

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/25/2020 2:24 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/25/2020	Time: 2:24 pm
	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 UNIVERSITY OF WI HOSPITALS & CLINICS (52-0098) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ROBERT FLANNERY
Officer or Administrator of Provider(s)

SENIOR VP/CFO
Title

11/25/2020 02:24:54 PM
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	1,970,065	1,068,838	0	0	1.00
2.00	Subprovider - IPF	0	29,351	-9		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	1,999,416	1,068,829	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:24 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 HIGHLAND AVE			PO Box:				1.00			
2.00	City: MADISON			State: WI		Zip Code: 53792		County: DANE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		UNIVERSITY OF WI HOSPITALS & CLINICS		520098	31540	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		UWHC - PSYCHIATRIC UNIT		52S098	31540	4	07/01/1984	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
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										
18.00	Renal Dialysis										
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019		06/30/2020		
21.00	Type of Control (see instructions)						10				
							1.00		2.00		
							2.00		3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				
22.02	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				
				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.			10,775	7,398	1,312	701	11,483	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	11/01/2019	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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		
				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.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.01

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1		60.06	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.67	86.77	0.018883	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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 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)					66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.32	104.43	0.012482	67.00
67.01		INTERNAL MEDICINE	1400	0.00	104.43	0.000000	67.01
67.02		DERMATOLOGY	1455	2.41	104.43	0.022557	67.02
67.03		OBSTETRICS/GYNECOLOG Y	1750	0.10	104.43	0.000957	67.03

