINIC	1,094,940	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,240,756	90.11
90.12	09012	EYE CLINIC	1,263,257	90.12
90.13	09013	ONCOLOGY CLINIC	6,333,379	90.13
90.14	09014	SURGICAL SPECIALTIES	1,516,728	90.14
90.15	09015	ALLERGY CLINIC	1,633,860	90.15
90.16	09016	LASER CLINIC	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,554,730	90.17
90.18	09018	CLINIC ADMINISTRATION	0	90.18
90.19	09019	CRANIOFACIAL CENTER	613,711	90.19
90.20	09020	HEMATOLOGY CLINIC	1,002,512	90.20
90.21	09021	SPINA BIFIDA	546,658	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,290,757	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,146,003	90.23
90.24	09024	ENDOCRINE CLINIC	604,145	90.24
90.25	09025	RENAL CLINIC	665,180	90.25
90.26	09026	GREENFIELD CLINIC	2,606,311	90.26
90.27	09027	NEW BERLIN CLINIC	5,396,517	90.27
90.28	09028	FOX POINT CLINIC	0	90.28
90.29	09029	DELAFIELD CLINIC	2,269,977	90.29
90.30	09030	MEQUON CLINIC	3,899,278	90.30
90.31	09031	KENOSHA CLINIC	1,563	90.31
90.32	09032	WEST DEPERE CLINIC	122,235	90.32
90.33	09033	APPLETON CLINIC	136,759	90.33
90.34	09034	UROLOGY CLINIC	1,460,896	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	274,728	90.35
90.36	09036	KENOSHA CLINIC (KNO)	580,317	90.36
90.37	09037	ADOLESCENT MEDICINE	523,886	90.37
91.00	09100	EMERGENCY	20,931,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	432,482	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,891,663	98.00
98.01	09851	TRANSPORT	5,117,084	98.01
98.02	09852	GENETICS CENTER	1,501,520	98.02
98.03	09853	NUCLEAR MEDICINE	956,235	98.03
98.04	09854	CHILD DEVELOPMENT	426,266	98.04
98.05	09855	CHILD PROTECTION CENTER	3,511,573	98.05
98.06	09856	DENTAL SRVS	7,390,587	98.06
98.07	09857	OTHER	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	123,416	98.08
98.09	09859	OTHER	26	98.09
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	915,055	105.00
106.00	10600	HEART ACQUISITION	705,414	106.00
107.00	10700	LIVER ACQUISITION	1,659,890	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	547,928,843	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	498,959	190.00
191.00	19100	RESEARCH	10,765,318	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DENTAL - SURGICENTER	120,424	194.00
194.01	07951	POISON CONTROL	4,075,159	194.01
194.02	07952	PUBLIC RELATIONS	2,451,854	194.02
194.03	07953	OUTREACH	665,500	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			Total	
			26.00	
194.04	07954	MED STAFF/PROVIDER SUPPORT	504,367	194.04
194.05	07955	RETAIL PHARMACY	1,775,634	194.05
194.06	07956	FLIGHT FOR LIFE	0	194.06
194.07	07957	CAC WAUKESHA	169,159	194.07
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	568,955,217	202.00

COST ALLOCATION STATISTICS

Provider CCN: 52-3300

Period:

From 01/01/2019

To 12/31/2019

Worksheet Non-CMS W

Date/Time Prepared:

10/14/2020 7:57 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTE'S	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	FTE'S	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	GROSS PATIENT REVENUE	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400	0	220,924	12,640	233,564	233,564	4.00
5.00	00500	0	2,722,327	13,067,376	15,789,703	11,253	5.00
7.00	00700	0	550,372	330,893	881,265	5,415	7.00
8.00	00800	0	0	5,648	5,648	0	8.00
9.00	00900	0	156,472	314,882	471,354	4,202	9.00
10.00	01000	0	496,932	254,511	751,443	2,084	10.00
11.00	01100	0	106,588	0	106,588	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	381,747	294,026	675,773	9,531	13.00
14.00	01400	185,732	164,910	66,374	417,016	368	14.00
15.00	01500	0	23,695	3,529	27,224	277	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	193,567	14,200	207,767	2,936	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	38,130	0	38,130	424	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	3,665,193	1,096,775	4,761,968	26,773	30.00
31.00	03100	0	3,928,174	2,308,663	6,236,837	38,552	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
34.00	03400	0	0	0	0	0	34.00
35.00	02040	0	546,604	175,064	721,668	5,284	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,488,939	2,149,042	3,637,981	11,173	50.00
51.00	05100	0	299,863	17,823	317,686	2,314	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	134,104	383,765	517,869	634	53.00
54.00	05400	253,914	1,160,154	793,822	2,207,890	8,997	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	47,894	392,492	440,386	730	57.00
58.00	05800	0	95,125	1,823,119	1,918,244	1,853	58.00
59.00	05900	0	104,518	450,593	555,111	860	59.00
60.00	06000	16,571	700,317	776,807	1,493,695	7,910	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	18,576	18,576	2	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	286,702	267,514	554,216	7,921	65.00
66.00	06600	120,054	662,107	30,719	812,880	6,365	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	544,296	146,906	691,202	3,972	68.00
69.00	06900	0	498,312	313,304	811,616	3,227	69.00
70.00	07000	0	35,184	355,456	390,640	1,131	70.00
71.00	07100	0	352,931	659,503	1,012,434	4,737	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	324,699	75,592	400,291	10,318	73.00
74.00	07400	0	54,554	35,426	89,980	341	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	2,043	0	2,043	726	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.02	09002	PAIN/PALLATIVE CARE	0	27,489	6,394	33,883	484	90.02
90.03	09003	DIABETIC CLINIC	0	110,409	17,477	127,886	902	90.03
90.04	09004	GI CLINIC	0	43,171	104,651	147,822	1,990	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	70,793	11,843	82,636	1,603	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	91,145	21,163	112,308	397	90.07
90.08	09008	CARDIOLOGY CLINIC	0	25,393	14,214	39,607	2,531	90.08
90.09	09009	PULMONARY CLINIC	0	59,675	22,345	82,020	617	90.09
90.10	09010	ENT CLINIC	0	0	72,852	72,852	830	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	307,690	9,807	317,497	892	90.11
90.12	09012	EYE CLINIC	0	63,576	105,731	169,307	566	90.12
90.13	09013	ONCOLOGY CLINIC	0	438,875	188,010	626,885	2,331	90.13
90.14	09014	SURGICAL SPECIALTIES	0	77,851	4,843	82,694	781	90.14
90.15	09015	ALLERGY CLINIC	0	107,994	40,513	148,507	951	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	71,218	43,131	114,349	702	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	71,218	116	71,334	236	90.19
90.20	09020	HEMATOLOGY CLINIC	0	117,653	0	117,653	424	90.20
90.21	09021	SPINA BIFIDA	0	61,506	0	61,506	229	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	179,875	28,962	208,837	1,690	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	198,661	20,704	219,365	291	90.23
90.24	09024	ENDOCRINE CLINIC	0	54,952	0	54,952	256	90.24
90.25	09025	RENAL CLINIC	0	63,602	1,747	65,349	269	90.25
90.26	09026	GREENFIELD CLINIC	249,747	338,629	61,696	650,072	930	90.26
90.27	09027	NEW BERLIN CLINIC	0	383,843	394,371	778,214	1,819	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	165,281	378,944	544,225	598	90.29
90.30	09030	MEQUON CLINIC	0	269,508	957,682	1,227,190	894	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	29,241	6,751	35,992	2	90.32
90.33	09033	APPLETON CLINIC	0	37,785	17,136	54,921	0	90.33
90.34	09034	UROLOGY CLINIC	0	102,024	42,885	144,909	648	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	53,613	24,093	0	77,706	112	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	137,208	0	137,208	38	90.36
90.37	09037	ADOLESCENT MEDICINE	0	66,707	12,753	79,460	171	90.37
91.00	09100	EMERGENCY	0	552,760	180,404	733,164	8,834	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	38	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	308,354	20,456	328,810	2,614	98.00
98.01	09851	TRANSPORT	54,948	4,245	76,329	135,522	2,814	98.01
98.02	09852	GENETICS CENTER	84,275	0	5,680	89,955	275	98.02
98.03	09853	NUCLEAR MEDICINE	0	42,614	9,394	52,008	412	98.03
98.04	09854	CHILD DEVELOPMENT	182,297	0	6,251	188,548	130	98.04
98.05	09855	CHILD PROTECTION CENTER	110,046	115,371	112,678	338,095	1,714	98.05
98.06	09856	DENTAL SRVS	185,941	136,465	50,826	373,232	4,100	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	81	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,448	627	7,075	242	105.00
106.00	10600	HEART ACQUISITION	0	6,448	537	6,985	237	106.00
107.00	10700	LIVER ACQUISITION	0	6,448	768	7,216	310	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,497,138	24,963,595	29,685,711	56,146,444	226,295	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,546	296	37,842	0	190.00
191.00	19100	RESEARCH	70,105	426,617	14,058	510,780	3,709	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	72	194.00
194.01	07951	POISON CONTROL	0	79,470	438	79,908	1,800	194.01
194.02	07952	PUBLIC RELATIONS	0	122,668	1,361	124,029	0	194.02
194.03	07953	OUTREACH	0	0	0	0	376	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	17,592	8,719	26,311	134	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	1,130	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	13,273	0	2,791	16,064	48	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,580,516	25,647,488	29,713,374	56,941,378	233,564	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,800,956					5.00
7.00	00700	OPERATION OF PLANT	943,708	1,830,388				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,648	0	47,296			8.00
9.00	00900	HOUSEKEEPING	305,302	12,928	642	794,428		9.00
10.00	01000	DIETARY	206,242	41,057	0	19,065	1,019,891	10.00
11.00	01100	CAFETERIA	3,676	8,806	0	4,001	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	419,389	31,541	470	11,521	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,500	13,625	0	6,678	0	14.00
15.00	01500	PHARMACY	22,505	1,958	0	959	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	120,063	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	123,492	15,993	0	7,838	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	912,116	3,150	0	1,544	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,333	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,206,035	302,824	9,448	148,413	737,558	30.00
31.00	03100	INTENSIVE CARE UNIT	1,809,480	324,551	5,001	159,062	127,363	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	357,496	45,161	1,398	22,133	129,935	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	713,751	123,019	2,121	60,291	2,025	50.00
51.00	05100	RECOVERY ROOM	97,883	24,775	950	12,142	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54,780	11,080	0	5,430	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	482,455	95,854	3,682	41,317	582	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	50,579	3,957	0	1,939	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	151,002	7,859	724	3,852	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,213	8,635	0	4,232	0	59.00
60.00	06000	LABORATORY	835,750	57,861	0	27,626	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.	156,375	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	403,992	23,688	621	10,731	547	65.00
66.00	06600	PHYSICAL THERAPY	292,432	54,704	775	25,153	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	197,770	44,971	4,072	5,459	0	68.00
69.00	06900	ELECTROCARDIOLOGY	178,758	41,171	431	20,084	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,556	2,907	1,068	1,326	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	705,676	29,160	396	14,291	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	256,900	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,676,682	26,827	0	13,148	0	73.00
74.00	07400	RENAL DIALYSIS	38,929	4,507	126	2,209	2,537	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	28,265	169	0	92	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	21,731	2,271	127	1,123	0	90.02
90.03	09003	DIABETIC CLINIC	42,597	9,122	0	4,447	1,757	90.03
90.04	09004	GI CLINIC	84,953	3,567	3,836	1,748	1,362	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	124,417	5,849	0	2,889	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	20,663	7,531	89	3,691	8,776	90.07
90.08	09008	CARDIOLOGY CLINIC	86,372	2,098	0	1,056	0	90.08
90.09	09009	PULMONARY CLINIC	27,468	4,930	0	2,441	0	90.09
90.10	09010	ENT CLINIC	26,425	0	136	3,329	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	39,627	25,422	503	12,459	0	90.11
90.12	09012	EYE CLINIC	28,964	5,253	0	2,565	0	90.12
90.13	09013	ONCOLOGY CLINIC	113,038	36,261	0	17,474	0	90.13
90.14	09014	SURGICAL SPECIALTIES	32,896	6,432	0	3,004	0	90.14
90.15	09015	ALLERGY CLINIC	35,812	8,923	241	4,337	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	35,546	5,884	308	3,554	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	11,537	5,884	0	3,554	0	90.19
90.20	09020	HEMATOLOGY CLINIC	17,221	9,721	0	5,062	0	90.20
90.21	09021	SPINA BIFIDA	10,619	5,082	0	2,469	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	67,025	14,862	0	7,254	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	19,751	16,414	162	3,877	0	90.23
90.24	09024	ENDOCRINE CLINIC	12,519	4,540	0	2,249	0	90.24
90.25	09025	RENAL CLINIC	13,569	5,255	0	2,575	0	90.25
90.26	09026	GREENFIELD CLINIC	53,028	27,978	392	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	122,739	31,714	263	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	51,492	13,656	407	0	0	90.29
90.30	09030	MEQUON CLINIC	89,591	22,267	81	0	0	90.30
90.31	09031	KENOSHA CLINIC	26	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1,900	2,416	0	0	0	90.32
90.33	09033	APPLETON CLINIC	1,955	3,122	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	31,754	8,429	0	4,279	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	6,056	1,991	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	7,469	11,336	1,083	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	9,749	5,511	0	2,579	0	90.37
91.00	09100	EMERGENCY	417,616	45,670	2,104	22,383	7,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	11,207	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	112,191	25,477	0	4,598	0	98.00
98.01	09851	TRANSPORT	119,911	351	3,866	172	0	98.01
98.02	09852	GENETICS CENTER	39,113	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	21,838	3,521	288	1,726	0	98.03
98.04	09854	CHILD DEVELOPMENT	10,898	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	85,695	9,532	294	0	0	98.05
98.06	09856	DENTAL SRVS	179,812	11,275	1,191	9,235	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	3,209	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	23,256	533	0	261	0	105.00
106.00	10600	HEART ACQUISITION	17,654	533	0	261	0	106.00
107.00	10700	LIVER ACQUISITION	42,475	533	0	261	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,305,117	1,773,884	47,296	767,448	1,019,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,831	3,102	0	1,520	0	190.00
191.00	19100	RESEARCH	250,344	35,248	0	17,275	93	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	3,082	0	0	0	0	194.00
194.01	07951	POISON CONTROL	95,754	6,566	0	3,218	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.02	07952	PUBLIC RELATIONS	56,875	10,135	0	4,967	0	194.02
194.03	07953	OUTREACH	15,761	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	12,430	1,453	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	46,349	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	4,413	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,800,956	1,830,388	47,296	794,428	1,019,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	123,071					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,640	0	1,153,865			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	486,187		14.00
15.00	01500	PHARMACY	188	0	0	0	53,111	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,984	0	34,156	1,091	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,693	0	0	2,073	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,784	0	289,499	48,018	1	30.00
31.00	03100	INTENSIVE CARE UNIT	24,501	0	422,543	50,903	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,449	0	57,845	8,550	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,534	0	7,988	44,227	2	50.00
51.00	05100	RECOVERY ROOM	1,243	0	0	1,782	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	566	0	0	15,354	230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,025	0	0	11,210	38	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	430	0	0	315	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	998	0	0	1,630	73	58.00
59.00	05900	CARDIAC CATHETERIZATION	448	0	7,713	2,510	0	59.00
60.00	06000	LABORATORY	5,399	0	0	25,587	15	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,915	0	69,138	18,044	0	65.00
66.00	06600	PHYSICAL THERAPY	1,689	0	0	27,372	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,463	0	0	9,503	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,512	0	26,719	559	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	835	0	14,874	215	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	437	0	0	68,637	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	5,299	0	0	52,293	52,717	73.00
74.00	07400	RENAL DIALYSIS	226	0	0	8,311	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	382	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	297	0	826	156	0	90.02
90.03	09003	DIABETIC CLINIC	627	0	0	625	0	90.03
90.04	09004	GI CLINIC	1,310	0	0	824	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,284	0	0	971	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	270	0	0	800	0	90.07
90.08	09008	CARDIOLOGY CLINIC	1,417	0	16,252	2,756	0	90.08
90.09	09009	PULMONARY CLINIC	457	0	0	563	0	90.09
90.10	09010	ENT CLINIC	593	0	0	2,915	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	716	0	0	1,139	0	90.11
90.12	09012	EYE CLINIC	430	0	0	1,838	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,517	0	25,342	2,314	0	90.13
90.14	09014	SURGICAL SPECIALTIES	493	0	0	186	0	90.14
90.15	09015	ALLERGY CLINIC	690	0	0	1,333	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	588	0	0	1,143	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	143	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	154	0	3,856	3,219	0	90.20
90.21	09021	SPINA BIFIDA	134	0	0	0	1	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,147	0	19,832	379	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	205	0	0	252	0	90.23
90.24	09024	ENDOCRINE CLINIC	242	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	198	0	0	225	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	1,211	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	826	8,327	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	275	1,626	0	90.29
90.30	09030	MEQUON CLINIC	0	0	551	2,452	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	94	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	5	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	506	0	0	1,371	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	518	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	7,223	0	90.36
90.37	09037	ADOLESCENT MEDICINE	147	0	0	326	0	90.37
91.00	09100	EMERGENCY	5,788	0	95,306	17,039	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	14	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,105	0	0	1,017	0	98.00
98.01	09851	TRANSPORT	1,453	0	24,791	2,571	0	98.01
98.02	09852	GENETICS CENTER	179	0	0	240	0	98.02
98.03	09853	NUCLEAR MEDICINE	218	0	0	24	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	1,859	0	98.04
98.05	09855	CHILD PROTECTION CENTER	126	0	0	5,959	3	98.05
98.06	09856	DENTAL SRVS	1,956	0	0	12,764	1	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	6	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	167	0	275	85	0	105.00
106.00	10600	HEART ACQUISITION	113	0	551	85	0	106.00
107.00	10700	LIVER ACQUISITION	230	0	275	85	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,555	0	1,119,433	484,709	53,085	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	84	0	190.00
191.00	19100	RESEARCH	1,506	0	15,150	24	26	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

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	194.00
194.01	07951	POISON CONTROL	914	0	15,701	59	194.01
194.02	07952	PUBLIC RELATIONS	176	0	0	0	194.02
194.03	07953	OUTREACH	1,920	0	3,581	896	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	415	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	194.07
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)	123,071	0	1,153,865	486,187	53,111 202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	120,063					16.00
17.00	01700	SOCIAL SERVICE	0	395,257				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,231	119,832	0			30.00
31.00	03100	INTENSIVE CARE UNIT	27,266	61,298	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	4,059	17,316	0			35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,209	4,220	0			50.00
51.00	05100	RECOVERY ROOM	1,815	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	999	73	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,421	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	1,651	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,430	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	532	73	0			59.00
60.00	06000	LABORATORY	12,059	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,108	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	3,823	0	0			65.00
66.00	06600	PHYSICAL THERAPY	2,343	1,237	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	1,384	73	0			68.00
69.00	06900	ELECTROCARDIOLOGY	3,010	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,336	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,175	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,794	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,293	0	0			73.00
74.00	07400	RENAL DIALYSIS	508	73	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	INFECTIOUS DISEASES	2	146	0			90.01
90.02	09002	PAIN/PALLIATIVE CARE	18	146	0			90.02