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	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)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:24 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						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	
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	
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.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			164,190	370,580		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.			09/01/1977			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			09/24/1991			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			03/08/1990			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			02/02/1995			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			07/01/1966			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:24 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	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.	52P001				134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						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	
		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	
						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)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:24 pm
			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: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 2:24 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/27/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ADAM	KLUG		41.00
42.00	Enter the employer/company name of the cost report preparer.	UW HOSPITAL AND CLINICS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-890-7259	AKLUG@UWHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 2:24 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER- GOVT REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	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	474	173,484	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)		474	173,484	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 TRAUMA INTENSIVE CARE UNIT	31.01	24	8,784	0.00	0	8.01
8.02 CARDIOTHORACIC SURGERY ICU	31.02	8	2,928	0.00	0	8.02
8.03 CARDIAC INTENSIVE CARE UNIT	31.03	7	2,562	0.00	0	8.03
8.04 PEDIATRIC INTENSIVE CARE UNIT	31.04	21	7,686	0.00	0	8.04
8.05 NEURO INTENSIVE CARE UNIT	31.05	18	6,588	0.00	0	8.05
8.06 NEONATAL INTENSIVE CARE UNIT	31.06	26	9,516	0.00	0	8.06
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	8	2,928	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		586	214,476	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,588		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		604				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	36,903	20,186	130,181			1.00
2.00	HMO and other (see instructions)	19,852	11,483				2.00
3.00	HMO IPF Subprovider	263	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)	36,903	20,186	130,181			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	TRAUMA INTENSIVE CARE UNIT	4,678	0	7,499			8.01
8.02	CARDIOTHORACIC SURGERY ICU	1,723	0	2,763			8.02
8.03	CARDIAC INTENSIVE CARE UNIT	1,255	0	2,012			8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	5	0	4,606			8.04
8.05	NEURO INTENSIVE CARE UNIT	3,573	0	5,728			8.05
8.06	NEONATAL INTENSIVE CARE UNIT	0	0	4,332			8.06
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	370	0	2,462			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	48,507	20,186	159,583	464.55	9,796.87	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,148	545	4,790	3.48	30.21	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				468.03	9,827.08	27.00
28.00	Observation Bed Days		380	5,625			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: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,049	1,645	29,460	1.00
2.00 HMO and other (see instructions)			3,323	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 TRAUMA INTENSIVE CARE UNIT						8.01
8.02 CARDIOTHORACIC SURGERY ICU						8.02
8.03 CARDIAC INTENSIVE CARE UNIT						8.03
8.04 PEDIATRIC INTENSIVE CARE UNIT						8.04
8.05 NEURO INTENSIVE CARE UNIT						8.05
8.06 NEONATAL INTENSIVE CARE UNIT						8.06
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	9,049	1,645	29,460	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	204	108	1,199	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	613,048,419	-1,883,124	611,165,295	20,552,636.00	29.74 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non		0	0	0	0.00	0.00 5.00
6.00	Physician-Part B		0	0	0	0.00	0.00 6.00
7.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 7.00
7.00	Interns & residents (in an approved program)	21.00	33,036,251	0	33,036,251	1,474,980.00	22.40 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		35,342,072	-1,046,196	34,295,876	932,107.89	36.79 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,232,379	0	9,232,379	128,725.73	71.72 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		27,280,622	0	27,280,622	153,661.26	177.54 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		12,854,210	0	12,854,210	160,342.00	80.17 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		213,493,246	0	213,493,246		17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas		12,969,081	0	12,969,081		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		13,463,574	0	13,463,574		25.00
25.50	Home office wage-related (core)		0	0	0		25.50
25.51	Related organization wage-related (core)		0	0	0		25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	9,652,975	0	9,652,975	314,028.00	30.74	26.00
27.00	Administrative & General	5.00	86,068,694	-1,422,872	84,645,822	2,507,581.00	33.76	27.00
28.00	Administrative & General under contract (see inst.)		15,002,717	0	15,002,717	85,332.00	175.82	28.00
29.00	Maintenance & Repairs	6.00	18,529,612	36	18,529,648	1,021,726.00	18.14	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	12,793,301	0	12,793,301	779,601.00	16.41	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,116,637	-3,377,482	7,739,155	544,671.00	14.21	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	18,509,977	-14,457	18,495,520	436,544.00	42.37	38.00
39.00	Central Services and Supply	14.00	11,097,327	-4,445,502	6,651,825	559,855.00	11.88	39.00
40.00	Pharmacy	15.00	26,152,916	746,893	26,899,809	703,787.00	38.22	40.00
41.00	Medical Records & Medical Records Library	16.00	10,062,002	0	10,062,002	442,902.00	22.72	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	1,177,550	0	1,177,550	37,834.00	31.12	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/25/2020 2:24 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	595,014,885	-1,883,124	593,131,761	19,162,988.00	30.95	1.00
2.00	Excluded area salaries (see instructions)	35,342,072	-1,046,196	34,295,876	932,107.89	36.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	559,672,813	-836,928	558,835,885	18,230,880.11	30.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,513,001	0	36,513,001	282,386.99	129.30	4.00
5.00	Subtotal wage-related costs (see inst.)	213,493,246	0	213,493,246	0.00	38.20	5.00
6.00	Total (sum of lines 3 thru 5)	809,679,060	-836,928	808,842,132	18,513,267.10	43.69	6.00
7.00	Total overhead cost (see instructions)	220,163,708	-8,513,384	211,650,324	7,433,861.00	28.47	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2020 2:24 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		80,867,813	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		104,740,650	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		43,191	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		8,050,396	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,183,869	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-740,964	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		-983,679	16.00
TAXES				
17.00	FICA-Employers Portion Only		45,049,291	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		960,579	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		754,755	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		239,925,901	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	9,232,379	239,925,901	1.00
2.00	Hospital	9,232,379	239,925,901	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-10

Date/Time Prepared:
11/25/2020 2:24 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.270443	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		146,134,032	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		16,034,334	5.00
6.00	Medicaid charges		547,043,676	6.00
7.00	Medicaid cost (line 1 times line 6)		147,944,133	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	25,336,672	22,711,053	48,047,725
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,852,126	22,711,053	29,563,179
22.00	Payments received from patients for amounts previously written off as charity care	67,232	950,166	1,017,398
23.00	Cost of charity care (line 21 minus line 22)	6,784,894	21,760,887	28,545,781
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,388,233	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,024,903	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,115,235	27.01
28.00	Non-Medicare bad debt expense (see instructions)		18,272,998	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,032,136	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		34,577,917	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,577,917	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK		0	0	1,216,254	1,216,254	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC		0	0	1,289,624	1,289,624	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC		0	0	956,394	956,394	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND		0	0	34,701,674	34,701,674	1.04
1.05	00105	CAP REL COSTS- WAISMAN		0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION		0	0	711,631	711,631	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007		0	0	562,008	562,008	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501		0	0	1,850,927	1,850,927	1.08
1.09	00110	CAP REL COSTS-TAC		0	0	12,774,384	12,774,384	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES		0	0	521,937	521,937	1.10
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,652,975	9,611,304	19,264,279	-28,065	19,236,214	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	86,068,694	383,263,059	469,331,753	-70,979,407	398,352,346	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,529,612	50,335,915	68,865,527	-107,039	68,758,488	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,737,490	3,737,490	8.00
9.00	00900	HOUSEKEEPING	12,793,301	9,199,771	21,993,072	-365,243	21,627,829	9.00
10.00	01000	DIETARY	11,116,637	10,913,017	22,029,654	-4,649,077	17,380,577	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	18,509,977	-40,952,624	-22,442,647	50,245,219	27,802,572	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,097,327	8,036,400	19,133,727	-8,762,844	10,370,883	14.00
15.00	01500	PHARMACY	26,152,916	173,164,387	199,317,303	-159,539,130	39,778,173	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,062,002	5,729,446	15,791,448	0	15,791,448	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	1,177,550	2,216,133	3,393,683	297,000	3,690,683	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	33,036,251	7,891,379	40,927,630	-28,665	40,898,965	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	15,380,508	15,380,508	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	1,470,095	441,250	1,911,345	-988,627	922,718	23.01
23.02	02302	EMERGENCY MED PROGRAM	626,335	318,196	944,531	-944,531	0	23.02
23.03	02303	DIETARY PROGRAM	21,884	17,058	38,942	-14,780	24,162	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	325,158	68,878	394,036	-211,502	182,534	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	337,826	33,083	370,909	-310,499	60,410	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	76,778	-3,670	73,108	-17,598	55,510	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,690,922	89,590,141	174,281,063	-42,410,152	131,870,911	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	8,359,648	4,385,916	12,745,564	-238,387	12,507,177	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	6,198,386	2,905,003	9,103,389	-4,421,615	4,681,774	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,371,153	1,249,389	3,620,542	-55,316	3,565,226	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,248,933	2,261,654	7,510,587	47,013	7,557,600	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,930,396	2,980,372	8,910,768	-165,534	8,745,234	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	4,413,774	2,514,101	6,927,875	-21,418	6,906,457	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,995,262	1,679,566	4,674,828	-144,419	4,530,409	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,288,976	719,449	3,008,425	42,022	3,050,447	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,531,826	91,886,699	119,418,525	-62,420,122	56,998,403	50.00
51.00	05100	RECOVERY ROOM	11,030,173	5,497,841	16,528,014	-103,790	16,424,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,044,309	8,145,933	10,190,242	-1,124,600	9,065,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,328,045	19,775,980	34,104,025	-7,932,780	26,171,245	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,791,243	7,319,512	11,110,755	-506,555	10,604,200	55.00
56.00	05600	RADIOISOTOPE	1,376,502	4,402,006	5,778,508	17,466	5,795,974	56.00
57.00	05700	CT SCAN	2,548,323	3,320,489	5,868,812	-63,309	5,805,503	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292,058	5,592,800	8,884,858	-63,045	8,821,813	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	728,639	358,943	1,087,582	0	1,087,582	59.01
60.00	06000	LABORATORY	15,080,462	23,795,021	38,875,483	-2,799	38,872,684	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,123,653	13,515,252	15,638,905	-2,240,647	13,398,258	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,705,490	7,437,794	17,143,284	126,739	17,270,023	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	459,255	272,375	731,630	17	731,647	65.01
66.00	06600	PHYSICAL THERAPY	17,191,856	6,254,652	23,446,508	-189,906	23,256,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,865,467	1,822,193	3,687,660	-1,013,065	2,674,595	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	7,586,780	31,983,352	39,570,132	-31,327,828	8,242,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,049,144	2,393,531	4,442,675	-6,771	4,435,904	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,662,160	57,662,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,133,503	61,133,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	160,491,105	160,491,105	73.00
74.00	07400	RENAL DIALYSIS	1,718,327	1,126,452	2,844,779	12,233	2,857,012	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	528,018	278,832	806,850	4,634	811,484	75.01
75.02	03540	PROSTHETIC DEVICES	1,091,038	1,873,971	2,965,009	-800,822	2,164,187	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,414,661	12,709,327	21,123,988	0	21,123,988	90.00
90.01	09001	CLINIC CSC	30,930,324	18,836,851	49,767,175	-3,303,069	46,464,106	90.01
90.02	09002	CLINIC UNIVERSITY STATION	5,875,236	3,836,126	9,711,362	-11,334	9,700,028	90.02
90.03	09003	CLINIC WAISMAN	1,912,373	874,915	2,787,288	0	2,787,288	90.03
90.04	09004	CLINIC WEST	8,292,582	4,166,533	12,459,115	54,571	12,513,686	90.04
90.05	09005	CLINIC EAST	3,682,591	1,869,699	5,552,290	-15,657	5,536,633	90.05
90.06	09006	CLINIC RESEARCH PARK	1,906,326	1,272,282	3,178,608	-11,539	3,167,069	90.06
90.07	09009	CLINIC DHC	6,719,000	7,418,926	14,137,926	-739,948	13,397,978	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	6,070,653	9,629,262	15,699,915	-240,557	15,459,358	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	2,531	6,513	9,044	-25	9,019	90.09
90.10	09007	CLINIC MIDDLETON REHAB	274,078	115,688	389,766	-491	389,275	90.10
90.11	09011	CLINIC AODA	114,375	-60,350	54,025	0	54,025	90.11
90.12	09012	CLINIC KIDNEY	580,728	367,430	948,158	-5	948,153	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	1,009,335	1,186,368	2,195,703	17	2,195,720	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	409,984	224,856	634,840	-10,356	624,484	90.14