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.03	09003	DIABETIC CLINIC	72	0	0			90.03
90.04	09004	GI CLINIC	262	2,183	0			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	325	4,657	0			90.05
90.06	09006	DIETETICS	0	0	0			90.06
90.07	09007	INFUSION ROOM	281	0	0			90.07
90.08	09008	CARDIOLOGY CLINIC	87	364	0			90.08
90.09	09009	PULMONARY CLINIC	56	73	0			90.09
90.10	09010	ENT CLINIC	116	655	0			90.10
90.11	09011	ORTHOPEDIC CLINIC	199	218	0			90.11
90.12	09012	EYE CLINIC	75	0	0			90.12
90.13	09013	ONCOLOGY CLINIC	549	43,364	0			90.13
90.14	09014	SURGICAL SPECIALTIES	50	5,675	0			90.14
90.15	09015	ALLERGY CLINIC	148	0	0			90.15
90.16	09016	LASER CLINIC	0	0	0			90.16
90.17	09017	DERMATOLOGY CLINIC	139	146	0			90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0			90.18
90.19	09019	CRANIOFACIAL CENTER	29	73	0			90.19
90.20	09020	HEMATOLOGY CLINIC	47	146	0			90.20
90.21	09021	SPINA BIFIDA	64	0	0			90.21
90.22	09022	NEUROSCIENCES CLINIC	77	1,746	0			90.22
90.23	09023	RHEUMATOLOGY CLINIC	18	0	0			90.23
90.24	09024	ENDOCRINE CLINIC	23	0	0			90.24
90.25	09025	RENAL CLINIC	20	73	0			90.25
90.26	09026	GREENFIELD CLINIC	162	0	0			90.26
90.27	09027	NEW BERLIN CLINIC	381	0	0			90.27
90.28	09028	FOX POINT CLINIC	0	0	0			90.28
90.29	09029	DELAFIELD CLINIC	125	0	0			90.29
90.30	09030	MEQUON CLINIC	245	0	0			90.30
90.31	09031	KENOSHA CLINIC	4	0	0			90.31
90.32	09032	WEST DEPERE CLINIC	21	73	0			90.32
90.33	09033	APPLETON CLINIC	9	0	0			90.33
90.34	09034	UROLOGY CLINIC	132	146	0			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	35	0	0			90.35
90.36	09036	KENOSHA CLINIC (KNO)	33	0	0			90.36
90.37	09037	ADOLESCENT MEDICINE	34	0	0			90.37
91.00	09100	EMERGENCY	5,831	129,868	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	93	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	396	218	0			98.00
98.01	09851	TRANSPORT	250	0	0			98.01
98.02	09852	GENETICS CENTER	52	73	0			98.02
98.03	09853	NUCLEAR MEDICINE	382	0	0			98.03
98.04	09854	CHILD DEVELOPMENT	18	0	0			98.04
98.05	09855	CHILD PROTECTION CENTER	167	0	0			98.05
98.06	09856	DENTAL SRVS	1,133	0	0			98.06
98.07	09857	OTHER	0	0	0			98.07
98.08	09858	OTHER OFFSITE CLINICS	16	0	0			98.08
98.09	09859	OTHER	0	0	0			98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	94	146	0			105.00
106.00	10600	HEART ACQUISITION	90	218	0			106.00
107.00	10700	LIVER ACQUISITION	142	655	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,948	395,257	0	0	0	118.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	44	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DENTAL - SURGICENTER	64	0	0			194.00
194.01	07951	POISON CONTROL	0	0	0			194.01
194.02	07952	PUBLIC RELATIONS	0	0	0			194.02
194.03	07953	OUTREACH	0	0	0			194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0			194.04
194.05	07955	RETAIL PHARMACY	0	0	0			194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0			194.06
194.07	07957	CAC WAUKESHA	7	0	0			194.07
200.00		Cross Foot Adjustments				0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	120,063	395,257	0	0		0 202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	962,130					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		17,333				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				7,668,384	0	30.00
31.00	03100	INTENSIVE CARE UNIT				9,287,357	0	31.00
32.00	03200	CORONARY CARE UNIT				0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT				0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				1,374,294	0	35.00
40.00	04000	SUBPROVIDER - IPF				0	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				0	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,616,541	0	50.00
51.00	05100	RECOVERY ROOM				460,590	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				607,015	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,862,471	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				499,987	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				2,089,665	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				626,327	0	59.00
60.00	06000	LABORATORY				2,465,902	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.				176,062	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				1,097,636	0	65.00
66.00	06600	PHYSICAL THERAPY				1,224,950	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	0	67.00
68.00	06800	SPEECH PATHOLOGY				959,869	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,087,088	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				480,890	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,843,943	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				258,694	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,258,868	0	73.00
74.00	07400	RENAL DIALYSIS				147,747	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC				0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
90.01	09001	INFECTIOUS DISEASES				31,825	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE				61,062	0	90.02
90.03	09003	DIABETIC CLINIC				188,035	0	90.03
90.04	09004	GI CLINIC				249,857	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS				224,631	0	90.05
90.06	09006	DIETETICS				0	0	90.06
90.07	09007	INFUSION ROOM				154,806	0	90.07
90.08	09008	CARDIOLOGY CLINIC				152,540	0	90.08
90.09	09009	PULMONARY CLINIC				118,625	0	90.09
90.10	09010	ENT CLINIC				107,851	0	90.10
90.11	09011	ORTHOPEDIC CLINIC				398,672	0	90.11
90.12	09012	EYE CLINIC				208,998	0	90.12
90.13	09013	ONCOLOGY CLINIC				869,075	0	90.13
90.14	09014	SURGICAL SPECIALTIES				132,211	0	90.14
90.15	09015	ALLERGY CLINIC				200,942	0	90.15
90.16	09016	LASER CLINIC				0	0	90.16
90.17	09017	DERMATOLOGY CLINIC				162,359	0	90.17
90.18	09018	CLINIC ADMINISTRATION				0	0	90.18
90.19	09019	CRANIOFACIAL CENTER				92,790	0	90.19
90.20	09020	HEMATOLOGY CLINIC				157,503	0	90.20
90.21	09021	SPINA BIFIDA				80,104	0	90.21
90.22	09022	NEUROSCIENCES CLINIC				322,849	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC				260,335	0	90.23
90.24	09024	ENDOCRINE CLINIC				74,781	0	90.24
90.25	09025	RENAL CLINIC				87,533	0	90.25
90.26	09026	GREENFIELD CLINIC				733,773	0	90.26
90.27	09027	NEW BERLIN CLINIC				944,283	0	90.27
90.28	09028	FOX POINT CLINIC				0	0	90.28
90.29	09029	DELAFIELD CLINIC				612,404	0	90.29
90.30	09030	MEQUON CLINIC				1,343,271	0	90.30
90.31	09031	KENOSHA CLINIC				124	0	90.31
90.32	09032	WEST DEPERE CLINIC				40,409	0	90.32
90.33	09033	APPLETON CLINIC				60,007	0	90.33
90.34	09034	UROLOGY CLINIC				192,174	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC				86,418	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)				164,390	0	90.36
90.37	09037	ADOLESCENT MEDICINE				97,977	0	90.37
91.00	09100	EMERGENCY				1,490,960	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				11,352	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG				476,426	0	98.00
98.01	09851	TRANSPORT				291,701	0	98.01
98.02	09852	GENETICS CENTER				129,887	0	98.02
98.03	09853	NUCLEAR MEDICINE				80,417	0	98.03
98.04	09854	CHILD DEVELOPMENT				201,453	0	98.04
98.05	09855	CHILD PROTECTION CENTER				441,585	0	98.05
98.06	09856	DENTAL SRVS				594,699	0	98.06
98.07	09857	OTHER				0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS				3,306	0	98.08
98.09	09859	OTHER				6	0	98.09
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				32,134	0	105.00
106.00	10600	HEART ACQUISITION				26,727	0	106.00
107.00	10700	LIVER ACQUISITION				52,182	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE				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

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
116.00	11600	HOSPICE				0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	54,539,729	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				53,379	0	190.00
191.00	19100	RESEARCH				834,199	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	DENTAL - SURGICENTER				3,218	0	194.00
194.01	07951	POISON CONTROL				203,920	0	194.01
194.02	07952	PUBLIC RELATIONS				196,182	0	194.02
194.03	07953	OUTREACH				22,534	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT				40,328	0	194.04
194.05	07955	RETAIL PHARMACY				47,894	0	194.05
194.06	07956	FLIGHT FOR LIFE				0	0	194.06
194.07	07957	CAC WAUKESHA				20,532	0	194.07
200.00		Cross Foot Adjustments	962,130	17,333	0	979,463	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	962,130	17,333	0	56,941,378	0	202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	INFECTIOUS DISEASES	90.01
90.02	09002	PAIN/PALLIATIVE CARE	90.02
90.03	09003	DIABETIC CLINIC	90.03
90.04	09004	GI CLINIC	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	90.05
90.06	09006	DIETETICS	90.06

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			26.00	
90.07	09007	INFUSION ROOM	154,806	90.07
90.08	09008	CARDIOLOGY CLINIC	152,540	90.08
90.09	09009	PULMONARY CLINIC	118,625	90.09
90.10	09010	ENT CLINIC	107,851	90.10
90.11	09011	ORTHOPEDIC CLINIC	398,672	90.11
90.12	09012	EYE CLINIC	208,998	90.12
90.13	09013	ONCOLOGY CLINIC	869,075	90.13
90.14	09014	SURGICAL SPECIALTIES	132,211	90.14
90.15	09015	ALLERGY CLINIC	200,942	90.15
90.16	09016	LASER CLINIC	0	90.16
90.17	09017	DERMATOLOGY CLINIC	162,359	90.17
90.18	09018	CLINIC ADMINISTRATION	0	90.18
90.19	09019	CRANIOFACIAL CENTER	92,790	90.19
90.20	09020	HEMATOLOGY CLINIC	157,503	90.20
90.21	09021	SPINA BIFIDA	80,104	90.21
90.22	09022	NEUROSCIENCES CLINIC	322,849	90.22
90.23	09023	RHEUMATOLOGY CLINIC	260,335	90.23
90.24	09024	ENDOCRINE CLINIC	74,781	90.24
90.25	09025	RENAL CLINIC	87,533	90.25
90.26	09026	GREENFIELD CLINIC	733,773	90.26
90.27	09027	NEW BERLIN CLINIC	944,283	90.27
90.28	09028	FOX POINT CLINIC	0	90.28
90.29	09029	DELAFIELD CLINIC	612,404	90.29
90.30	09030	MEQUON CLINIC	1,343,271	90.30
90.31	09031	KENOSHA CLINIC	124	90.31
90.32	09032	WEST DEPERE CLINIC	40,409	90.32
90.33	09033	APPLETON CLINIC	60,007	90.33
90.34	09034	UROLOGY CLINIC	192,174	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	86,418	90.35
90.36	09036	KENOSHA CLINIC (KNO)	164,390	90.36
90.37	09037	ADOLESCENT MEDICINE	97,977	90.37
91.00	09100	EMERGENCY	1,490,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	11,352	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	476,426	98.00
98.01	09851	TRANSPORT	291,701	98.01
98.02	09852	GENETICS CENTER	129,887	98.02
98.03	09853	NUCLEAR MEDICINE	80,417	98.03
98.04	09854	CHILD DEVELOPMENT	201,453	98.04
98.05	09855	CHILD PROTECTION CENTER	441,585	98.05
98.06	09856	DENTAL SRVS	594,699	98.06
98.07	09857	OTHER	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	3,306	98.08
98.09	09859	OTHER	6	98.09
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	32,134	105.00
106.00	10600	HEART ACQUISITION	26,727	106.00
107.00	10700	LIVER ACQUISITION	52,182	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,539,729	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,379	190.00
191.00	19100	RESEARCH	834,199	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DENTAL - SURGICENTER	3,218	194.00
194.01	07951	POISON CONTROL	203,920	194.01
194.02	07952	PUBLIC RELATIONS	196,182	194.02
194.03	07953	OUTREACH	22,534	194.03