91.00	09100	EMERGENCY	17,035,246	10,160,174	27,195,420	159,015	27,354,435	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	4,226,075	6,579,210	10,805,285	-3,606	10,801,679	95.00
101.00	10100	HOME HEALTH AGENCY	-59,604	-14,007	-73,611	73,611	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,796,959	13,671,849	22,468,808	-7,036,184	15,432,624	105.00
106.00	10600	HEART ACQUISITION	406,439	2,450,273	2,856,712	755,463	3,612,175	106.00
107.00	10700	LIVER ACQUISITION	1,713,524	4,073,999	5,787,523	1,084,028	6,871,551	107.00
108.00	10800	LUNG ACQUISITION	560,039	1,272,450	1,832,489	1,108,097	2,940,586	108.00
109.00	10900	PANCREAS ACQUISITION	767,066	938,522	1,705,588	-152,649	1,552,939	109.00
110.00	11000	INTESTINAL ACQUISITION	0	28,842	28,842	39,821	68,663	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	6,495,488	6,495,488	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	599,263,897	1,067,237,939	1,666,501,836	-173,254	1,666,328,582	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133,380	581,634	715,014	0	715,014	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	171,284	171,284	194.00
194.01	07951	OTHER AUXILIARY SERVICES	1,993,024	825,093	2,818,117	0	2,818,117	194.01
194.02	07952	CLINICAL RESEARCH CENTER	520,424	351,270	871,694	70	871,764	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	19,144	863,316	882,460	0	882,460	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,773,234	-112,927	1,660,307	0	1,660,307	194.05
194.06	07950	MADISON REHAB HOSPITAL	1,867	21,329	23,196	0	23,196	194.06
194.07	07956	PUBLIC AFFAIRS	2,407,873	5,783,221	8,191,094	0	8,191,094	194.07
194.08	07958	RETAIL PHARMACIES	6,912,494	272,845,128	279,757,622	0	279,757,622	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	300	300	1,900	2,200	194.10
194.11	07961	TLC LIGHTING RESEARCH	23,082	11,435	34,517	0	34,517	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	613,048,419	1,348,407,738	1,961,456,157	0	1,961,456,157	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	1,216,254	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	1,289,624	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	956,394	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	-16,184,351	18,517,323	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	711,631	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	562,008	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	1,850,927	1.08
1.09	00110	CAP REL COSTS-TAC	-7,535,264	5,239,120	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	521,937	1.10
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-200,882	19,035,332	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-163,951,408	234,400,938	5.00
6.00	00600	MAINTENANCE & REPAIRS	13,960,730	82,719,218	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,175	3,785,665	8.00
9.00	00900	HOUSEKEEPING	0	21,627,829	9.00
10.00	01000	DIETARY	-7,782,045	9,598,532	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	-110	27,802,462	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7	10,370,876	14.00
15.00	01500	PHARMACY	-88,547	39,689,626	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	150	15,791,598	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	3,690,683	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-143	40,898,822	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15,380,508	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	922,718	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	23.02
23.03	02303	DIETARY PROGRAM	-1,350	22,812	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	182,534	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	60,410	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	55,510	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	131,870,911	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	12,507,177	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	4,681,774	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	3,565,226	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	7,557,600	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	8,745,234	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	6,906,457	31.06
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,530,409	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	3,050,447	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,832	56,993,571	50.00
51.00	05100	RECOVERY ROOM	0	16,424,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,065,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-31,946	26,139,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-96,818	10,507,382	55.00
56.00	05600	RADIOISOTOPE	0	5,795,974	56.00
57.00	05700	CT SCAN	-33,006	5,772,497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-83,432	8,738,381	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	1,087,582	59.01
60.00	06000	LABORATORY	-29	38,872,655	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.	-52	13,398,206	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,270,023	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	731,647	65.01
66.00	06600	PHYSICAL THERAPY	-11	23,256,591	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-110	2,674,485	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,242,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-6	4,435,898	70.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,662,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,133,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	160,491,105	73.00
74.00	07400	RENAL DIALYSIS	0	2,857,012	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	811,484	75.01
75.02	03540	PROSTHETIC DEVICES	0	2,164,187	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	21,123,988	90.00
90.01	09001	CLINIC CSC	-445	46,463,661	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	9,700,028	90.02
90.03	09003	CLINIC WAISMAN	0	2,787,288	90.03
90.04	09004	CLINIC WEST	-8	12,513,678	90.04
90.05	09005	CLINIC EAST	0	5,536,633	90.05
90.06	09006	CLINIC RESEARCH PARK	-9	3,167,060	90.06
90.07	09009	CLINIC DHC	-11,101	13,386,877	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	-279	15,459,079	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	9,019	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	389,275	90.10
90.11	09011	CLINIC AODA	0	54,025	90.11
90.12	09012	CLINIC KIDNEY	0	948,153	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	2,195,720	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	624,484	90.14
91.00	09100	EMERGENCY	0	27,354,435	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	10,801,679	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	2,482,973	17,915,597	105.00
106.00	10600	HEART ACQUISITION	2,123,199	5,735,374	106.00
107.00	10700	LIVER ACQUISITION	1,820,905	8,692,456	107.00
108.00	10800	LUNG ACQUISITION	1,698,893	4,639,479	108.00
109.00	10900	PANCREAS ACQUISITION	33,821	1,586,760	109.00
110.00	11000	INTESTINAL ACQUISITION	34,345	103,008	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	POST TRANSPLANT	0	6,495,488	112.00
112.01	08601	PRE TRANSPLANT	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-173,803,000	1,492,525,582	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	715,014	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	171,284	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	2,818,117	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	871,764	194.02
194.03	07953	FAMILY MEDICINE	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	882,460	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,660,307	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	23,196	194.06
194.07	07956	PUBLIC AFFAIRS	0	8,191,094	194.07
194.08	07958	RETAIL PHARMACIES	0	279,757,622	194.08
194.09	07957	INN TOWNER	0	0	194.09
194.10	07960	LIVER RESEARCH	0	2,200	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	34,517	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-173,803,000	1,787,653,157	200.00