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
194.04	07954	MED STAFF/PROVIDER SUPPORT	40,328	194.04
194.05	07955	RETAIL PHARMACY	47,894	194.05
194.06	07956	FLIGHT FOR LIFE	0	194.06
194.07	07957	CAC WAUKESHA	20,532	194.07
200.00		Cross Foot Adjustments	979,463	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	56,941,378	202.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	966,583					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		28,470,683				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,326	12,111	194,951,155			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	102,597	12,520,862	9,393,504	-146,549,608	458,148,198	5.00
7.00	00700	OPERATION OF PLANT	20,742	317,054	4,519,628	0	27,362,570	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,412	0	0	1,207,572	8.00
9.00	00900	HOUSEKEEPING	5,897	301,713	3,507,306	0	8,852,145	9.00
10.00	01000	DIETARY	18,728	243,867	1,739,836	0	5,979,944	10.00
11.00	01100	CAFETERIA	4,017	0	0	0	106,588	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	14,387	281,729	7,955,872	0	12,160,094	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,215	63,598	307,555	0	1,406,254	14.00
15.00	01500	PHARMACY	893	3,381	231,015	0	652,520	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,481,183	16.00
17.00	01700	SOCIAL SERVICE	7,295	13,606	2,450,702	0	3,580,627	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,437	0	353,901	0	26,446,581	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	502,562	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	138,131	1,050,905	22,348,425	0	34,968,679	30.00
31.00	03100	INTENSIVE CARE UNIT	148,042	2,212,109	32,170,912	0	52,468,894	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	167,742	4,410,913	0	10,365,516	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,114	2,059,164	9,326,212	0	20,695,029	50.00
51.00	05100	RECOVERY ROOM	11,301	17,078	1,931,589	0	2,838,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,054	367,715	529,180	0	1,588,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,723	760,622	7,509,712	0	13,988,664	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,805	376,077	609,713	0	1,466,529	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,585	1,746,872	1,547,114	0	4,378,268	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,939	431,748	718,048	0	1,339,938	59.00
60.00	06000	LABORATORY	26,393	744,319	6,602,342	0	24,232,364	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	17,799	1,738	0	4,534,041	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,805	256,326	6,612,070	0	11,713,661	65.00
66.00	06600	PHYSICAL THERAPY	24,953	29,434	5,312,821	0	8,478,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,513	140,762	3,315,684	0	5,734,298	68.00
69.00	06900	ELECTROCARDIOLOGY	18,780	300,201	2,693,347	0	5,183,043	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,326	340,590	944,305	0	1,929,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,301	631,921	3,954,186	0	20,460,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,448,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,237	72,431	8,612,994	0	48,614,979	73.00
74.00	07400	RENAL DIALYSIS	2,056	33,944	284,964	0	1,128,731	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
90.01	09001	INFECTIOUS DISEASES	77	0	606,072	0	819,524	90.01
90.02	09002	PAIN/PALLIATIVE CARE	1,036	6,127	404,075	0	630,074	90.02
90.03	09003	DIABETIC CLINIC	4,161	16,746	752,620	0	1,235,096	90.03
90.04	09004	GI CLINIC	1,627	100,274	1,660,807	0	2,463,195	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,668	11,348	1,338,038	0	3,607,432	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,435	20,278	331,749	0	599,132	90.07
90.08	09008	CARDIOLOGY CLINIC	957	13,620	2,112,497	0	2,504,322	90.08
90.09	09009	PULMONARY CLINIC	2,249	21,410	514,815	0	796,423	90.09
90.10	09010	ENT CLINIC	0	69,805	693,177	0	766,184	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	9,397	744,793	0	1,148,983	90.11
90.12	09012	EYE CLINIC	2,396	101,309	472,450	0	839,792	90.12
90.13	09013	ONCOLOGY CLINIC	16,540	180,147	1,945,717	0	3,277,516	90.13
90.14	09014	SURGICAL SPECIALTIES	2,934	4,640	651,965	0	953,805	90.14
90.15	09015	ALLERGY CLINIC	4,070	38,819	793,787	0	1,038,359	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2,684	41,327	585,966	0	1,030,637	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2,684	111	196,791	0	334,506	90.19
90.20	09020	HEMATOLOGY CLINIC	4,434	0	354,027	0	499,308	90.20
90.21	09021	SPINA BIFIDA	2,318	0	191,206	0	307,881	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,779	27,751	1,410,898	0	1,943,360	90.22
90.23	09023	RHEUMATOLOGY CLINIC	7,487	19,838	242,534	0	572,668	90.23
90.24	09024	ENDOCRINE CLINIC	2,071	0	213,296	0	362,994	90.24
90.25	09025	RENAL CLINIC	2,397	1,674	224,276	0	393,434	90.25
90.26	09026	GREENFIELD CLINIC	12,762	59,116	776,471	0	1,537,529	90.26
90.27	09027	NEW BERLIN CLINIC	14,466	377,877	1,518,097	0	3,558,773	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,229	363,096	499,011	0	1,493,000	90.29
90.30	09030	MEQUON CLINIC	10,157	917,629	745,943	0	2,597,655	90.30
90.31	09031	KENOSHA CLINIC	0	0	384	0	747	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	6,469	1,926	0	55,093	90.32
90.33	09033	APPLETON CLINIC	1,424	16,419	0	0	56,693	90.33
90.34	09034	UROLOGY CLINIC	3,845	41,091	540,502	0	920,696	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	908	0	93,625	0	175,590	90.35
90.36	09036	KENOSHA CLINIC (KNO)	5,171	0	31,355	0	216,567	90.36
90.37	09037	ADOLESCENT MEDICINE	2,514	12,220	142,797	0	282,674	90.37
91.00	09100	EMERGENCY	20,832	172,859	7,373,602	0	12,108,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	32,129	0	324,945	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	11,621	19,600	2,182,019	0	3,252,964	98.00
98.01	09851	TRANSPORT	160	73,137	2,348,915	0	3,476,789	98.01
98.02	09852	GENETICS CENTER	0	5,442	229,239	0	1,134,075	98.02
98.03	09853	NUCLEAR MEDICINE	1,606	9,001	343,850	0	633,174	98.03
98.04	09854	CHILD DEVELOPMENT	0	5,990	108,929	0	315,995	98.04
98.05	09855	CHILD PROTECTION CENTER	4,348	107,966	1,430,957	0	2,484,719	98.05
98.06	09856	DENTAL SRVS	5,143	48,700	3,422,296	0	5,213,610	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	67,264	0	93,034	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243	601	201,808	0	674,314	105.00
106.00	10600	HEART ACQUISITION	243	515	197,507	0	511,880	106.00
107.00	10700	LIVER ACQUISITION	243	736	258,405	0	1,231,561	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	940,809	28,444,177	188,884,175	-146,549,608	443,771,473	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	284	0	0	314,030	190.00
191.00	19100	RESEARCH	16,078	13,470	3,096,126	0	7,258,665	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	60,182	0	89,375	194.00
194.01	07951	POISON CONTROL	2,995	420	1,502,670	0	2,776,355	194.01
194.02	07952	PUBLIC RELATIONS	4,623	1,304	0	0	1,649,069	194.02
194.03	07953	OUTREACH	0	0	313,666	0	456,993	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	663	8,354	111,473	0	360,404	194.04
194.05	07955	RETAIL PHARMACY	0	0	943,150	0	1,343,866	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	2,674	39,713	0	127,968	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	25,647,488	29,713,374	8,256,659		146,549,608	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.534181	1.043648	0.042352		0.319874	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			233,564		15,800,956	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001198		0.034489	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	834,918					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,145,092				8.00
9.00	00900	HOUSEKEEPING	5,897	15,545	739,391			9.00
10.00	01000	DIETARY	18,728	0	17,744	87,629		10.00
11.00	01100	CAFETERIA	4,017	0	3,724	0	212,902	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	14,387	11,382	10,723	0	9,757	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,215	0	6,215	0	0	14.00
15.00	01500	PHARMACY	893	0	893	0	325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,295	0	7,295	0	3,432	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,437	0	1,437	0	8,118	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	138,131	228,737	138,131	63,371	29,034	30.00
31.00	03100	INTENSIVE CARE UNIT	148,042	121,069	148,042	10,943	42,382	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	33,849	20,600	11,164	5,967	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,114	51,343	56,114	174	11,304	50.00
51.00	05100	RECOVERY ROOM	11,301	23,005	11,301	0	2,151	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,054	0	5,054	0	979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,723	89,146	38,455	50	6,963	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,805	0	1,805	0	744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,585	17,540	3,585	0	1,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,939	0	3,939	0	775	59.00
60.00	06000	LABORATORY	26,393	0	25,712	0	9,339	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	2	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,805	15,038	9,988	47	8,503	65.00
66.00	06600	PHYSICAL THERAPY	24,953	18,767	23,410	0	2,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,513	98,596	5,081	0	2,531	68.00
69.00	06900	ELECTROCARDIOLOGY	18,780	10,446	18,693	0	2,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,326	25,853	1,234	0	1,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,301	9,589	13,301	0	756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,237	0	12,237	0	9,167	73.00
74.00	07400	RENAL DIALYSIS	2,056	3,047	2,056	218	391	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	77	0	86	0	661	90.01
90.02	09002	PAIN/PALLIATIVE CARE	1,036	3,082	1,045	0	513	90.02
90.03	09003	DIABETIC CLINIC	4,161	0	4,139	151	1,085	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
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Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
90.04	09004	GI CLINIC	1,627	92,868	1,627	117	2,267	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,668	0	2,689	0	2,221	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,435	2,158	3,435	754	467	90.07
90.08	09008	CARDIOLOGY CLINIC	957	0	983	0	2,452	90.08
90.09	09009	PULMONARY CLINIC	2,249	0	2,272	0	790	90.09
90.10	09010	ENT CLINIC	0	3,287	3,098	0	1,026	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	12,174	11,596	0	1,239	90.11
90.12	09012	EYE CLINIC	2,396	0	2,387	0	744	90.12
90.13	09013	ONCOLOGY CLINIC	16,540	0	16,263	0	2,624	90.13
90.14	09014	SURGICAL SPECIALTIES	2,934	0	2,796	0	852	90.14
90.15	09015	ALLERGY CLINIC	4,070	5,843	4,037	0	1,194	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2,684	7,457	3,308	0	1,018	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2,684	0	3,308	0	247	90.19
90.20	09020	HEMATOLOGY CLINIC	4,434	0	4,711	0	266	90.20
90.21	09021	SPINA BIFIDA	2,318	0	2,298	0	232	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,779	0	6,751	0	1,985	90.22
90.23	09023	RHEUMATOLOGY CLINIC	7,487	3,932	3,608	0	355	90.23
90.24	09024	ENDOCRINE CLINIC	2,071	0	2,093	0	419	90.24
90.25	09025	RENAL CLINIC	2,397	0	2,397	0	343	90.25
90.26	09026	GREENFIELD CLINIC	12,762	9,492	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	14,466	6,374	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,229	9,845	0	0	0	90.29
90.30	09030	MEQUON CLINIC	10,157	1,953	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	1,424	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	3,845	0	3,983	0	875	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	908	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	5,171	26,216	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	2,514	0	2,400	0	254	90.37
91.00	09100	EMERGENCY	20,832	50,947	20,832	632	10,013	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	24	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	11,621	0	4,279	0	1,911	98.00
98.01	09851	TRANSPORT	160	93,603	160	0	2,514	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	310	98.02
98.03	09853	NUCLEAR MEDICINE	1,606	6,969	1,606	0	377	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	4,348	7,116	0	0	218	98.05
98.06	09856	DENTAL SRVS	5,143	28,824	8,595	0	3,383	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243	0	243	0	289	105.00
106.00	10600	HEART ACQUISITION	243	0	243	0	195	106.00
107.00	10700	LIVER ACQUISITION	243	0	243	0	398	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	809,144	1,145,092	714,280	87,621	205,089	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	0	1,415	0	0	190.00
191.00	19100	RESEARCH	16,078	0	16,078	8	2,605	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,995	0	2,995	0	1,581	194.01
194.02	07952	PUBLIC RELATIONS	4,623	0	4,623	0	305	194.02
194.03	07953	OUTREACH	0	0	0	0	3,322	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	663	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	36,115,145	1,593,843	11,960,433	8,989,898	374,682	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	43.255919	1.391891	16.176060	102.590444	1.759880	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,830,388	47,296	794,428	1,019,891	123,071	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.192297	0.041303	1.074436	11.638738	0.578064	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,189				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	761,271			14.00
15.00	01500	PHARMACY	0	0	0	41,586,007		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,134,669,382	16.00
17.00	01700	SOCIAL SERVICE	0	124	1,709	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,246	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,051	75,187	702	11,616,643	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,534	79,704	56	259,249,283	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	210	13,388	27	38,293,381	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29	69,251	1,304	30,274,011	50.00
51.00	05100	RECOVERY ROOM	0	0	2,791	0	17,121,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	24,042	180,212	9,420,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,553	29,956	60,573,086	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	493	189	15,577,237	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,552	57,223	32,360,467	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28	3,930	0	5,016,439	59.00
60.00	06000	LABORATORY	0	0	40,064	11,610	113,763,860	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	10,455,471	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	251	28,253	0	36,062,013	65.00
66.00	06600	PHYSICAL THERAPY	0	0	42,859	0	22,100,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	14,880	0	13,057,980	68.00
69.00	06900	ELECTROCARDIOLOGY	0	97	876	1,087	28,392,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54	336	1,957	12,600,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	107,469	0	77,120,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,924,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	81,880	41,276,049	200,878,297	73.00
74.00	07400	RENAL DIALYSIS	0	0	13,013	162	4,795,115	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	22,968	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	3	244	0	171,786	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
90.03	09003	DIABETIC CLINIC	0	0	979	27	681,016	90.03
90.04	09004	GI CLINIC	0	0	1,291	72	2,467,404	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	1,521	0	3,067,469	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	1,252	0	2,652,307	90.07
90.08	09008	CARDIOLOGY CLINIC	0	59	4,316	0	817,771	90.08
90.09	09009	PULMONARY CLINIC	0	0	882	0	532,574	90.09
90.10	09010	ENT CLINIC	0	0	4,564	0	1,097,535	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	1,783	27	1,876,942	90.11
90.12	09012	EYE CLINIC	0	0	2,878	0	706,779	90.12
90.13	09013	ONCOLOGY CLINIC	0	92	3,624	0	5,177,907	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	292	0	473,866	90.14
90.15	09015	ALLERGY CLINIC	0	0	2,087	27	1,399,409	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	1,790	270	1,311,903	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	275,772	90.19
90.20	09020	HEMATOLOGY CLINIC	0	14	5,040	0	441,068	90.20
90.21	09021	SPINA BIFIDA	0	0	0	756	600,023	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	72	593	0	727,466	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	395	0	167,896	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	213,024	90.24
90.25	09025	RENAL CLINIC	0	0	352	0	188,276	90.25
90.26	09026	GREENFIELD CLINIC	0	0	1,896	0	1,526,008	90.26
90.27	09027	NEW BERLIN CLINIC	0	3	13,039	378	3,595,967	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	1	2,546	189	1,181,726	90.29
90.30	09030	MEQUON CLINIC	0	2	3,839	108	2,308,894	90.30
90.31	09031	KENOSHA CLINIC	0	0	147	0	36,286	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	8	0	193,532	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	82,649	90.33
90.34	09034	UROLOGY CLINIC	0	0	2,147	0	1,245,102	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	811	0	326,977	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	11,309	0	308,598	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	510	0	317,679	90.37
91.00	09100	EMERGENCY	0	346	26,679	611	55,012,286	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	877,724	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	1,593	0	3,733,074	98.00
98.01	09851	TRANSPORT	0	90	4,025	0	2,356,800	98.01
98.02	09852	GENETICS CENTER	0	0	376	0	492,800	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	38	0	3,606,646	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	2,911	0	168,370	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	9,330	2,436	1,571,227	98.05
98.06	09856	DENTAL SRVS	0	0	19,986	572	10,686,012	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	153,878	98.08
98.09	09859	OTHER	0	0	9	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1	133	0	886,220	105.00
106.00	10600	HEART ACQUISITION	0	2	133	0	847,980	106.00
107.00	10700	LIVER ACQUISITION	0	1	133	0	1,341,337	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,064	758,957	41,566,007	1,133,582,393	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131	0	0	190.00
191.00	19100	RESEARCH	0	55	37	20,000	416,105	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	607,456	194.00
194.01	07951	POISON CONTROL	0	57	93	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	13	1,403	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	650	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	63,428	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	16,878,585	2,225,448	914,889	4,594,723	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,029.263547	2.923332	0.022000	0.004049	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,153,865	486,187	53,111	120,063	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	275.451182	0.638652	0.001277	0.000106	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	10,865					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			411,154	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,294	0	0	0	149,979	30.00
31.00	03100	INTENSIVE CARE UNIT	1,685	0	0	0	47,840	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	476	0	0	0	9,138	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116	0	0	0	29,977	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	2	0	0	0	27,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	9,067	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	2	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	128	65.00
66.00	06600	PHYSICAL THERAPY	34	0	0	0	4,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	5,402	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2	0	0	0	1,754	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	4	0	0	0	1,896	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
90.02	09002	PAIN/PALLATIVE CARE	4	0	0	0	176	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0	90.03
90.04	09004	GI CLINIC	60	0	0	0	10,761	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	128	0	0	0	162	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	10	0	0	0	6,652	90.08
90.09	09009	PULMONARY CLINIC	2	0	0	0	4,109	90.09
90.10	09010	ENT CLINIC	18	0	0	0	8,353	90.10
90.11	09011	ORTHOPEDIC CLINIC	6	0	0	0	0	90.11
90.12	09012	EYE CLINIC	0	0	0	0	2,160	90.12
90.13	09013	ONCOLOGY CLINIC	1,192	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	156	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	918	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	4	0	0	0	7,916	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	4	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	48	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	4,512	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	2,121	90.24
90.25	09025	RENAL CLINIC	2	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	2	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	4	0	0	0	5,435	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0	0	90.37
91.00	09100	EMERGENCY	3,570	0	0	0	33,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	6	0	0	0	10,044	98.00
98.01	09851	TRANSPORT	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	2	0	0	0	1,542	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	1,583	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	1,904	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	16,245	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	6	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	18	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,865	0	0	0	409,821	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	1,333	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,670,197	0	0	0	35,015,335	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	521.877312	0.000000	0.000000	0.000000	85.163552	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	395,257	0	0	0	962,130	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	36.378923	0.000000	0.000000	0.000000	2.340072	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B-1
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM		
			SERVICES-OTHER PRGM COSTS			
			(ASSIGNED TIME)			
			22.00	23.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	411,154			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	149,979	0		30.00
31.00	03100	INTENSIVE CARE UNIT	47,840	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	9,138	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,977	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	27,552	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,067	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	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	128	0		65.00
66.00	06600	PHYSICAL THERAPY	4,731	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	4,666	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,402	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	1,754	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	1,896	0		90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B-1
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM		
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			22.00			
90.02	09002	PAIN/PALLATIVE CARE	176	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	10,761	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	162	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	6,652	0		90.08
90.09	09009	PULMONARY CLINIC	4,109	0		90.09
90.10	09010	ENT CLINIC	8,353	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	2,160	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	918	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	7,916	0		90.17
90.18	09018	CLINIC ADMINISTRATION	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	4,512	0		90.23
90.24	09024	ENDOCRINE CLINIC	2,121	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	UROLOGY CLINIC	5,435	0		90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0		90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0		90.36
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
91.00	09100	EMERGENCY	33,098	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	10,044	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	1,542	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	1,583	0		98.04
98.05	09855	CHILD PROTECTION CENTER	1,904	0		98.05
98.06	09856	DENTAL SRVS	16,245	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE		0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0		117.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet B-1
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	23.00	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	409,821	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100 RESEARCH	1,333	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300 NONPAID WORKERS	0	0		193.00
194.00	07950 DENTAL - SURGICENTER	0	0		194.00
194.01	07951 POISON CONTROL	0	0		194.01
194.02	07952 PUBLIC RELATIONS	0	0		194.02
194.03	07953 OUTREACH	0	0		194.03
194.04	07954 MED STAFF/PROVIDER SUPPORT	0	0		194.04
194.05	07955 RETAIL PHARMACY	0	0		194.05
194.06	07956 FLIGHT FOR LIFE	0	0		194.06
194.07	07957 CAC WAUKESHA	0	0		194.07
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	663,319	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.613310	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,333	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.042157	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-2

Date/Time Prepared:
10/14/2020 7:57 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	-63,935 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII		Hospital		TEFRA	
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	67,455,044		67,455,044	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	87,759,821		87,759,821	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	17,397,157		17,397,157	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,261,445		31,261,445	0	0	50.00
51.00	05100	RECOVERY ROOM	4,530,857		4,530,857	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,511,916		2,511,916	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,415,301		21,415,301	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,108,734		2,108,734	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,159,024		6,159,024	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,149,680		2,149,680	0	0	59.00
60.00	06000	LABORATORY	34,135,680		34,135,680	0	0	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.	6,026,701		6,026,701	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,370,173	0	17,370,173	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,913,018	0	12,913,018	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,777,155	0	8,777,155	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,483,218		8,483,218	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,932,527		2,932,527	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,437,406		28,437,406	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,899,953		9,899,953	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,869,835		66,869,835	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,633,838		1,633,838	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,089,734		1,089,734	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	914,113		914,113	0	0	90.02
90.03	09003	DIABETIC CLINIC	1,900,132		1,900,132	0	0	90.03
90.04	09004	GI CLINIC	3,538,137		3,538,137	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,007,835		5,007,835	0	0	90.05
90.06	09006	DIETETICS	0		0	0	0	90.06
90.07	09007	INFUSION ROOM	1,090,506		1,090,506	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3,625,875		3,625,875	0	0	90.08
90.09	09009	PULMONARY CLINIC	1,192,381		1,192,381	0	0	90.09
90.10	09010	ENT CLINIC	1,094,940		1,094,940	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,240,756		2,240,756	0	0	90.11
90.12	09012	EYE CLINIC	1,263,257		1,263,257	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	6,333,379		6,333,379	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,516,728		1,516,728	0	0	90.14
90.15	09015	ALLERGY CLINIC	1,633,860		1,633,860	0	0	90.15
90.16	09016	LASER CLINIC	0		0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,554,730		1,554,730	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0		0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	613,711		613,711	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,002,512		1,002,512	0	0	90.20
90.21	09021	SPINA BIFIDA	546,658		546,658	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,290,757		3,290,757	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,146,003		1,146,003	0	0	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
10/14/2020 7:57 am

				Title XVIII		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.24	09024	ENDOCRINE CLINIC	604,145		604,145	0	0	90.24	
90.25	09025	RENAL CLINIC	665,180		665,180	0	0	90.25	
90.26	09026	GREENFIELD CLINIC	2,606,311		2,606,311	0	0	90.26	
90.27	09027	NEW BERLIN CLINIC	5,396,517		5,396,517	0	0	90.27	
90.28	09028	FOX POINT CLINIC	0		0	0	0	90.28	
90.29	09029	DELAFIELD CLINIC	2,269,977		2,269,977	0	0	90.29	
90.30	09030	MEQUON CLINIC	3,899,278		3,899,278	0	0	90.30	
90.31	09031	KENOSHA CLINIC	1,563		1,563	0	0	90.31	
90.32	09032	WEST DEPERE CLINIC	122,235		122,235	0	0	90.32	
90.33	09033	APPLETON CLINIC	136,759		136,759	0	0	90.33	
90.34	09034	UROLOGY CLINIC	1,460,896		1,460,896	0	0	90.34	
90.35	09035	GREENFIELD ENT/ENT CLINIC	274,728		274,728	0	0	90.35	
90.36	09036	KENOSHA CLINIC (KNO)	580,317		580,317	0	0	90.36	
90.37	09037	ADOLESCENT MEDICINE	523,886		523,886	0	0	90.37	
91.00	09100	EMERGENCY	20,931,353		20,931,353	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,325,328		10,325,328	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	432,482		432,482	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,891,663		4,891,663	0	0	98.00	
98.01	09851	TRANSPORT	5,117,084		5,117,084	0	0	98.01	
98.02	09852	GENETICS CENTER	1,501,520		1,501,520	0	0	98.02	
98.03	09853	NUCLEAR MEDICINE	956,235		956,235	0	0	98.03	
98.04	09854	CHILD DEVELOPMENT	426,266		426,266	0	0	98.04	
98.05	09855	CHILD PROTECTION CENTER	3,511,573		3,511,573	0	0	98.05	
98.06	09856	DENTAL SRVS	7,390,587		7,390,587	0	0	98.06	
98.07	09857	OTHER	0		0	0	0	98.07	
98.08	09858	OTHER OFFSITE CLINICS	123,416		123,416	0	0	98.08	
98.09	09859	OTHER	26		26	0	0	98.09	
99.00	09900	CMHC	0		0	0	0	99.00	
99.10	09910	CORF	0		0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	915,055		915,055	0	0	105.00	
106.00	10600	HEART ACQUISITION	705,414		705,414	0	0	106.00	
107.00	10700	LIVER ACQUISITION	1,659,890		1,659,890	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00	
116.00	11600	HOSPICE	0		0	0	0	116.00	
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0	0	0	117.00	
200.00		Subtotal (see instructions)	558,254,171	0	558,254,171	0	0	200.00	
201.00		Less Observation Beds	10,325,328		10,325,328	0	0	201.00	
202.00		Total (see instructions)	547,928,843	0	547,928,843	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII		Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	116,616,643		116,616,643		30.00
31.00	03100	INTENSIVE CARE UNIT	259,249,283		259,249,283		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	38,293,381		38,293,381		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,067,448	11,206,562	30,274,010	1.032617	1.032617
51.00	05100	RECOVERY ROOM	3,166,000	13,955,493	17,121,493	0.264630	0.264630
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	3,360,964	6,059,123	9,420,087	0.266655	0.266655
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,495,705	47,077,380	60,573,085	0.353545	0.353545
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	5,564,531	10,012,706	15,577,237	0.135373	0.135373
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,700,218	24,660,249	32,360,467	0.190326	0.190326
59.00	05900	CARDIAC CATHETERIZATION	1,373,741	3,642,698	5,016,439	0.428527	0.428527
60.00	06000	LABORATORY	47,480,991	66,282,870	113,763,861	0.300057	0.300057
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,474,575	2,980,896	10,455,471	0.576416	0.576416
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	26,385,771	9,676,243	36,062,014	0.481675	0.481675
66.00	06600	PHYSICAL THERAPY	5,468,111	16,632,531	22,100,642	0.584282	0.584282
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	2,371,274	10,686,706	13,057,980	0.672168	0.672168
69.00	06900	ELECTROCARDIOLOGY	8,484,462	19,908,074	28,392,536	0.298783	0.298783
70.00	07000	ELECTROENCEPHALOGRAPHY	9,703,373	2,896,674	12,600,047	0.232739	0.232739
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,869,472	47,251,226	77,120,698	0.368739	0.368739
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,924,720	0	16,924,720	0.584940	0.584940
73.00	07300	DRUGS CHARGED TO PATIENTS	117,225,528	83,652,769	200,878,297	0.332887	0.332887
74.00	07400	RENAL DIALYSIS	1,187,431	3,607,683	4,795,114	0.340730	0.340730
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	INFECTIOUS DISEASES	0	22,968	22,968	47.445751	47.445751
90.02	09002	PAIN/PALLIATIVE CARE	0	171,786	171,786	5.321231	5.321231
90.03	09003	DIABETIC CLINIC	2,937	678,080	681,017	2.790139	2.790139
90.04	09004	GI CLINIC	96,270	2,371,134	2,467,404	1.433951	1.433951
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,927	3,065,542	3,067,469	1.632563	1.632563
90.06	09006	DIETETICS	0	0	0	0.000000	0.000000
90.07	09007	INFUSION ROOM	1,298	2,651,009	2,652,307	0.411154	0.411154
90.08	09008	CARDIOLOGY CLINIC	6,905	810,866	817,771	4.433851	4.433851
90.09	09009	PULMONARY CLINIC	10,362	522,212	532,574	2.238902	2.238902
90.10	09010	ENT CLINIC	1,963	1,095,572	1,097,535	0.997636	0.997636
90.11	09011	ORTHOPEDIC CLINIC	2,643	1,876,299	1,876,942	1.193833	1.193833
90.12	09012	EYE CLINIC	379	706,400	706,779	1.787344	1.787344
90.13	09013	ONCOLOGY CLINIC	265,156	4,912,751	5,177,907	1.223154	1.223154
90.14	09014	SURGICAL SPECIALTIES	2,007	471,858	473,865	3.200760	3.200760
90.15	09015	ALLERGY CLINIC	786	1,398,623	1,399,409	1.167536	1.167536
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000
90.17	09017	DERMATOLOGY CLINIC	798	1,311,106	1,311,904	1.185094	1.185094
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0.000000	0.000000
90.19	09019	CRANIOFACIAL CENTER	64	275,708	275,772	2.225429	2.225429
90.20	09020	HEMATOLOGY CLINIC	1,150	439,918	441,068	2.272919	2.272919
90.21	09021	SPINA BIFIDA	64	599,959	600,023	0.911062	0.911062
90.22	09022	NEUROSCIENCES CLINIC	2,363	725,103	727,466	4.523589	4.523589
90.23	09023	RHEUMATOLOGY CLINIC	0	167,896	167,896	6.825672	6.825672
90.24	09024	ENDOCRINE CLINIC	64	212,960	213,024	2.836042	2.836042