RECLASSIFICATIONS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	1,430,949		1.00
	0		0	1,430,949		
	B - MEDICAL SUPPLIES SOLD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	57,662,160		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
	0		0	57,662,160		
	C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	160,491,105		1.00
	0		0	160,491,105		
	D - REPROCESSING COSTS					
1.00	TRAUMA INTENSIVE CARE UNIT	31.01	8,828	10,488		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	4,414	5,244		2.00
3.00	CARDIOTHORACIC SURGERY ICU	31.02	8,828	10,488		3.00
4.00	CARDIAC INTENSIVE CARE UNIT	31.03	4,414	5,244		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	52,966	62,928		5.00
6.00	NEURO INTENSIVE CARE UNIT	31.05	8,828	10,488		6.00
7.00	OPERATING ROOM	50.00	2,913,126	3,461,058		7.00
8.00	RESPIRATORY THERAPY	65.00	132,415	157,321		8.00
9.00	CLINIC CSC	90.01	176,553	209,761		9.00
10.00	CLINIC WEST	90.04	44,138	52,440		10.00
11.00	EMERGENCY	91.00	220,691	262,201		11.00
	0		3,575,201	4,247,661		
	E - PATIENT ESCORT TRIPS					
1.00	ADMINISTRATIVE & GENERAL	5.00	134	57		1.00
2.00	MAINTENANCE & REPAIRS	6.00	36	15		2.00
3.00	ADULTS & PEDIATRICS	30.00	355,412	150,875		3.00
4.00	TRAUMA INTENSIVE CARE UNIT	31.01	21,584	9,163		4.00
5.00	CARDIOTHORACIC SURGERY ICU	31.02	20,892	8,869		5.00
6.00	CARDIAC INTENSIVE CARE UNIT	31.03	3,605	1,531		6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	680	289		7.00
8.00	NEURO INTENSIVE CARE UNIT	31.05	959	407		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	31.06	109	46		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	3,011	1,278		10.00
11.00	SUBPROVIDER - IPF	40.00	1,129	479		11.00
12.00	OPERATING ROOM	50.00	121	52		12.00