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.25	09025	RENAL CLINIC	955	187,321	188,276	3.533005	3.533005	90.25
90.26	09026	GREENFIELD CLINIC	64	1,525,944	1,526,008	1.707927	1.707927	90.26
90.27	09027	NEW BERLIN CLINIC	1,454	3,594,514	3,595,968	1.500713	1.500713	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	364	1,181,362	1,181,726	1.920900	1.920900	90.29
90.30	09030	MEQUON CLINIC	447	2,308,447	2,308,894	1.688808	1.688808	90.30
90.31	09031	KENOSHA CLINIC	0	36,286	36,286	0.043074	0.043074	90.31
90.32	09032	WEST DEPERE CLINIC	64	193,468	193,532	0.631601	0.631601	90.32
90.33	09033	APPLETON CLINIC	0	82,649	82,649	1.654696	1.654696	90.33
90.34	09034	UROLOGY CLINIC	192	1,244,910	1,245,102	1.173314	1.173314	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	326,977	326,977	0.840206	0.840206	90.35
90.36	09036	KENOSHA CLINIC (KNO)	128	308,470	308,598	1.880495	1.880495	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0.000000	0.000000	90.37
91.00	09100	EMERGENCY	8,496,984	46,515,302	55,012,286	0.380485	0.380485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,076,397	17,461,918	20,538,315	0.502735	0.502735	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	877,724	877,724	0.492731	0.492731	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	168,330	3,564,744	3,733,074	1.310358	1.310358	98.00
98.01	09851	TRANSPORT	2,054,477	302,323	2,356,800	2.171200	2.171200	98.01
98.02	09852	GENETICS CENTER	27,353	465,447	492,800	3.046916	3.046916	98.02
98.03	09853	NUCLEAR MEDICINE	609,875	2,996,771	3,606,646	0.265131	0.265131	98.03
98.04	09854	CHILD DEVELOPMENT	0	168,370	168,370	2.531722	2.531722	98.04
98.05	09855	CHILD PROTECTION CENTER	0	1,571,227	1,571,227	2.234924	2.234924	98.05
98.06	09856	DENTAL SRVS	0	10,686,012	10,686,012	0.691613	0.691613	98.06
98.07	09857	OTHER	484	317,195	317,679	0.000000	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	153,878	153,878	0.802038	0.802038	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	886,220	0	886,220			105.00
106.00	10600	HEART ACQUISITION	847,980	0	847,980			106.00
107.00	10700	LIVER ACQUISITION	1,341,337	0	1,341,337			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	758,373,863	500,746,892	1,259,120,755			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	758,373,863	500,746,892	1,259,120,755			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	DIETETICS	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
			11.00			
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27
90.28	09028	FOX POINT CLINIC	0.000000			90.28
90.29	09029	DELAFIELD CLINIC	0.000000			90.29
90.30	09030	MEQUON CLINIC	0.000000			90.30
90.31	09031	KENOSHA CLINIC	0.000000			90.31
90.32	09032	WEST DEPERE CLINIC	0.000000			90.32
90.33	09033	APPLETON CLINIC	0.000000			90.33
90.34	09034	UROLOGY CLINIC	0.000000			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.000000			90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000			90.36
90.37	09037	ADOLESCENT MEDICINE	0.000000			90.37
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09800	PSYCHIATRY - OFFICE BLDG	0.000000			98.00
98.01	09801	TRANSPORT	0.000000			98.01
98.02	09802	GENETICS CENTER	0.000000			98.02
98.03	09803	NUCLEAR MEDICINE	0.000000			98.03
98.04	09804	CHILD DEVELOPMENT	0.000000			98.04
98.05	09805	CHILD PROTECTION CENTER	0.000000			98.05
98.06	09806	DENTAL SRVS	0.000000			98.06
98.07	09807	OTHER	0.000000			98.07
98.08	09808	OTHER OFFSITE CLINICS	0.000000			98.08
98.09	09809	OTHER	0.000000			98.09
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				117.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2019
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Part I
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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	80,469,749		80,469,749	0	80,469,749
31.00	03100	INTENSIVE CARE UNIT	91,911,226		91,911,226	0	91,911,226
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	18,190,124		18,190,124	0	18,190,124
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	0		0	0	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,862,755		33,862,755	0	33,862,755
51.00	05100	RECOVERY ROOM	4,530,857		4,530,857	0	4,530,857
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	4,902,792		4,902,792	0	4,902,792
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,202,107		22,202,107	0	22,202,107
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	2,108,734		2,108,734	0	2,108,734
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,159,024		6,159,024	0	6,159,024
59.00	05900	CARDIAC CATHETERIZATION	2,149,680		2,149,680	0	2,149,680
60.00	06000	LABORATORY	34,135,680		34,135,680	0	34,135,680
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.	6,026,701		6,026,701	0	6,026,701
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	17,381,281	0	17,381,281	0	17,381,281
66.00	06600	PHYSICAL THERAPY	13,323,560	0	13,323,560	0	13,323,560
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	8,777,155	0	8,777,155	0	8,777,155
69.00	06900	ELECTROCARDIOLOGY	8,888,119		8,888,119	0	8,888,119
70.00	07000	ELECTROENCEPHALOGRAPHY	3,401,296		3,401,296	0	3,401,296
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,437,406		28,437,406	0	28,437,406
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,899,953		9,899,953	0	9,899,953
73.00	07300	DRUGS CHARGED TO PATIENTS	66,869,835		66,869,835	0	66,869,835
74.00	07400	RENAL DIALYSIS	1,786,045		1,786,045	0	1,786,045
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	09001	INFECTIOUS DISEASES	1,254,263		1,254,263	0	1,254,263
90.02	09002	PAIN/PALLIATIVE CARE	929,386		929,386	0	929,386
90.03	09003	DIABETIC CLINIC	1,900,132		1,900,132	0	1,900,132
90.04	09004	GI CLINIC	4,471,943		4,471,943	0	4,471,943
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,021,892		5,021,892	0	5,021,892
90.06	09006	DIETETICS	0		0	0	0
90.07	09007	INFUSION ROOM	1,090,506		1,090,506	0	1,090,506
90.08	09008	CARDIOLOGY CLINIC	4,203,115		4,203,115	0	4,203,115
90.09	09009	PULMONARY CLINIC	1,548,947		1,548,947	0	1,548,947
90.10	09010	ENT CLINIC	1,819,787		1,819,787	0	1,819,787
90.11	09011	ORTHOPEDIC CLINIC	2,240,756		2,240,756	0	2,240,756
90.12	09012	EYE CLINIC	1,450,695		1,450,695	0	1,450,695
90.13	09013	ONCOLOGY CLINIC	6,333,379		6,333,379	0	6,333,379
90.14	09014	SURGICAL SPECIALTIES	1,516,728		1,516,728	0	1,516,728
90.15	09015	ALLERGY CLINIC	1,713,521		1,713,521	0	1,713,521
90.16	09016	LASER CLINIC	0		0	0	0
90.17	09017	DERMATOLOGY CLINIC	2,241,656		2,241,656	0	2,241,656
90.18	09018	CLINIC ADMINISTRATION	0		0	0	0
90.19	09019	CRANIOFACIAL CENTER	613,711		613,711	0	613,711
90.20	09020	HEMATOLOGY CLINIC	1,002,512		1,002,512	0	1,002,512
90.21	09021	SPINA BIFIDA	546,658		546,658	0	546,658
90.22	09022	NEUROSCIENCES CLINIC	3,290,757		3,290,757	0	3,290,757
90.23	09023	RHEUMATOLOGY CLINIC	1,537,540		1,537,540	0	1,537,540

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
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				Title XIX		Hospital		10/14/2020 7:57 am Cost	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
				1.00	2.00	3.00	4.00	5.00	
90.24	09024	ENDOCRINE CLINIC	788,199		788,199	0	788,199	90.24	
90.25	09025	RENAL CLINIC	665,180		665,180	0	665,180	90.25	
90.26	09026	GREENFIELD CLINIC	2,606,311		2,606,311	0	2,606,311	90.26	
90.27	09027	NEW BERLIN CLINIC	5,396,517		5,396,517	0	5,396,517	90.27	
90.28	09028	FOX POINT CLINIC	0		0	0	0	90.28	
90.29	09029	DELAFIELD CLINIC	2,269,977		2,269,977	0	2,269,977	90.29	
90.30	09030	MEQUON CLINIC	3,899,278		3,899,278	0	3,899,278	90.30	
90.31	09031	KENOSHA CLINIC	1,563		1,563	0	1,563	90.31	
90.32	09032	WEST DEPERE CLINIC	122,235		122,235	0	122,235	90.32	
90.33	09033	APPLETON CLINIC	136,759		136,759	0	136,759	90.33	
90.34	09034	UROLOGY CLINIC	1,932,528		1,932,528	0	1,932,528	90.34	
90.35	09035	GREENFIELD ENT/ENT CLINIC	274,728		274,728	0	274,728	90.35	
90.36	09036	KENOSHA CLINIC (KNO)	580,317		580,317	0	580,317	90.36	
90.37	09037	ADOLESCENT MEDICINE	523,886		523,886	0	523,886	90.37	
91.00	09100	EMERGENCY	23,803,493		23,803,493	0	23,803,493	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,325,328		10,325,328		10,325,328	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	432,482		432,482	0	432,482	94.00	
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,763,250		5,763,250	0	5,763,250	98.00	
98.01	09851	TRANSPORT	5,117,084		5,117,084	0	5,117,084	98.01	
98.02	09852	GENETICS CENTER	1,635,330		1,635,330	0	1,635,330	98.02	
98.03	09853	NUCLEAR MEDICINE	956,235		956,235	0	956,235	98.03	
98.04	09854	CHILD DEVELOPMENT	563,634		563,634	0	563,634	98.04	
98.05	09855	CHILD PROTECTION CENTER	3,676,796		3,676,796	0	3,676,796	98.05	
98.06	09856	DENTAL SRVS	8,800,277		8,800,277	0	8,800,277	98.06	
98.07	09857	OTHER	0		0	0	0	98.07	
98.08	09858	OTHER OFFSITE CLINICS	123,416		123,416	0	123,416	98.08	
98.09	09859	OTHER	26		26	0	26	98.09	
99.00	09900	CMHC	0		0		0	99.00	
99.10	09910	CORF	0		0		0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	915,055		915,055		915,055	105.00	
106.00	10600	HEART ACQUISITION	705,414		705,414		705,414	106.00	
107.00	10700	LIVER ACQUISITION	1,659,890		1,659,890		1,659,890	107.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
116.00	11600	HOSPICE	0		0		0	116.00	
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0		0	117.00	
200.00		Subtotal (see instructions)	593,817,151	0	593,817,151	0	593,817,151	200.00	
201.00		Less Observation Beds	10,325,328		10,325,328		10,325,328	201.00	
202.00		Total (see instructions)	583,491,823	0	583,491,823	0	583,491,823	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2019
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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	116,616,643		116,616,643		30.00
31.00	03100	INTENSIVE CARE UNIT	259,249,283		259,249,283		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	38,293,381		38,293,381		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,067,448	11,206,562	30,274,010	1.118542	50.00
51.00	05100	RECOVERY ROOM	3,166,000	13,955,493	17,121,493	0.264630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,360,964	6,059,123	9,420,087	0.520461	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,495,705	47,077,380	60,573,085	0.366534	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	5,564,531	10,012,706	15,577,237	0.135373	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,700,218	24,660,249	32,360,467	0.190326	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,373,741	3,642,698	5,016,439	0.428527	59.00
60.00	06000	LABORATORY	47,480,991	66,282,870	113,763,861	0.300057	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.	7,474,575	2,980,896	10,455,471	0.576416	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	26,385,771	9,676,243	36,062,014	0.481983	65.00
66.00	06600	PHYSICAL THERAPY	5,468,111	16,632,531	22,100,642	0.602859	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,371,274	10,686,706	13,057,980	0.672168	68.00
69.00	06900	ELECTROCARDIOLOGY	8,484,462	19,908,074	28,392,536	0.313044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,703,373	2,896,674	12,600,047	0.269943	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,869,472	47,251,226	77,120,698	0.368739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,924,720	0	16,924,720	0.584940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,225,528	83,652,769	200,878,297	0.332887	73.00
74.00	07400	RENAL DIALYSIS	1,187,431	3,607,683	4,795,114	0.372472	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	22,968	22,968	54.609152	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	171,786	171,786	5.410138	90.02
90.03	09003	DIABETIC CLINIC	2,937	678,080	681,017	2.790139	90.03
90.04	09004	GI CLINIC	96,270	2,371,134	2,467,404	1.812408	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,927	3,065,542	3,067,469	1.637145	90.05
90.06	09006	DIETETICS	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	1,298	2,651,009	2,652,307	0.411154	90.07
90.08	09008	CARDIOLOGY CLINIC	6,905	810,866	817,771	5.139721	90.08
90.09	09009	PULMONARY CLINIC	10,362	522,212	532,574	2.908416	90.09
90.10	09010	ENT CLINIC	1,963	1,095,572	1,097,535	1.658067	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,643	1,876,299	1,876,942	1.193833	90.11
90.12	09012	EYE CLINIC	379	706,400	706,779	2.052544	90.12
90.13	09013	ONCOLOGY CLINIC	265,156	4,912,751	5,177,907	1.223154	90.13
90.14	09014	SURGICAL SPECIALTIES	2,007	471,858	473,865	3.200760	90.14
90.15	09015	ALLERGY CLINIC	786	1,398,623	1,399,409	1.224460	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	798	1,311,106	1,311,904	1.708704	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	64	275,708	275,772	2.225429	90.19
90.20	09020	HEMATOLOGY CLINIC	1,150	439,918	441,068	2.272919	90.20
90.21	09021	SPINA BIFIDA	64	599,959	600,023	0.911062	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,363	725,103	727,466	4.523589	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	167,896	167,896	9.157693	90.23
90.24	09024	ENDOCRINE CLINIC	64	212,960	213,024	3.700048	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.25	09025	RENAL CLINIC	955	187,321	188,276	3.533005	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	64	1,525,944	1,526,008	1.707927	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	1,454	3,594,514	3,595,968	1.500713	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	364	1,181,362	1,181,726	1.920900	0.000000	90.29
90.30	09030	MEQUON CLINIC	447	2,308,447	2,308,894	1.688808	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	36,286	36,286	0.043074	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	64	193,468	193,532	0.631601	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	82,649	82,649	1.654696	0.000000	90.33
90.34	09034	UROLOGY CLINIC	192	1,244,910	1,245,102	1.552104	0.000000	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	326,977	326,977	0.840206	0.000000	90.35
90.36	09036	KENOSHA CLINIC (KNO)	128	308,470	308,598	1.880495	0.000000	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0.000000	0.000000	90.37
91.00	09100	EMERGENCY	8,496,984	46,515,302	55,012,286	0.432694	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,076,397	17,461,918	20,538,315	0.502735	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	877,724	877,724	0.492731	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	168,330	3,564,744	3,733,074	1.543835	0.000000	98.00
98.01	09851	TRANSPORT	2,054,477	302,323	2,356,800	2.171200	0.000000	98.01
98.02	09852	GENETICS CENTER	27,353	465,447	492,800	3.318446	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	609,875	2,996,771	3,606,646	0.265131	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	168,370	168,370	3.347592	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	1,571,227	1,571,227	2.340079	0.000000	98.05
98.06	09856	DENTAL SRVS	0	10,686,012	10,686,012	0.823532	0.000000	98.06
98.07	09857	OTHER	484	317,195	317,679	0.000000	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	153,878	153,878	0.802038	0.000000	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	886,220	0	886,220			105.00
106.00	10600	HEART ACQUISITION	847,980	0	847,980			106.00
107.00	10700	LIVER ACQUISITION	1,341,337	0	1,341,337			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	758,373,863	500,746,892	1,259,120,755			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	758,373,863	500,746,892	1,259,120,755			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	DIETETICS	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26

COMPUTATION OF RATIO OF COSTS TO CHARGES

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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27
90.28	09028	FOX POINT CLINIC	0.000000			90.28
90.29	09029	DELAFIELD CLINIC	0.000000			90.29
90.30	09030	MEQUON CLINIC	0.000000			90.30
90.31	09031	KENOSHA CLINIC	0.000000			90.31
90.32	09032	WEST DEPERE CLINIC	0.000000			90.32
90.33	09033	APPLETON CLINIC	0.000000			90.33
90.34	09034	UROLOGY CLINIC	0.000000			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.000000			90.35
90.36	09036	KENOSHA CLINIC (KNO)	0.000000			90.36
90.37	09037	ADOLESCENT MEDICINE	0.000000			90.37
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000			98.00
98.01	09851	TRANSPORT	0.000000			98.01
98.02	09852	GENETICS CENTER	0.000000			98.02
98.03	09853	NUCLEAR MEDICINE	0.000000			98.03
98.04	09854	CHILD DEVELOPMENT	0.000000			98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000			98.05
98.06	09856	DENTAL SRVS	0.000000			98.06
98.07	09857	OTHER	0.000000			98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000			98.08
98.09	09859	OTHER	0.000000			98.09
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				117.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
10/14/2020 7:57 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,862,755	4,616,541	29,246,214	369,323	0	50.00
51.00	05100	RECOVERY ROOM	4,530,857	460,590	4,070,267	36,847	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,902,792	607,015	4,295,777	48,561	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,202,107	2,862,471	19,339,636	228,998	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	2,108,734	499,987	1,608,747	39,999	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,159,024	2,089,665	4,069,359	167,173	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,149,680	626,327	1,523,353	50,106	0	59.00
60.00	06000	LABORATORY	34,135,680	2,465,902	31,669,778	197,272	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.	6,026,701	176,062	5,850,639	14,085	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,381,281	1,097,636	16,283,645	87,811	0	65.00
66.00	06600	PHYSICAL THERAPY	13,323,560	1,224,950	12,098,610	97,996	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,777,155	959,869	7,817,286	76,790	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,888,119	1,087,088	7,801,031	86,967	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,401,296	480,890	2,920,406	38,471	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,437,406	1,843,943	26,593,463	147,515	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,899,953	258,694	9,641,259	20,696	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,869,835	2,258,868	64,610,967	180,709	0	73.00
74.00	07400	RENAL DIALYSIS	1,722,110	147,747	1,574,363	11,820	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,254,263	31,825	1,222,438	2,546	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	929,386	61,062	868,324	4,885	0	90.02
90.03	09003	DIABETIC CLINIC	1,900,132	188,035	1,712,097	15,043	0	90.03
90.04	09004	GI CLINIC	4,471,943	249,857	4,222,086	19,989	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,021,892	224,631	4,797,261	17,970	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	1,090,506	154,806	935,700	12,384	0	90.07
90.08	09008	CARDIOLOGY CLINIC	4,203,115	152,540	4,050,575	12,203	0	90.08
90.09	09009	PULMONARY CLINIC	1,548,947	118,625	1,430,322	9,490	0	90.09
90.10	09010	ENT CLINIC	1,819,787	107,851	1,711,936	8,628	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,240,756	398,672	1,842,084	31,894	0	90.11
90.12	09012	EYE CLINIC	1,450,695	208,998	1,241,697	16,720	0	90.12
90.13	09013	ONCOLOGY CLINIC	6,333,379	869,075	5,464,304	69,526	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,516,728	132,211	1,384,517	10,577	0	90.14
90.15	09015	ALLERGY CLINIC	1,713,521	200,942	1,512,579	16,075	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2,241,656	162,359	2,079,297	12,989	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	613,711	92,790	520,921	7,423	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,002,512	157,503	845,009	12,600	0	90.20
90.21	09021	SPINA BIFIDA	546,658	80,104	466,554	6,408	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,290,757	322,849	2,967,908	25,828	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,537,540	260,335	1,277,205	20,827	0	90.23
90.24	09024	ENDOCRINE CLINIC	788,199	74,781	713,418	5,982	0	90.24
90.25	09025	RENAL CLINIC	665,180	87,533	577,647	7,003	0	90.25
90.26	09026	GREENFIELD CLINIC	2,606,311	733,773	1,872,538	58,702	0	90.26
90.27	09027	NEW BERLIN CLINIC	5,396,517	944,283	4,452,234	75,543	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2,269,977	612,404	1,657,573	48,992	0	90.29
90.30	09030	MEQUON CLINIC	3,899,278	1,343,271	2,556,007	107,462	0	90.30
90.31	09031	KENOSHA CLINIC	1,563	124	1,439	10	0	90.31
90.32	09032	WEST DEPERE CLINIC	122,235	40,409	81,826	3,233	0	90.32
90.33	09033	APPLETON CLINIC	136,759	60,007	76,752	4,801	0	90.33
90.34	09034	UROLOGY CLINIC	1,932,528	192,174	1,740,354	15,374	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	274,728	86,418	188,310	6,913	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	580,317	164,390	415,927	13,151	0	90.36
90.37	09037	ADOLESCENT MEDICINE	523,886	97,977	425,909	7,838	0	90.37
91.00	09100	EMERGENCY	23,803,493	1,490,960	22,312,533	119,277	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,325,328	1,173,794	9,151,534	93,904	0	92.00

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Title XIX		Hospital		Cost	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	432,482	11,352	421,130	908	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,763,250	476,426	5,286,824	38,114	0	98.00
98.01	09851	TRANSPORT	5,117,084	291,701	4,825,383	23,336	0	98.01
98.02	09852	GENETICS CENTER	1,635,330	129,887	1,505,443	10,391	0	98.02
98.03	09853	NUCLEAR MEDICINE	956,235	80,417	875,818	6,433	0	98.03
98.04	09854	CHILD DEVELOPMENT	563,634	201,453	362,181	16,116	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,676,796	441,585	3,235,211	35,327	0	98.05
98.06	09856	DENTAL SRVS	8,800,277	594,699	8,205,578	47,576	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	123,416	3,306	120,110	264	0	98.08
98.09	09859	OTHER	26	6	20	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	915,055	32,134	882,921	2,571	0	105.00
106.00	10600	HEART ACQUISITION	705,414	26,727	678,687	2,138	0	106.00
107.00	10700	LIVER ACQUISITION	1,659,890	52,182	1,607,708	4,175	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
200.00		Subtotal (sum of lines 50 thru 199)	403,246,052	37,383,488	365,798,629	2,990,678	0	200.00
201.00		Less Observation Beds	10,325,328	1,173,794	9,151,534	93,904	0	201.00
202.00		Total (line 200 minus line 201)	392,920,724	36,209,694	356,647,095	2,896,774	0	202.00

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	33,493,432	30,274,010	1.106343		50.00
51.00	05100 RECOVERY ROOM	4,494,010	17,121,493	0.262478		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	4,854,231	9,420,087	0.515306		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,973,109	60,573,085	0.362754		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	2,068,735	15,577,237	0.132805		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,991,851	32,360,467	0.185160		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,099,574	5,016,439	0.418539		59.00
60.00	06000 LABORATORY	33,938,408	113,763,861	0.298323		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,012,616	10,455,471	0.575069		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	17,293,470	36,062,014	0.479548		65.00
66.00	06600 PHYSICAL THERAPY	13,225,564	22,100,642	0.598424		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	8,700,365	13,057,980	0.666287		68.00
69.00	06900 ELECTROCARDIOLOGY	8,801,152	28,392,536	0.309981		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,362,825	12,600,047	0.266890		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,289,891	77,120,698	0.366826		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,879,257	16,924,720	0.583718		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	66,689,126	200,878,297	0.331988		73.00
74.00	07400 RENAL DIALYSIS	1,710,290	4,795,114	0.356673		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 INFECTIOUS DISEASES	1,251,717	22,968	54.498302		90.01
90.02	09002 PAIN/PALLIATIVE CARE	924,501	171,786	5.381702		90.02
90.03	09003 DIABETIC CLINIC	1,885,089	681,017	2.768050		90.03
90.04	09004 GI CLINIC	4,451,954	2,467,404	1.804307		90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	5,003,922	3,067,469	1.631287		90.05
90.06	09006 DIETETICS	0	0	0.000000		90.06
90.07	09007 INFUSION ROOM	1,078,122	2,652,307	0.406485		90.07
90.08	09008 CARDIOLOGY CLINIC	4,190,912	817,771	5.124799		90.08
90.09	09009 PULMONARY CLINIC	1,539,457	532,574	2.890597		90.09
90.10	09010 ENT CLINIC	1,811,159	1,097,535	1.650206		90.10
90.11	09011 ORTHOPEDIC CLINIC	2,208,862	1,876,942	1.176841		90.11
90.12	09012 EYE CLINIC	1,433,975	706,779	2.028887		90.12
90.13	09013 ONCOLOGY CLINIC	6,263,853	5,177,907	1.209727		90.13
90.14	09014 SURGICAL SPECIALTIES	1,506,151	473,865	3.178439		90.14
90.15	09015 ALLERGY CLINIC	1,697,446	1,399,409	1.212973		90.15
90.16	09016 LASER CLINIC	0	0	0.000000		90.16
90.17	09017 DERMATOLOGY CLINIC	2,228,667	1,311,904	1.698803		90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0.000000		90.18
90.19	09019 CRANIOFACIAL CENTER	606,288	275,772	2.198512		90.19
90.20	09020 HEMATOLOGY CLINIC	989,912	441,068	2.244352		90.20
90.21	09021 SPINA BIFIDA	540,250	600,023	0.900382		90.21
90.22	09022 NEUROSCIENCES CLINIC	3,264,929	727,466	4.488085		90.22
90.23	09023 RHEUMATOLOGY CLINIC	1,516,713	167,896	9.033646		90.23
90.24	09024 ENDOCRINE CLINIC	782,217	213,024	3.671967		90.24
90.25	09025 RENAL CLINIC	658,177	188,276	3.495809		90.25
90.26	09026 GREENFIELD CLINIC	2,547,609	1,526,008	1.669460		90.26
90.27	09027 NEW BERLIN CLINIC	5,320,974	3,595,968	1.479706		90.27
90.28	09028 FOX POINT CLINIC	0	0	0.000000		90.28
90.29	09029 DELAFIELD CLINIC	2,220,985	1,181,726	1.879442		90.29
90.30	09030 MEQUON CLINIC	3,791,816	2,308,894	1.642265		90.30
90.31	09031 KENOSHA CLINIC	1,553	36,286	0.042799		90.31
90.32	09032 WEST DEPERE CLINIC	119,002	193,532	0.614896		90.32
90.33	09033 APPLETON CLINIC	131,958	82,649	1.596607		90.33
90.34	09034 UROLOGY CLINIC	1,917,154	1,245,102	1.539757		90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	267,815	326,977	0.819064		90.35
90.36	09036 KENOSHA CLINIC (KNO)	567,166	308,598	1.837880		90.36
90.37	09037 ADOLESCENT MEDICINE	516,048	0	0.000000		90.37
91.00	09100 EMERGENCY	23,684,216	55,012,286	0.430526		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,231,424	20,538,315	0.498163		92.00

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Title XIX		Hospital	Cost
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	431,574	877,724	0.491697	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,725,136	3,733,074	1.533625	98.00
98.01	09851	TRANSPORT	5,093,748	2,356,800	2.161298	98.01
98.02	09852	GENETICS CENTER	1,624,939	492,800	3.297360	98.02
98.03	09853	NUCLEAR MEDICINE	949,802	3,606,646	0.263348	98.03
98.04	09854	CHILD DEVELOPMENT	547,518	168,370	3.251874	98.04
98.05	09855	CHILD PROTECTION CENTER	3,641,469	1,571,227	2.317596	98.05
98.06	09856	DENTAL SRVS	8,752,701	10,686,012	0.819080	98.06
98.07	09857	OTHER	0	317,679	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	123,152	153,878	0.800322	98.08
98.09	09859	OTHER	26	0	0.000000	98.09
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	912,484	886,220	1.029636	105.00
106.00	10600	HEART ACQUISITION	703,276	847,980	0.829354	106.00
107.00	10700	LIVER ACQUISITION	1,655,715	1,341,337	1.234377	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0.000000	117.00
200.00		Subtotal (sum of lines 50 thru 199)	400,191,439	844,961,448		200.00
201.00		Less Observation Beds	10,231,424	0		201.00
202.00		Total (line 200 minus line 201)	389,960,015	844,961,448		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
10/14/2020 7:57 am

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)	TEFRA
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,668,384	0	7,668,384	28,144	272.47	30.00
31.00	INTENSIVE CARE UNIT	9,287,357		9,287,357	37,082	250.45	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	1,374,294		1,374,294	6,431	213.70	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	18,330,035		18,330,035	71,657		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	47	12,806				30.00
31.00	INTENSIVE CARE UNIT	48	12,022				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
35.00	OTHER SPECIAL CARE HOT UNIT	48	10,258				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	143	35,086				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 10/14/2020 7:57 am	
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)	Hospital Inpatient Program Charges	TEFRA 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	4,616,541	30,274,010	0.152492	237,457	36,210
51.00	05100	RECOVERY ROOM	460,590	17,121,493	0.026901	599	16
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	607,015	9,420,087	0.064438	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,862,471	60,573,085	0.047256	16,109	761
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
57.00	05700	CT SCAN	499,987	15,577,237	0.032097	2,709	87
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,089,665	32,360,467	0.064575	6,602	426
59.00	05900	CARDIAC CATHETERIZATION	626,327	5,016,439	0.124855	0	0
60.00	06000	LABORATORY	2,465,902	113,763,861	0.021676	817,039	17,710
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	176,062	10,455,471	0.016839	222,399	3,745
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	1,097,636	36,062,014	0.030437	7,714	235
66.00	06600	PHYSICAL THERAPY	1,224,950	22,100,642	0.055426	39,733	2,202
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	959,869	13,057,980	0.073508	4,782	352
69.00	06900	ELECTROCARDIOLOGY	1,087,088	28,392,536	0.038288	71,921	2,754
70.00	07000	ELECTROENCEPHALOGRAPHY	480,890	12,600,047	0.038166	8,583	328
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,843,943	77,120,698	0.023910	94,601	2,262
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	258,694	16,924,720	0.015285	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,258,868	200,878,297	0.011245	1,138,938	12,807
74.00	07400	RENAL DIALYSIS	147,747	4,795,114	0.030812	1,657	51
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	INFECTIOUS DISEASES	31,825	22,968	1.385623	0	0
90.02	09002	PAIN/PALLATIVE CARE	61,062	171,786	0.355454	0	0
90.03	09003	DIABETIC CLINIC	188,035	681,017	0.276109	0	0
90.04	09004	GI CLINIC	249,857	2,467,404	0.101263	0	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	224,631	3,067,469	0.073230	0	0
90.06	09006	DIETETICS	0	0	0.000000	0	0
90.07	09007	INFUSION ROOM	154,806	2,652,307	0.058367	0	0
90.08	09008	CARDIOLOGY CLINIC	152,540	817,771	0.186531	248	46
90.09	09009	PULMONARY CLINIC	118,625	532,574	0.222739	0	0
90.10	09010	ENT CLINIC	107,851	1,097,535	0.098267	0	0
90.11	09011	ORTHOPEDIC CLINIC	398,672	1,876,942	0.212405	0	0
90.12	09012	EYE CLINIC	208,998	706,779	0.295705	0	0
90.13	09013	ONCOLOGY CLINIC	869,075	5,177,907	0.167843	1,858	312
90.14	09014	SURGICAL SPECIALTIES	132,211	473,865	0.279006	0	0
90.15	09015	ALLERGY CLINIC	200,942	1,399,409	0.143591	0	0
90.16	09016	LASER CLINIC	0	0	0.000000	0	0
90.17	09017	DERMATOLOGY CLINIC	162,359	1,311,904	0.123758	0	0
90.18	09018	CLINIC ADMINISTRATION	0	0	0.000000	0	0
90.19	09019	CRANIOFACIAL CENTER	92,790	275,772	0.336474	0	0
90.20	09020	HEMATOLOGY CLINIC	157,503	441,068	0.357095	0	0
90.21	09021	SPINA BIFIDA	80,104	600,023	0.133502	0	0
90.22	09022	NEUROSCIENCES CLINIC	322,849	727,466	0.443799	0	0
90.23	09023	RHEUMATOLOGY CLINIC	260,335	167,896	1.550573	0	0
90.24	09024	ENDOCRINE CLINIC	74,781	213,024	0.351045	0	0
90.25	09025	RENAL CLINIC	87,533	188,276	0.464919	0	0
90.26	09026	GREENFIELD CLINIC	733,773	1,526,008	0.480845	0	0
90.27	09027	NEW BERLIN CLINIC	944,283	3,595,968	0.262595	0	0
90.28	09028	FOX POINT CLINIC	0	0	0.000000	0	0
90.29	09029	DELAFIELD CLINIC	612,404	1,181,726	0.518228	0	0
90.30	09030	MEQUON CLINIC	1,343,271	2,308,894	0.581781	0	0
90.31	09031	KENOSHA CLINIC	124	36,286	0.003417	0	0
90.32	09032	WEST DEPERE CLINIC	40,409	193,532	0.208798	0	0
90.33	09033	APPLETON CLINIC	60,007	82,649	0.726046	0	0
90.34	09034	UROLOGY CLINIC	192,174	1,245,102	0.154344	0	0
90.35	09035	GREENFIELD ENT/ENT CLINIC	86,418	326,977	0.264294	0	0
90.36	09036	KENOSHA CLINIC (KNO)	164,390	308,598	0.532699	0	0
90.37	09037	ADOLESCENT MEDICINE	97,977	0	0.000000	0	0
91.00	09100	EMERGENCY	1,490,960	55,012,286	0.027102	10,369	281

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
10/14/2020 7:57 am

				Title XVIII		Hospital	TEFRA	
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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,173,794	20,538,315	0.057151	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	11,352	877,724	0.012933	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	476,426	3,733,074	0.127623	230	29	98.00
98.01	09851	TRANSPORT	291,701	2,356,800	0.123770	3,537	438	98.01
98.02	09852	GENETICS CENTER	129,887	492,800	0.263569	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	80,417	3,606,646	0.022297	3,844	86	98.03
98.04	09854	CHILD DEVELOPMENT	201,453	168,370	1.196490	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	441,585	1,571,227	0.281045	0	0	98.05
98.06	09856	DENTAL SRVS	594,699	10,686,012	0.055652	0	0	98.06
98.07	09857	OTHER	0	317,679	0.000000	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	3,306	153,878	0.021485	0	0	98.08
98.09	09859	OTHER	6	0	0.000000	0	0	98.09
200.00		Total (lines 50 through 199)	37,272,445	841,885,911		2,690,929	81,138	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 10/14/2020 7:57 am		
					Title XVIII		Hospital		TEFRA		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	28,144	0.00	47	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	37,082	0.00	48	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00			
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00			
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00			
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	6,431	0.00	48	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00			
43.00	04300	NURSERY	0	0	0	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00			
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00			
200.00		Total (lines 30 through 199)	0	0	71,657		143	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0	0							31.00
32.00	03200	CORONARY CARE UNIT	0	0							32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0							33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0							33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0							34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0							35.00
40.00	04000	SUBPROVIDER - IPF	0	0							40.00
41.00	04100	SUBPROVIDER - IRF	0	0							41.00
42.00	04200	SUBPROVIDER	0	0							42.00
43.00	04300	NURSERY	0	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 10/14/2020 7:57 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES		0	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC		0	0	0	0	0	90.03
90.04	09004	GI CLINIC		0	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0	0	0	0	0	90.05
90.06	09006	DIETETICS		0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM		0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC		0	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC		0	0	0	0	0	90.09
90.10	09010	ENT CLINIC		0	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC		0	0	0	0	0	90.11
90.12	09012	EYE CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES		0	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC		0	0	0	0	0	90.15
90.16	09016	LASER CLINIC		0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC		0	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION		0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER		0	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC		0	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA		0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC		0	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC		0	0	0	0	0	90.24
90.25	09025	RENAL CLINIC		0	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC		0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC		0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC		0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC		0	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC		0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC		0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC		0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC		0	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE		0	0	0	0	0	90.37
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 10/14/2020 7:57 am	
			Title XVIII		Hospital		TEFRA	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0	98.00
98.01	09851	TRANSPORT	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 10/14/2020 7:57 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	30,274,010	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	17,121,493	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	9,420,087	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	60,573,085	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	15,577,237	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	32,360,467	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	5,016,439	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	113,763,861	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	10,455,471	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	36,062,014	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	22,100,642	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	13,057,980	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	28,392,536	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	12,600,047	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	77,120,698	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	16,924,720	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	200,878,297	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,795,114	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES		0	0	0	22,968	0.000000	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0	0	0	171,786	0.000000	90.02
90.03	09003	DIABETIC CLINIC		0	0	0	681,017	0.000000	90.03
90.04	09004	GI CLINIC		0	0	0	2,467,404	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0	0	0	3,067,469	0.000000	90.05
90.06	09006	DIETETICS		0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM		0	0	0	2,652,307	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC		0	0	0	817,771	0.000000	90.08
90.09	09009	PULMONARY CLINIC		0	0	0	532,574	0.000000	90.09
90.10	09010	ENT CLINIC		0	0	0	1,097,535	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC		0	0	0	1,876,942	0.000000	90.11
90.12	09012	EYE CLINIC		0	0	0	706,779	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	5,177,907	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES		0	0	0	473,865	0.000000	90.14
90.15	09015	ALLERGY CLINIC		0	0	0	1,399,409	0.000000	90.15
90.16	09016	LASER CLINIC		0	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC		0	0	0	1,311,904	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATION		0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER		0	0	0	275,772	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC		0	0	0	441,068	0.000000	90.20
90.21	09021	SPINA BIFIDA		0	0	0	600,023	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC		0	0	0	727,466	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0	0	0	167,896	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC		0	0	0	213,024	0.000000	90.24
90.25	09025	RENAL CLINIC		0	0	0	188,276	0.000000	90.25
90.26	09026	GREENFIELD CLINIC		0	0	0	1,526,008	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC		0	0	0	3,595,968	0.000000	90.27
90.28	09028	FOX POINT CLINIC		0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC		0	0	0	1,181,726	0.000000	90.29
90.30	09030	MEQUON CLINIC		0	0	0	2,308,894	0.000000	90.30
90.31	09031	KENOSHA CLINIC		0	0	0	36,286	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC		0	0	0	193,532	0.000000	90.32
90.33	09033	APPLETON CLINIC		0	0	0	82,649	0.000000	90.33
90.34	09034	UROLOGY CLINIC		0	0	0	1,245,102	0.000000	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0	0	0	326,977	0.000000	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0	0	0	308,598	0.000000	90.36
90.37	09037	ADOLESCENT MEDICINE		0	0	0	0	0.000000	90.37

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Title XVIII		Hospital		TEFRA	
			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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	0	0	55,012,286	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,538,315	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	877,724	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	3,733,074	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	2,356,800	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	492,800	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	3,606,646	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	168,370	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	1,571,227	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	10,686,012	0.000000	98.06
98.07	09857	OTHER	0	0	0	317,679	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	153,878	0.000000	98.08
98.09	09859	OTHER	0	0	0	0	0.000000	98.09
200.00		Total (lines 50 through 199)	0	0	0	841,885,911		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 10/14/2020 7:57 am	
				Title XVIII		Hospital		TEFRA	
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	237,457	0	19,430	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	599	0	13,315	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	8,635	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	16,109	0	172,162	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	2,709	0	60,709	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	6,602	0	51,485	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	8,803	0	59.00
60.00	06000	LABORATORY		0.000000	817,039	0	235,207	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	222,399	0	10,481	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	7,714	0	50,101	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	39,733	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	4,782	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	71,921	0	241,341	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	8,583	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	94,601	0	110,020	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		0.000000	1,138,938	0	2,068,557	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	1,657	0	10,889	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES		0.000000	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0.000000	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC		0.000000	0	0	61	0	90.03
90.04	09004	GI CLINIC		0.000000	0	0	1,962	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0.000000	0	0	465	0	90.05
90.06	09006	DIETETICS		0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM		0.000000	0	0	122,786	0	90.07
90.08	09008	CARDIOLOGY CLINIC		0.000000	248	0	13,546	0	90.08
90.09	09009	PULMONARY CLINIC		0.000000	0	0	587	0	90.09
90.10	09010	ENT CLINIC		0.000000	0	0	1,966	0	90.10
90.11	09011	ORTHOPEDIC CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	EYE CLINIC		0.000000	0	0	1,899	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	1,858	0	15,594	0	90.13
90.14	09014	SURGICAL SPECIALTIES		0.000000	0	0	961	0	90.14
90.15	09015	ALLERGY CLINIC		0.000000	0	0	46,285	0	90.15
90.16	09016	LASER CLINIC		0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC		0.000000	0	0	1,220	0	90.17
90.18	09018	CLINIC ADMINISTRATION		0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER		0.000000	0	0	307	0	90.19
90.20	09020	HEMATOLOGY CLINIC		0.000000	0	0	5,123	0	90.20
90.21	09021	SPINA BIFIDA		0.000000	0	0	4,636	0	90.21
90.22	09022	NEUROSCIENCES CLINIC		0.000000	0	0	656	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0.000000	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC		0.000000	0	0	61	0	90.24
90.25	09025	RENAL CLINIC		0.000000	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC		0.000000	0	0	369	0	90.26
90.27	09027	NEW BERLIN CLINIC		0.000000	0	0	14,280	0	90.27
90.28	09028	FOX POINT CLINIC		0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC		0.000000	0	0	4,266	0	90.29
90.30	09030	MEQUON CLINIC		0.000000	0	0	5,801	0	90.30
90.31	09031	KENOSHA CLINIC		0.000000	0	0	186	0	90.31
90.32	09032	WEST DEPERE CLINIC		0.000000	0	0	61	0	90.32
90.33	09033	APPLETON CLINIC		0.000000	0	0	123	0	90.33
90.34	09034	UROLOGY CLINIC		0.000000	0	0	246	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0.000000	0	0	61	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0.000000	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE		0.000000	0	0	0	0	90.37
91.00	09100	EMERGENCY		0.000000	10,369	0	18,375	0	91.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Title XVIII		Hospital		TEFRA
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00	09500	AMBULANCE SERVICES					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000	230	0	771	0
98.01	09851	TRANSPORT	0.000000	3,537	0	0	0
98.02	09852	GENETICS CENTER	0.000000	0	0	4,023	0
98.03	09853	NUCLEAR MEDICINE	0.000000	3,844	0	2,186	0
98.04	09854	CHILD DEVELOPMENT	0.000000	0	0	0	0
98.05	09855	CHILD PROTECTION CENTER	0.000000	0	0	0	0
98.06	09856	DENTAL SRVS	0.000000	0	0	0	0
98.07	09857	OTHER	0.000000	0	0	0	0
98.08	09858	OTHER OFFSITE CLINICS	0.000000	0	0	0	0
98.09	09859	OTHER	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		2,690,929	0	3,329,998	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 10/14/2020 7:57 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	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					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	INFECTIOUS DISEASES	0	0					90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0					90.02
90.03	09003	DIABETIC CLINIC	0	0					90.03
90.04	09004	GI CLINIC	0	0					90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0					90.05
90.06	09006	DIETETICS	0	0					90.06
90.07	09007	INFUSION ROOM	0	0					90.07
90.08	09008	CARDIOLOGY CLINIC	0	0					90.08
90.09	09009	PULMONARY CLINIC	0	0					90.09
90.10	09010	ENT CLINIC	0	0					90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0					90.11
90.12	09012	EYE CLINIC	0	0					90.12
90.13	09013	ONCOLOGY CLINIC	0	0					90.13
90.14	09014	SURGICAL SPECIALTIES	0	0					90.14
90.15	09015	ALLERGY CLINIC	0	0					90.15
90.16	09016	LASER CLINIC	0	0					90.16
90.17	09017	DERMATOLOGY CLINIC	0	0					90.17
90.18	09018	CLINIC ADMINISTRATION	0	0					90.18
90.19	09019	CRANIOFACIAL CENTER	0	0					90.19
90.20	09020	HEMATOLOGY CLINIC	0	0					90.20
90.21	09021	SPINA BIFIDA	0	0					90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0					90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0					90.23
90.24	09024	ENDOCRINE CLINIC	0	0					90.24
90.25	09025	RENAL CLINIC	0	0					90.25
90.26	09026	GREENFIELD CLINIC	0	0					90.26
90.27	09027	NEW BERLIN CLINIC	0	0					90.27
90.28	09028	FOX POINT CLINIC	0	0					90.28
90.29	09029	DELAFIELD CLINIC	0	0					90.29
90.30	09030	MEQUON CLINIC	0	0					90.30
90.31	09031	KENOSHA CLINIC	0	0					90.31
90.32	09032	WEST DEPERE CLINIC	0	0					90.32
90.33	09033	APPLETON CLINIC	0	0					90.33
90.34	09034	UROLOGY CLINIC	0	0					90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0					90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0					90.36
90.37	09037	ADOLESCENT MEDICINE	0	0					90.37
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description			Title XVIII		Hospital	TEFRA
			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	0	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	0	0		98.04
98.05	09855	CHILD PROTECTION CENTER	0	0		98.05
98.06	09856	DENTAL SRVS	0	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII	Hospital		TEFRA	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1.032617	19,430	0	0	20,064	50.00
51.00	05100 RECOVERY ROOM	0.264630	13,315	0	0	3,524	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.266655	8,635	0	0	2,303	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.353545	172,162	0	0	60,867	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.135373	60,709	0	0	8,218	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.190326	51,485	0	0	9,799	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.428527	8,803	0	0	3,772	59.00
60.00	06000 LABORATORY	0.300057	235,207	3,019	0	70,576	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.	0.576416	10,481	0	0	6,041	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.481675	50,101	0	0	24,132	65.00
66.00	06600 PHYSICAL THERAPY	0.584282	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.672168	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.298783	241,341	0	0	72,109	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.232739	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368739	110,020	0	0	40,569	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.584940	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332887	2,068,557	0	0	688,596	73.00
74.00	07400 RENAL DIALYSIS	0.340730	10,889	0	0	3,710	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0			0	90.00
90.01	09001 INFECTIOUS DISEASES	47.445751	0	0	0	0	90.01
90.02	09002 PAIN/PALLATIVE CARE	5.321231	0	0	0	0	90.02
90.03	09003 DIABETIC CLINIC	2.790139	61	0	0	170	90.03
90.04	09004 GI CLINIC	1.433951	1,962	0	0	2,813	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	1.632563	465	0	0	759	90.05
90.06	09006 DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007 INFUSION ROOM	0.411154	122,786	0	0	50,484	90.07
90.08	09008 CARDIOLOGY CLINIC	4.433851	13,546	0	0	60,061	90.08
90.09	09009 PULMONARY CLINIC	2.238902	587	0	0	1,314	90.09
90.10	09010 ENT CLINIC	0.997636	1,966	0	0	1,961	90.10
90.11	09011 ORTHOPEDIC CLINIC	1.193833	0	0	0	0	90.11
90.12	09012 EYE CLINIC	1.787344	1,899	0	0	3,394	90.12
90.13	09013 ONCOLOGY CLINIC	1.223154	15,594	0	0	19,074	90.13
90.14	09014 SURGICAL SPECIALTIES	3.200760	961	0	0	3,076	90.14
90.15	09015 ALLERGY CLINIC	1.167536	46,285	0	0	54,039	90.15
90.16	09016 LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	1.185094	1,220	0	0	1,446	90.17
90.18	09018 CLINIC ADMINISTRATION	0.000000	0	0	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	2.225429	307	0	0	683	90.19
90.20	09020 HEMATOLOGY CLINIC	2.272919	5,123	0	0	11,644	90.20
90.21	09021 SPINA BIFIDA	0.911062	4,636	0	0	4,224	90.21
90.22	09022 NEUROSCIENCES CLINIC	4.523589	656	0	0	2,967	90.22
90.23	09023 RHEUMATOLOGY CLINIC	6.825672	0	0	0	0	90.23
90.24	09024 ENDOCRINE CLINIC	2.836042	61	0	0	173	90.24
90.25	09025 RENAL CLINIC	3.533005	0	0	0	0	90.25
90.26	09026 GREENFIELD CLINIC	1.707927	369	0	0	630	90.26
90.27	09027 NEW BERLIN CLINIC	1.500713	14,280	0	0	21,430	90.27
90.28	09028 FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029 DELAFIELD CLINIC	1.920900	4,266	0	0	8,195	90.29
90.30	09030 MEQUON CLINIC	1.688808	5,801	0	0	9,797	90.30
90.31	09031 KENOSHA CLINIC	0.043074	186	0	0	8	90.31
90.32	09032 WEST DEPERE CLINIC	0.631601	61	0	0	39	90.32
90.33	09033 APPLETON CLINIC	1.654696	123	0	0	204	90.33
90.34	09034 UROLOGY CLINIC	1.173314	246	0	0	289	90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	0.840206	61	0	0	51	90.35
90.36	09036 KENOSHA CLINIC (KNO)	1.880495	0	0	0	0	90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.37	09037	ADOLESCENT MEDICINE	0.000000	0	0	0	0	90.37
91.00	09100	EMERGENCY	0.380485	18,375	0	0	6,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.502735	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.492731		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.310358	771	0	0	1,010	98.00
98.01	09851	TRANSPORT	2.171200	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	3.046916	4,023	0	0	12,258	98.02
98.03	09853	NUCLEAR MEDICINE	0.265131	2,186	0	0	580	98.03
98.04	09854	CHILD DEVELOPMENT	2.531722	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.234924	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	0.691613	0	0	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.802038	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Subtotal (see instructions)		3,329,998	3,019	0	1,294,044	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		3,329,998	3,019	0	1,294,044	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Costs					
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			6.00	7.00				
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00	
51.00	05100	RECOVERY ROOM	0	0			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00	
53.00	05300	ANESTHESIOLOGY	0	0			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00	
56.00	05600	RADIOISOTOPE	0	0			56.00	
57.00	05700	CT SCAN	0	0			57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00	
60.00	06000	LABORATORY	906	0			60.00	
60.01	06001	BLOOD LABORATORY	0	0			60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00	
65.00	06500	RESPIRATORY THERAPY	0	0			65.00	
66.00	06600	PHYSICAL THERAPY	0	0			66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00	
68.00	06800	SPEECH PATHOLOGY	0	0			68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00	
74.00	07400	RENAL DIALYSIS	0	0			74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00	
90.00	09000	CLINIC	0	0			90.00	
90.01	09001	INFECTIOUS DISEASES	0	0			90.01	
90.02	09002	PAIN/PALLATIVE CARE	0	0			90.02	
90.03	09003	DIABETIC CLINIC	0	0			90.03	
90.04	09004	GI CLINIC	0	0			90.04	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0			90.05	
90.06	09006	DIETETICS	0	0			90.06	
90.07	09007	INFUSION ROOM	0	0			90.07	
90.08	09008	CARDIOLOGY CLINIC	0	0			90.08	
90.09	09009	PULMONARY CLINIC	0	0			90.09	
90.10	09010	ENT CLINIC	0	0			90.10	
90.11	09011	ORTHOPEDIC CLINIC	0	0			90.11	
90.12	09012	EYE CLINIC	0	0			90.12	
90.13	09013	ONCOLOGY CLINIC	0	0			90.13	
90.14	09014	SURGICAL SPECIALTIES	0	0			90.14	
90.15	09015	ALLERGY CLINIC	0	0			90.15	
90.16	09016	LASER CLINIC	0	0			90.16	
90.17	09017	DERMATOLOGY CLINIC	0	0			90.17	
90.18	09018	CLINIC ADMINISTRATION	0	0			90.18	
90.19	09019	CRANIOFACIAL CENTER	0	0			90.19	
90.20	09020	HEMATOLOGY CLINIC	0	0			90.20	
90.21	09021	SPINA BIFIDA	0	0			90.21	
90.22	09022	NEUROSCIENCES CLINIC	0	0			90.22	
90.23	09023	RHEUMATOLOGY CLINIC	0	0			90.23	
90.24	09024	ENDOCRINE CLINIC	0	0			90.24	
90.25	09025	RENAL CLINIC	0	0			90.25	
90.26	09026	GREENFIELD CLINIC	0	0			90.26	
90.27	09027	NEW BERLIN CLINIC	0	0			90.27	
90.28	09028	FOX POINT CLINIC	0	0			90.28	
90.29	09029	DELAFIELD CLINIC	0	0			90.29	
90.30	09030	MEQUON CLINIC	0	0			90.30	
90.31	09031	KENOSHA CLINIC	0	0			90.31	
90.32	09032	WEST DEPERE CLINIC	0	0			90.32	
90.33	09033	APPLETON CLINIC	0	0			90.33	
90.34	09034	UROLOGY CLINIC	0	0			90.34	
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0			90.35	
90.36	09036	KENOSHA CLINIC (KNO)	0	0			90.36	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 am

			Title XVIII		Hospital	TEFRA
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	0	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	0	0		98.04
98.05	09855	CHILD PROTECTION CENTER	0	0		98.05
98.06	09856	DENTAL SRVS	0	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	906	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	906	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 am

			Title XIX		Hospital	Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1.106343	0	0	2,201,098	0	50.00
51.00	05100	RECOVERY ROOM	0.262478	0	0	2,904,187	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.515306	0	0	1,320,521	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.362754	0	0	6,886,892	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.132805	0	0	2,119,854	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.185160	0	0	6,096,920	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.418539	0	0	1,430,569	0	59.00
60.00	06000	LABORATORY	0.298323	0	0	24,997,666	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.	0.575069	0	0	1,909,172	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.479548	0	0	2,928,957	0	65.00
66.00	06600	PHYSICAL THERAPY	0.598424	0	0	11,418	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.666287	0	0	152,376	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.309981	0	0	3,992,971	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.266890	0	0	519,557	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366826	0	0	10,492,973	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.583718	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331988	0	0	24,281,691	0	73.00
74.00	07400	RENAL DIALYSIS	0.356673	0	0	9,198	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	54.498302	0	0	6,707	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	5.381702	0	0	16,562	0	90.02
90.03	09003	DIABETIC CLINIC	2.768050	0	0	73,072	0	90.03
90.04	09004	GI CLINIC	1.804307	0	0	546,373	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.631287	0	0	203,248	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.406485	0	0	869,400	0	90.07
90.08	09008	CARDIOLOGY CLINIC	5.124799	0	0	179,397	0	90.08
90.09	09009	PULMONARY CLINIC	2.890597	0	0	176,803	0	90.09
90.10	09010	ENT CLINIC	1.650206	0	0	231,006	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.176841	0	0	371,057	0	90.11
90.12	09012	EYE CLINIC	2.028887	0	0	224,438	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.209727	0	0	2,099,665	0	90.13
90.14	09014	SURGICAL SPECIALTIES	3.178439	0	0	106,258	0	90.14
90.15	09015	ALLERGY CLINIC	1.212973	0	0	186,555	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.698803	0	0	164,294	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.198512	0	0	43,322	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.244352	0	0	119,231	0	90.20
90.21	09021	SPINA BIFIDA	0.900382	0	0	393,313	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.488085	0	0	220,332	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	9.033646	0	0	11,231	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.671967	0	0	44,759	0	90.24
90.25	09025	RENAL CLINIC	3.495809	0	0	41,296	0	90.25
90.26	09026	GREENFIELD CLINIC	1.669460	0	0	152,442	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.479706	0	0	388,055	0	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.879442	0	0	57,577	0	90.29
90.30	09030	MEQUON CLINIC	1.642265	0	0	269,569	0	90.30
90.31	09031	KENOSHA CLINIC	0.042799	0	0	1,478	0	90.31
90.32	09032	WEST DEPERE CLINIC	0.614896	0	0	25,936	0	90.32
90.33	09033	APPLETON CLINIC	1.596607	0	0	6,625	0	90.33
90.34	09034	UROLOGY CLINIC	1.539757	0	0	391,847	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.819064	0	0	33,218	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1.837880	0	0	88,573	0	90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 am

				Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
90.37	09037	ADOLESCENT MEDICINE	0.000000	0	0	0	0	0	90.37
91.00	09100	EMERGENCY	0.430526	0	0	0	8,309,318	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.498163	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.491697			0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000	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
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.533625	0		0	246,546	0	98.00
98.01	09851	TRANSPORT	2.161298	0		0	5,347	0	98.01
98.02	09852	GENETICS CENTER	3.297360	0		0	125,787	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.263348	0		0	623,294	0	98.03
98.04	09854	CHILD DEVELOPMENT	3.251874	0		0	45,503	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.317596	0		0	367,269	0	98.05
98.06	09856	DENTAL SRVS	0.819080	0		0	0	0	98.06
98.07	09857	OTHER	0.000000	0		0	36,032	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.800322	0		0	3,368	0	98.08
98.09	09859	OTHER	0.000000	0		0	0	0	98.09
200.00		Subtotal (see instructions)		0		0	109,762,123	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	109,762,123	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 10/14/2020 7:57 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	0	2,435,169				50.00	
51.00	05100	RECOVERY ROOM	0	762,285				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00	
53.00	05300	ANESTHESIOLOGY	0	680,472				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,498,248				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	281,527				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,128,906				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	598,749				59.00	
60.00	06000	LABORATORY	0	7,457,379				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	1,097,906				63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00	
65.00	06500	RESPIRATORY THERAPY	0	1,404,575				65.00	
66.00	06600	PHYSICAL THERAPY	0	6,833				66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00	
68.00	06800	SPEECH PATHOLOGY	0	101,526				68.00	
69.00	06900	ELECTROCARDIOLOGY	0	1,237,745				69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	138,665				70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,849,095				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,061,230				73.00	
74.00	07400	RENAL DIALYSIS	0	3,281				74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00	
90.00	09000	CLINIC	0	0				90.00	
90.01	09001	INFECTIOUS DISEASES	0	365,520				90.01	
90.02	09002	PAIN/PALLATIVE CARE	0	89,132				90.02	
90.03	09003	DIABETIC CLINIC	0	202,267				90.03	
90.04	09004	GI CLINIC	0	985,825				90.04	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	331,556				90.05	
90.06	09006	DIETETICS	0	0				90.06	
90.07	09007	INFUSION ROOM	0	353,398				90.07	
90.08	09008	CARDIOLOGY CLINIC	0	919,374				90.08	
90.09	09009	PULMONARY CLINIC	0	511,066				90.09	
90.10	09010	ENT CLINIC	0	381,207				90.10	
90.11	09011	ORTHOPEDIC CLINIC	0	436,675				90.11	
90.12	09012	EYE CLINIC	0	455,359				90.12	
90.13	09013	ONCOLOGY CLINIC	0	2,540,021				90.13	
90.14	09014	SURGICAL SPECIALTIES	0	337,735				90.14	
90.15	09015	ALLERGY CLINIC	0	226,286				90.15	
90.16	09016	LASER CLINIC	0	0				90.16	
90.17	09017	DERMATOLOGY CLINIC	0	279,103				90.17	
90.18	09018	CLINIC ADMINISTRATION	0	0				90.18	
90.19	09019	CRANIOFACIAL CENTER	0	95,244				90.19	
90.20	09020	HEMATOLOGY CLINIC	0	267,596				90.20	
90.21	09021	SPINA BIFIDA	0	354,132				90.21	
90.22	09022	NEUROSCIENCES CLINIC	0	988,869				90.22	
90.23	09023	RHEUMATOLOGY CLINIC	0	101,457				90.23	
90.24	09024	ENDOCRINE CLINIC	0	164,354				90.24	
90.25	09025	RENAL CLINIC	0	144,363				90.25	
90.26	09026	GREENFIELD CLINIC	0	254,496				90.26	
90.27	09027	NEW BERLIN CLINIC	0	574,207				90.27	
90.28	09028	FOX POINT CLINIC	0	0				90.28	
90.29	09029	DELAFIELD CLINIC	0	108,213				90.29	
90.30	09030	MEQUON CLINIC	0	442,704				90.30	
90.31	09031	KENOSHA CLINIC	0	63				90.31	
90.32	09032	WEST DEPERE CLINIC	0	15,948				90.32	
90.33	09033	APPLETON CLINIC	0	10,578				90.33	
90.34	09034	UROLOGY CLINIC	0	603,349				90.34	
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	27,208				90.35	
90.36	09036	KENOSHA CLINIC (KNO)	0	162,787				90.36	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
10/14/2020 7:57 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		
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
91.00	09100	EMERGENCY	0	3,577,377		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	378,109		98.00
98.01	09851	TRANSPORT	0	11,556		98.01
98.02	09852	GENETICS CENTER	0	414,765		98.02
98.03	09853	NUCLEAR MEDICINE	0	164,143		98.03
98.04	09854	CHILD DEVELOPMENT	0	147,970		98.04
98.05	09855	CHILD PROTECTION CENTER	0	851,181		98.05
98.06	09856	DENTAL SRVS	0	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	2,695		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	0	50,021,479		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	50,021,479		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 10/14/2020 7:57 am
		Title XVIII	Hospital	TEFRA
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,144	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		23,836	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) (see instructions)		47	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)		67,455,044	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)		67,455,044	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)		67,455,044	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,396.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		112,649	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)		112,649	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Title XVIII		Hospital	TEFRA	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	87,759,821	37,082	2,366.64	48	113,599
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE HOT UNIT	17,397,157	6,431	2,705.20	48	129,850
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,110,568
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,466,666
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					35,086
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					81,138
52.00	Total Program excludable cost (sum of lines 50 and 51)					116,224
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,350,442
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					19
55.00	Target amount per discharge					12,878.54
56.00	Target amount (line 54 x line 55)					244,692
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-1,105,750
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					24,469
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					385,385
	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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					4,308
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,396.78
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,325,328

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Title XVIII		Hospital		TEFRA	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,668,384	67,455,044	0.113681	10,325,328	1,173,794	90.00
91.00	Nursing School cost	0	67,455,044	0.000000	10,325,328	0	91.00
92.00	Allied health cost	0	67,455,044	0.000000	10,325,328	0	92.00
93.00	All other Medical Education	0	67,455,044	0.000000	10,325,328	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 10/14/2020 7:57 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,144	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		23,836	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) (see instructions)		7,264	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)		80,469,749	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)		80,469,749	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)		80,469,749	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,859.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,769,374	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)		20,769,374	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
10/14/2020 7:57 am

		Title XIX		Hospital	Cost	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	91,911,226	37,082	2,478.59	6,249	15,488,709
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE HOT UNIT	18,190,124	6,431	2,828.51	1,293	3,657,263
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,346,929
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					67,262,275
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					4,308
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,859.22
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,317,520

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,668,384	80,469,749	0.095295	12,317,520	1,173,798	90.00
91.00	Nursing School cost	0	80,469,749	0.000000	12,317,520	0	91.00
92.00	Allied health cost	0	80,469,749	0.000000	12,317,520	0	92.00
93.00	All other Medical Education	0	80,469,749	0.000000	12,317,520	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 10/14/2020 7:57 am	
			Title XVIII	Hospital	TEFRA	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		43,507		30.00
31.00	03100	INTENSIVE CARE UNIT		16,114		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		1,554		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1.032617	237,457	245,202	50.00
51.00	05100	RECOVERY ROOM	0.264630	599	159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.266655	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.353545	16,109	5,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.135373	2,709	367	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.190326	6,602	1,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.428527	0	0	59.00
60.00	06000	LABORATORY	0.300057	817,039	245,158	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.	0.576416	222,399	128,194	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.481675	7,714	3,716	65.00
66.00	06600	PHYSICAL THERAPY	0.584282	39,733	23,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.672168	4,782	3,214	68.00
69.00	06900	ELECTROCARDIOLOGY	0.298783	71,921	21,489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232739	8,583	1,998	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368739	94,601	34,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.584940	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332887	1,138,938	379,138	73.00
74.00	07400	RENAL DIALYSIS	0.340730	1,657	565	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	47.445751	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	5.321231	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.790139	0	0	90.03
90.04	09004	GI CLINIC	1.433951	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.632563	0	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	0.411154	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	4.433851	248	1,100	90.08
90.09	09009	PULMONARY CLINIC	2.238902	0	0	90.09
90.10	09010	ENT CLINIC	0.997636	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.193833	0	0	90.11
90.12	09012	EYE CLINIC	1.787344	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.223154	1,858	2,273	90.13
90.14	09014	SURGICAL SPECIALTIES	3.200760	0	0	90.14
90.15	09015	ALLERGY CLINIC	1.167536	0	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.185094	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.225429	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.272919	0	0	90.20
90.21	09021	SPINA BIFIDA	0.911062	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.523589	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	6.825672	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	2.836042	0	0	90.24
90.25	09025	RENAL CLINIC	3.533005	0	0	90.25
90.26	09026	GREENFIELD CLINIC	1.707927	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.500713	0	0	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 10/14/2020 7:57 am	
				Title XVIII	Hospital	TEFRA	
Cost Center Description				Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
				1.00	2.00	3.00	
90.28	09028	FOX POINT CLINIC		0.000000	0	0	90.28
90.29	09029	DELAFIELD CLINIC		1.920900	0	0	90.29
90.30	09030	MEQUON CLINIC		1.688808	0	0	90.30
90.31	09031	KENOSHA CLINIC		0.043074	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		0.631601	0	0	90.32
90.33	09033	APPLETON CLINIC		1.654696	0	0	90.33
90.34	09034	UROLOGY CLINIC		1.173314	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0.840206	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)		1.880495	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE		0.000000	0	0	90.37
91.00	09100	EMERGENCY		0.380485	10,369	3,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.502735	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0.492731	0	0	94.00
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
98.00	09850	PSYCHIATRY - OFFICE BLDG		1.310358	230	301	98.00
98.01	09851	TRANSPORT		2.171200	3,537	7,680	98.01
98.02	09852	GENETICS CENTER		3.046916	0	0	98.02
98.03	09853	NUCLEAR MEDICINE		0.265131	3,844	1,019	98.03
98.04	09854	CHILD DEVELOPMENT		2.531722	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER		2.234924	0	0	98.05
98.06	09856	DENTAL SRVS		0.691613	0	0	98.06
98.07	09857	OTHER		0.000000	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS		0.802038	0	0	98.08
98.09	09859	OTHER		0.000000	0	0	98.09
200.00		Total (sum of lines 50 through 94 and 96 through 98)			2,690,929	1,110,568	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		201.00
202.00		Net charges (line 200 minus line 201)			2,690,929		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 10/14/2020 7:57 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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		35,668,625	30.00
31.00	03100	INTENSIVE CARE UNIT		53,847,110	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		7,683,735	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.118542	3,667,672	50.00
51.00	05100	RECOVERY ROOM	0.264630	628,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.520461	663,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.366534	2,951,612	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.135373	1,252,792	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.190326	1,217,920	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.428527	306,192	59.00
60.00	06000	LABORATORY	0.300057	9,878,593	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.	0.576416	1,361,146	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.481983	6,254,775	65.00
66.00	06600	PHYSICAL THERAPY	0.602859	1,038,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.672168	442,908	68.00
69.00	06900	ELECTROCARDIOLOGY	0.313044	1,362,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.269943	2,690,581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368739	7,668,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.584940	1,679,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332887	21,576,174	73.00
74.00	07400	RENAL DIALYSIS	0.372472	107,657	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	INFECTIOUS DISEASES	54.609152	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	5.410138	0	90.02
90.03	09003	DIABETIC CLINIC	2.790139	1,222	90.03
90.04	09004	GI CLINIC	1.812408	9,753	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.637145	656	90.05
90.06	09006	DIETETICS	0.000000	0	90.06
90.07	09007	INFUSION ROOM	0.411154	0	90.07
90.08	09008	CARDIOLOGY CLINIC	5.139721	3,881	90.08
90.09	09009	PULMONARY CLINIC	2.908416	3,429	90.09
90.10	09010	ENT CLINIC	1.658067	58	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.193833	174	90.11
90.12	09012	EYE CLINIC	2.052544	58	90.12
90.13	09013	ONCOLOGY CLINIC	1.223154	66,636	90.13
90.14	09014	SURGICAL SPECIALTIES	3.200760	605	90.14
90.15	09015	ALLERGY CLINIC	1.224460	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.708704	605	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.225429	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.272919	219	90.20
90.21	09021	SPINA BIFIDA	0.911062	58	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.523589	338	90.22
90.23	09023	RHEUMATOLOGY CLINIC	9.157693	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.700048	58	90.24
90.25	09025	RENAL CLINIC	3.533005	0	90.25
90.26	09026	GREENFIELD CLINIC	1.707927	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.500713	58	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 10/14/2020 7:57 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	
90.28	09028	FOX POINT CLINIC	0.000000	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.920900	164	315	90.29
90.30	09030	MEQUON CLINIC	1.688808	58	98	90.30
90.31	09031	KENOSHA CLINIC	0.043074	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0.631601	0	0	90.32
90.33	09033	APPLETON CLINIC	1.654696	0	0	90.33
90.34	09034	UROLOGY CLINIC	1.552104	58	90	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0.840206	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1.880495	58	109	90.36
90.37	09037	ADOLESCENT MEDICINE	0.000000	0	0	90.37
91.00	09100	EMERGENCY	0.432694	2,203,417	953,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.502735	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.492731	0	0	94.00
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
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.543835	36,178	55,853	98.00
98.01	09851	TRANSPORT	2.171200	17,804	38,656	98.01
98.02	09852	GENETICS CENTER	3.318446	4,467	14,823	98.02
98.03	09853	NUCLEAR MEDICINE	0.265131	163,283	43,291	98.03
98.04	09854	CHILD DEVELOPMENT	3.347592	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.340079	0	0	98.05
98.06	09856	DENTAL SRVS	0.823532	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.802038	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	98.09
200.00		Total (sum of lines 50 through 94 and 96 through 98)		67,261,540	27,346,929	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)		67,261,540		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4 Date/Time Prepared: 10/14/2020 7:57 am	
				Component CCN:	Kidney	Hospital	TEFRA
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	2,396.78	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,366.64	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,705.20	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	1.032617	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.264630	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.266655	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.353545	0	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	0	14.00
15.00	CT SCAN	57.00	0.135373	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.190326	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.428527	0	0	0	17.00
18.00	LABORATORY	60.00	0.300057	0	0	0	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.576416	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.481675	0	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.584282	0	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.672168	0	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.298783	0	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.232739	0	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368739	0	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.584940	0	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.332887	0	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.340730	0	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	0	37.00
37.01	INFECTIOUS DISEASES	90.01	47.445751	0	0	0	37.01
37.02	PAIN/PALLATIVE CARE	90.02	5.321231	0	0	0	37.02
37.03	DIABETIC CLINIC	90.03	2.790139	0	0	0	37.03
37.04	GI CLINIC	90.04	1.433951	0	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS	90.05	1.632563	0	0	0	37.05
37.06	DIETETICS	90.06	0.000000	0	0	0	37.06
37.07	INFUSION ROOM	90.07	0.411154	0	0	0	37.07
37.08	CARDIOLOGY CLINIC	90.08	4.433851	0	0	0	37.08
37.09	PULMONARY CLINIC	90.09	2.238902	0	0	0	37.09
37.10	ENT CLINIC	90.10	0.997636	0	0	0	37.10
37.11	ORTHOPEDIC CLINIC	90.11	1.193833	0	0	0	37.11
37.12	EYE CLINIC	90.12	1.787344	0	0	0	37.12
37.13	ONCOLOGY CLINIC	90.13	1.223154	0	0	0	37.13
37.14	SURGICAL SPECIALTIES	90.14	3.200760	0	0	0	37.14
37.15	ALLERGY CLINIC	90.15	1.167536	0	0	0	37.15
37.16	LASER CLINIC	90.16	0.000000	0	0	0	37.16
37.17	DERMATOLOGY CLINIC	90.17	1.185094	0	0	0	37.17
37.18	CLINIC ADMINISTRATION	90.18	0.000000	0	0	0	37.18
37.19	CRANIOFACIAL CENTER	90.19	2.225429	0	0	0	37.19
37.20	HEMATOLOGY CLINIC	90.20	2.272919	0	0	0	37.20
37.21	SPINA BIFIDA	90.21	0.911062	0	0	0	37.21
37.22	NEUROSCIENCES CLINIC	90.22	4.523589	0	0	0	37.22
37.23	RHEUMATOLOGY CLINIC	90.23	6.825672	0	0	0	37.23
37.24	ENDOCRINE CLINIC	90.24	2.836042	0	0	0	37.24
37.25	RENAL CLINIC	90.25	3.533005	0	0	0	37.25

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

10/14/2020 7:57 am

Cost Center Description		Kidney		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.26	GREENFIELD CLINIC	90.26	1.707927	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.500713	0	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.920900	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.688808	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	0.043074	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	0.631601	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.654696	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.173314	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	0.840206	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	1.880495	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	0.000000	0	0	0	37.37
38.00	EMERGENCY	91.00	0.380485	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.502735	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-3300 Period: From 01/01/2019 To 12/31/2019 Worksheet D-4

Component CCN: Date/Time Prepared: 10/14/2020 7:57 am

		Kidney		Hospital		TEFRA	
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		
51.30	MEQUON CLINIC	23.30	0	0.000000	0	51.30	
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31	
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
	PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	915,055		842,346		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	915,055		842,346		61.00	
62.00	Total Usable Organs (see instructions)		7			62.00	
63.00	Medicare Usable Organs (see instructions)		0			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	0		0		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	0		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		2	5		73.00	
74.00	Total (sum of lines 70 through 73)		2	5		74.00	
75.00	Organs Transplanted		2	5	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		2	5		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4 Date/Time Prepared: 10/14/2020 7:57 am	
				Component CCN:			
				Liver	Hospital	TEFRA	
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	2,396.78	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,366.64	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,705.20	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	1.032617	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.264630	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.266655	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.353545	0	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	0	14.00
15.00	CT SCAN	57.00	0.135373	0	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.190326	0	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.428527	0	0	0	17.00
18.00	LABORATORY	60.00	0.300057	0	0	0	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.576416	0	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.481675	0	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.584282	0	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.672168	0	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.298783	0	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.232739	0	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368739	0	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.584940	0	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.332887	0	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.340730	0	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	0	37.00
37.01	INFECTIOUS DISEASES	90.01	47.445751	0	0	0	37.01
37.02	PAIN/PALLATIVE CARE	90.02	5.321231	0	0	0	37.02
37.03	DIABETIC CLINIC	90.03	2.790139	0	0	0	37.03
37.04	GI CLINIC	90.04	1.433951	0	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS	90.05	1.632563	0	0	0	37.05
37.06	DIETETICS	90.06	0.000000	0	0	0	37.06
37.07	INFUSION ROOM	90.07	0.411154	0	0	0	37.07
37.08	CARDIOLOGY CLINIC	90.08	4.433851	0	0	0	37.08
37.09	PULMONARY CLINIC	90.09	2.238902	0	0	0	37.09
37.10	ENT CLINIC	90.10	0.997636	0	0	0	37.10
37.11	ORTHOPEDIC CLINIC	90.11	1.193833	0	0	0	37.11
37.12	EYE CLINIC	90.12	1.787344	0	0	0	37.12
37.13	ONCOLOGY CLINIC	90.13	1.223154	0	0	0	37.13
37.14	SURGICAL SPECIALTIES	90.14	3.200760	0	0	0	37.14
37.15	ALLERGY CLINIC	90.15	1.167536	0	0	0	37.15
37.16	LASER CLINIC	90.16	0.000000	0	0	0	37.16
37.17	DERMATOLOGY CLINIC	90.17	1.185094	0	0	0	37.17
37.18	CLINIC ADMINISTRATION	90.18	0.000000	0	0	0	37.18
37.19	CRANIOFACIAL CENTER	90.19	2.225429	0	0	0	37.19
37.20	HEMATOLOGY CLINIC	90.20	2.272919	0	0	0	37.20
37.21	SPINA BIFIDA	90.21	0.911062	0	0	0	37.21
37.22	NEUROSCIENCES CLINIC	90.22	4.523589	0	0	0	37.22
37.23	RHEUMATOLOGY CLINIC	90.23	6.825672	0	0	0	37.23
37.24	ENDOCRINE CLINIC	90.24	2.836042	0	0	0	37.24
37.25	RENAL CLINIC	90.25	3.533005	0	0	0	37.25

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

10/14/2020 7:57 am

		Liver		Hospital		TEFRA	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.26	GREENFIELD CLINIC	90.26	1.707927	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.500713	0	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.920900	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.688808	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	0.043074	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	0.631601	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.654696	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.173314	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	0.840206	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	1.880495	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	0.000000	0	0	0	37.37
38.00	EMERGENCY	91.00	0.380485	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.502735	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-3300

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

10/14/2020 7:57 am

Cost Center Description		Liver		Hospital		TEFRA	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.30	MEQUON CLINIC	23.30	0	0.000000	0	51.30	
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31	
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
	PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,659,890		1,341,059		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,659,890		1,341,059		61.00	
62.00	Total Usable Organs (see instructions)		7			62.00	
63.00	Medicare Usable Organs (see instructions)		0			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	0		0		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	0		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		4	3		73.00	
74.00	Total (sum of lines 70 through 73)		4	3		74.00	
75.00	Organs Transplanted		4	3	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		4	3		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4 Date/Time Prepared: 10/14/2020 7:57 am	
				Component CCN:			
				Heart	Hospital	TEFRA	
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	2,396.78	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,366.64	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,705.20	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	1.032617	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.264630	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.266655	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.353545	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.135373	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.190326	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.428527	0	0	17.00
18.00	LABORATORY		60.00	0.300057	0	0	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.576416	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.481675	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.584282	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.672168	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.298783	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232739	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.368739	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.584940	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.332887	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.340730	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	47.445751	0	0	37.01
37.02	PAIN/PALLATIVE CARE		90.02	5.321231	0	0	37.02
37.03	DIABETIC CLINIC		90.03	2.790139	0	0	37.03
37.04	GI CLINIC		90.04	1.433951	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	1.632563	0	0	37.05
37.06	DIETETICS		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.411154	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	4.433851	0	0	37.08
37.09	PULMONARY CLINIC		90.09	2.238902	0	0	37.09
37.10	ENT CLINIC		90.10	0.997636	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	1.193833	0	0	37.11
37.12	EYE CLINIC		90.12	1.787344	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.223154	0	0	37.13
37.14	SURGICAL SPECIALTIES		90.14	3.200760	0	0	37.14
37.15	ALLERGY CLINIC		90.15	1.167536	0	0	37.15
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	1.185094	0	0	37.17
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.225429	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	2.272919	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.911062	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	4.523589	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	6.825672	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	2.836042	0	0	37.24
37.25	RENAL CLINIC		90.25	3.533005	0	0	37.25

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Heart		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.26	GREENFIELD CLINIC	90.26	1.707927	0	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.500713	0	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.920900	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.688808	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	0.043074	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	0.631601	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.654696	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.173314	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	0.840206	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	1.880495	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	0.000000	0	0	0	37.37
38.00	EMERGENCY	91.00	0.380485	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.502735	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-3300

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

10/14/2020 7:57 am

Cost Center Description		Heart	Hospital	TEFRA				
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
51.30	MEQUON CLINIC	23.30	0	0.000000	0	51.30		
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32		
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33		
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34		
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35		
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36		
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37		
52.00	EMERGENCY	24.00	0	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00		
Cost Center Description		Cost		Charges				
		Part A	Part B	Part A	Part B			
		1.00	2.00	3.00	4.00			
PART III - SUMMARY OF COSTS AND CHARGES								
56.00	Routine and Ancillary from Part I	0		0		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	705,414		847,980		59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	705,414		847,980		61.00		
62.00	Total Usable Organs (see instructions)		6			62.00		
63.00	Medicare Usable Organs (see instructions)		0			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00		
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00		
66.00	Revenue for Organs Sold	0		0		66.00		
67.00	Subtotal (line 65 minus line 66)	0		0		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00		
Cost Center Description			Living Related		Cadaveric		Revenue	
			1.00		2.00		3.00	
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)		0	0		70.00		
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00		
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00		
73.00	Organs Purchased from OPOs		0	6		73.00		
74.00	Total (sum of lines 70 through 73)		0	6		74.00		
75.00	Organs Transplanted		0	6	0	75.00		
76.00	Organs Sold to Other Hospitals		0	0	0	76.00		
77.00	Organs Sold to OPOs		0	0	0	77.00		
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00		
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00		
80.00	Organs Sold Outside the U.S.		0	0	0	80.00		
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00		
82.00	Organs Used for Research		0	0		82.00		
83.00	Unusable/Discarded Organs		0	0		83.00		
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	6		84.00		

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 10/14/2020 7:57 am
		Title XVIII	Hospital	TEFRA
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		906	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,294,044	2.00
3.00	OPPS payments		1,037,093	3.00
4.00	Outlier payment (see instructions)		10,930	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.886	5.00
6.00	Line 2 times line 5		1,146,523	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		91.41	7.00
8.00	Transitional corridor payment (see instructions)		98,500	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		906	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,019	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)		3,019	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)		3,019	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,113	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)		906	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)		1,146,523	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,612	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		177,952	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)		962,865	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		9,531	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)		972,396	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		972,396	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)		972,396	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	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)		972,396	40.00
40.01	Sequestration adjustment (see instructions)		19,448	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		1,191,464	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-238,516	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
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: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 10/14/2020 7:57 am
	Title XVIII	Hospital	TEFRA
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
10/14/2020 7:57 am

		Title XVIII		Hospital		TEFRA	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		380,738		1,191,464	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)		380,738		1,191,464	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		7,186		238,516	6.02	
7.00	Total Medicare program liability (see instructions)		373,552		952,948	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
10/14/2020 7:57 am

		Title XVIII	Hospital	TEFRA	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00
				Overrides	
				1.00	
	CONTRACTOR OVERRIDES				
108.00	Override of HIT payment				108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part I Date/Time Prepared: 10/14/2020 7:57 am
		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			385,385 1.00
1.01	Nursing and allied health managed care payment (see instructions)			0 1.01
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			385,385 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			385,385 6.00
7.00	Deductibles			15,004 7.00
8.00	Subtotal (line 6 minus line 7)			370,381 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			370,381 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			370,381 14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			10,795 15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Demonstration payment adjustment amount before sequestration			0 17.99
18.00	Total amount payable to the provider (see instructions)			381,176 18.00
18.01	Sequestration adjustment (see instructions)			7,624 18.01
18.02	Demonstration payment adjustment amount after sequestration			0 18.02
19.00	Interim payments			380,738 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)			-7,186 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 10/14/2020 7:57 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		67,262,275		1.00
2.00	Medical and other services			50,021,479	2.00
3.00	Organ acquisition (certified transplant centers only)		1,220,071		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		68,482,346	50,021,479	4.00
5.00	Inpatient primary payer payments		222,014		5.00
6.00	Outpatient primary payer payments			2,319,750	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		68,260,332	47,701,729	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		96,928,858		8.00
9.00	Ancillary service charges		67,261,540	109,762,123	9.00
10.00	Organ acquisition charges, net of revenue		1,220,071		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		165,410,469	109,762,123	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)		165,410,469	109,762,123	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		96,928,123	59,740,644	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)		68,482,346	50,021,479	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)		68,482,346	50,021,479	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)		68,260,332	47,701,729	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)		68,260,332	47,701,729	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		68,260,332	47,701,729	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)		68,260,332	47,701,729	40.00
41.00	Interim payments		53,306,801	37,063,328	41.00
42.00	Balance due provider/program (line 40 minus line 41)		14,953,531	10,638,401	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 10/14/2020 7:57 am
		Title XVIII		Hospital	TEFRA
					1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			189.86	6.00
7.00	Enter the lesser of line 5 or line 6			120.16	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	85.32	72.40	157.72	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.	54.00	45.82	99.82	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.81		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		7.81		10.01
11.00	Total weighted FTE count	54.00	53.63		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.96	55.74		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	49.90	57.01		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.62	55.46		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	51.62	55.46		17.00
18.00	Per resident amount	89,412.55	89,412.55		18.00
19.00	Approved amount for resident costs	4,615,476	4,958,820	9,574,296	19.00
					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			69.70	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.91	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,574,296	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	143	0		26.00
27.00	Total Inpatient Days (see instructions)	67,349	67,349		27.00
28.00	Ratio of inpatient days to total inpatient days	0.002123	0.000000		28.00
29.00	Program direct GME amount	20,326	0	20,326	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			20,326	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 10/14/2020 7:57 am
		Title XVIII	Hospital	TEFRA
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,672,838	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		1,466,666	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,466,666	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		1,294,950	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		1,294,950	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		2,761,616	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.531090	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.468910	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		20,326	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,795	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		9,531	50.00

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

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
10/14/2020 7:57 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	79,188,179	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	94,414,240	0	0	0	4.00
5.00 Other receivable	89,829,050	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-2,898,856	0	0	0	6.00
7.00 Inventory	10,430,080	0	0	0	7.00
8.00 Prepaid expenses	10,654,165	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)	281,616,858	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	13,485,887	0	0	0	13.00
14.00 Accumulated depreciation	-5,136,451	0	0	0	14.00
15.00 Buildings	443,398,499	0	0	0	15.00
16.00 Accumulated depreciation	-226,897,464	0	0	0	16.00
17.00 Leasehold improvements	223,345,061	0	0	0	17.00
18.00 Accumulated depreciation	-77,723,709	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	34,143	0	0	0	21.00
22.00 Accumulated depreciation	-19,206	0	0	0	22.00
23.00 Major movable equipment	242,812,492	0	0	0	23.00
24.00 Accumulated depreciation	-153,204,120	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	460,095,132	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	352,574,001	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	873,487,384	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,226,061,385	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,967,773,375	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	37,016,739	0	0	0	37.00
38.00 Salaries, wages, and fees payable	39,808,260	0	0	0	38.00
39.00 Payroll taxes payable	15,604,373	0	0	0	39.00
40.00 Notes and loans payable (short term)	5,352,556	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	5,508,771	0	0	0	43.00
44.00 Other current liabilities	7,894,024	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	111,184,723	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	344,364,864	0	0	0	47.00
48.00 Unsecured loans	44,272,774	0	0	0	48.00
49.00 Other long term liabilities	78,374,919	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	467,012,557	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	578,197,280	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,389,576,095	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)	1,389,576,095	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,967,773,375	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
10/14/2020 7:57 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		1,196,192,072		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		102,032,482				2.00
3.00	Total (sum of line 1 and line 2)		1,298,224,554		0		3.00
4.00	CAPITAL ACQUISITION	2,579,354		0		0	4.00
5.00		0		0		0	5.00
6.00	PENSION ADJUSTMENT	-24,083,104		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)		-21,503,750		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,276,720,804		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	-112,855,290		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)		-112,855,290		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,389,576,094		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CAPITAL ACQUISITION		0				4.00
5.00			0				5.00
6.00	PENSION ADJUSTMENT		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
10/14/2020 7:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	106,628,394		106,628,394	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	106,628,394		106,628,394	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	257,544,723		257,544,723	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	32,611,203		32,611,203	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	290,155,926		290,155,926	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	396,784,320		396,784,320	17.00
18.00	Ancillary services	344,041,079	434,890,471	778,931,550	18.00
19.00	Outpatient services	0	84,491,500	84,491,500	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	740,825,399	519,381,971	1,260,207,370	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		643,758,591		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)		643,758,591		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
10/14/2020 7:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,260,207,370	1.00
2.00	Less contractual allowances and discounts on patients' accounts	563,088,493	2.00
3.00	Net patient revenues (line 1 minus line 2)	697,118,877	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	643,758,591	4.00
5.00	Net income from service to patients (line 3 minus line 4)	53,360,286	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	12,302,240	6.00
7.00	Income from investments	10,631,095	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	1,744,661	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	3,396,303	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	446,905	20.00
21.00	Rental of vending machines	36,766	21.00
22.00	Rental of hospital space	20,151,015	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	-36,789	24.00
25.00	Total other income (sum of lines 6-24)	48,672,196	25.00
26.00	Total (line 5 plus line 25)	102,032,482	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	102,032,482	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300

Period:

Worksheet I-1

Component CCN: 52-2319

From 01/01/2019
To 12/31/2019Date/Time Prepared:
10/14/2020 7:57 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	176,860	HOURS OF SERVICE	10,123.00	4.87 1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	53,266	HOURS OF SERVICE	2,915.00	1.40 4.00
5.00	SOCIAL WORKERS	16,961	HOURS OF SERVICE	208.00	0.10 5.00
6.00	DIETICIANS	13,657	HOURS OF SERVICE	250.00	0.12 6.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	41,181	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	301,925			9.00
10.00	EMPLOYEE BENEFITS	94,917	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	134,726	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	355,348	REQUISITIONS		14.00
15.00	DRUGS	68,769	REQUISITIONS		15.00
16.00	OTHER	70,997	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,026,682			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	54,554	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	35,426	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	12,069	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	361,052	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	122,192	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	38,041	REQUISITIONS		24.00
25.00	PHARMACY	4	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	47,753	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,697,773			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,697,773			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 52-3300

Period:

Worksheet I-2

Component CCN: 52-2319

From 01/01/2019
To 12/31/2019Date/Time Prepared:
10/14/2020 7:57 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	176,746	170,152	176,860	83,884	106,986	4,838	1.00
MAINTENANCE								
2.00	Hemodialysis	136,983	140,580	170,427	69,334	98,049	4,838	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	39,763	29,572	6,433	14,550	8,937	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0	0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	176,746	170,152	176,860	83,884	106,986	4,838	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	393,389	0	1,112,855	520,983	1,633,838		1.00
MAINTENANCE								
2.00	Hemodialysis	304,891	0	925,102	433,086	1,358,188		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	88,498	0	187,753	87,897	275,650		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	393,389	0	1,112,855	520,983	1,633,838		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,633,838		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2019
To 12/31/2019Worksheet I-3
Date/Time Prepared:
10/14/2020 7:57 am

		Renal Dialysis							
		Capital Related Costs		Direct Patient Care Salary					
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)			
		0	1.00	2.00	3.00	4.00	5.00		
1.00	Total Renal Department Costs		176,746	170,152	176,860	83,884	106,986		1.00
MAINTENANCE									
2.00	Hemodialysis		1,347	82.62	7,179.00	548.00	327,297		2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0		2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0		3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0		3.01
TRAINING									
4.00	Hemodialysis		0	0.00	0.00	0.00	0		4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0		5.00
6.00	CAPD		0	0.00	0.00	0.00	0		6.00
7.00	CCPD		0	0.00	0.00	0.00	0		7.00
HOME									
8.00	Hemodialysis		0	0.00	0.00	0.00	0		8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0		9.00
10.00	CAPD		0	0.00	0.00	0.00	0		10.00
11.00	CCPD		0	0.00	0.00	0.00	0		11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	483	391	17.38	271.00	115.00	29,834		12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0		13.00
14.00	ESAs								14.00
15.00									15.00
16.00	Other		0	0.00	0.00	0.00	0		16.00
17.00	Total Statistical Basis		1,738	100.00	7,450.00	663.00	357,131		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		101.695052	1,701.520000	23.739597	126.521870	0.299571		18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)			
		6.00	7.00	8.00	9.00	10.00			
1.00	Total Renal Department Costs	4,838	393,389	0	1,112,855	520,983			1.00
MAINTENANCE									
2.00	Hemodialysis	217	275,009	0					2.00
2.01	AKI-Hemodialysis	0	0	0					2.01
3.00	Intermittent Peritoneal	0	0	0					3.00
3.01	AKI-Intermittent Peritoneal	0	0	0					3.01
TRAINING									
4.00	Hemodialysis	0	0	0					4.00
5.00	Intermittent Peritoneal	0	0	0					5.00
6.00	CAPD	0	0	0					6.00
7.00	CCPD	0	0	0					7.00
HOME									
8.00	Hemodialysis	0	0	0					8.00
9.00	Intermittent Peritoneal	0	0	0					9.00
10.00	CAPD	0	0	0					10.00
11.00	CCPD	0	0	0					11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	0	79,824	0					12.00
13.00	Method II Home Patient	0	0	0					13.00
14.00	ESAs								14.00
15.00									15.00
16.00	Other	0	0	0					16.00
17.00	Total Statistical Basis	217	354,833	0		1,112,855			17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	22.294931	1.108660	0.000000		0.468150			18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2019
To 12/31/2019Worksheet I-4
Date/Time Prepared:
10/14/2020 7:57 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,682	1,358,188	807.48	127	102,550
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,682	1,358,188		127	102,550
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,682				
20.00	ADDITIONAL RENAL FACILITY NUMBERS					
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	29,417	231.63			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - CAPD	0	0.00			5.00
6.00	Training - CCPD	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			9.00
10.00	Home Program - CCPD	0	0.00			10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	29,417				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00
20.00	ADDITIONAL RENAL FACILITY NUMBERS					

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet I-1

Date/Time Prepared:
10/14/2020 7:57 amHome Program
Dialysis

TEFRA

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	15,168	HOURS OF SERVICE	578.00	0.28	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS	7,192	HOURS OF SERVICE	312.00	0.15	5.00
6.00	DIETICIANS	9,769	HOURS OF SERVICE	375.00	0.18	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	32,129				9.00
10.00	EMPLOYEE BENEFITS	8,599	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	281,174	REQUISITIONS			14.00
15.00	DRUGS	0	REQUISITIONS			15.00
16.00	OTHER	0	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	321,902				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	1,361	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	103,941	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	0	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	3,596	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	430,800				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	430,800				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 52-3300		Period: From 01/01/2019 To 12/31/2019	Worksheet I-2 Date/Time Prepared: 10/14/2020 7:57 am	
						Home Program Dialysis	TEFRA	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	0	0	15,168	16,961	9,960	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	220	269	152	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	14,948	16,692	9,808	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	0	15,168	16,961	9,960	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	281,174	0	323,263	107,537	430,800		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	2,166	0	2,807	934	3,741		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	279,008	0	320,456	106,603	427,059		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	281,174	0	323,263	107,537	430,800		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					430,800		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet I-3

Date/Time Prepared:
10/14/2020 7:57 amHome Program
Dialysis

TEFRA

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
			0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs		0	0	15,168	16,961	9,960	1.00
MAINTENANCE								
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		2	1.50	7.00	8.00	303	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		316	96.32	476.00	496.00	19,515	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		318	97.82	483.00	504.00	19,818	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	31.403727	33.652778	0.502573	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	281,174	0	323,263	107,537		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	2,166	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	279,008	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	281,174	0		323,263		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.332661		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300

Period:
From 01/01/2019
To 12/31/2019

Worksheet I-4

Date/Time Prepared:
10/14/2020 7:57 am

		Rate 0		Home Program Dialysis		TEFRA	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	24	3,741	155.88	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	3,091	427,059	138.16	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	24	430,800		0	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	9,297					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00							20.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00	1.00			
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00			
3.00	Training - Hemodialysis	0	0.00	3.00			
4.00	Training - Peritoneal Dialysis	0	0.00	4.00			
5.00	Training - CAPD	0	0.00	5.00			
6.00	Training - CCPD	0	0.00	6.00			
7.00	Home Program - Hemodialysis	0	0.00	7.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00			
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00	9.00			
10.00	Home Program - CCPD	0	0.00	10.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	0		11.00			
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00			
ADDITIONAL RENAL FACILITY NUMBERS							
20.00				20.00			

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 52-3300	Period: From 01/01/2019 To 12/31/2019	Worksheet I-5 Date/Time Prepared: 10/14/2020 7:57 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	102,550		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	29,417	28,402	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	29,417	28,402	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	22,722	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,852,923		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,788,988		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.965495		14.00