RECLASSIFICATIONS

Provider CCN: 52-0098

Period:
From 07/01/2019
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Worksheet A-6

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	RECOVERY ROOM	51.00	10,780	4,576	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	174,471	74,064	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	13,645	5,792	15.00
16.00	RADIOISOTOPE	56.00	12,261	5,205	16.00
17.00	CT SCAN	57.00	71,867	30,508	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	24,898	10,570	18.00
19.00	LABORATORY	60.00	49	21	19.00
20.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	12	5	20.00
21.00	PHYSICAL THERAPY	66.00	5,876	2,494	21.00
22.00	SPEECH PATHOLOGY	68.00	121	52	22.00
23.00	ELECTROCARDIOLOGY	69.00	59,727	25,355	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	12	5	24.00
25.00	RENAL DIALYSIS	74.00	27,241	11,564	25.00
26.00	PULMONARY FUNCTION TESTING	75.01	3,314	1,407	26.00
27.00	CLINIC CSC	90.01	39,138	16,614	27.00
28.00	CLINIC PAIN MANAGEMENT	90.13	12	5	28.00
29.00	EMERGENCY	91.00	19,156	8,132	29.00
30.00	CLINICAL RESEARCH CENTER	194.02	49	21	30.00
			870,301	369,451	
F - BUILDING DEPRECIATION AND INTEREST					
1.00	CAP REL COSTS-RESEARCH PARK	1.01	0	1,216,254	1.00
2.00	CAP REL COSTS- WEST CLINIC	1.02	0	1,289,624	2.00
3.00	CAP REL COSTS- EAST CLINIC	1.03	0	956,394	3.00
4.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	33,270,725	4.00
5.00	CAP REL COSTS- USTATION	1.06	0	711,631	5.00
6.00	CAP REL COSTS- EXCELSIOR 8007	1.07	0	562,008	6.00
7.00	CAP REL COSTS- EXCELSIOR 8501	1.08	0	1,850,927	7.00
8.00	CAP REL COSTS-TAC	1.09	0	12,774,384	8.00
9.00	CAP REL COSTS-PHARMACY SERVICES	1.10	0	521,937	9.00
			0	53,153,884	
G - MEDICAL EDUCATION COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	15,380,508	1.00
			0	15,380,508	
H - NAH RADIATION THERAPY					
1.00	RADIOLOGY-THERAPEUTIC	55.00	14,686	2,912	1.00
	TOTALS		14,686	2,912	
I - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,737,490	1.00
2.00	NURSING ADMINISTRATION	13.00	0	15	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	306,163	3.00
4.00	CLINIC RESEARCH PARK	90.06	0	146	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

RECLASSIFICATIONS

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Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
			0	4,043,814		
J - HOME AND CLINICAL NUTRITION						
1.00	ADULTS & PEDIATRICS	30.00	3,343,961	1,260,267		1.00
			3,343,961	1,260,267		
K - OPO COSTS						
1.00	POST TRANSPLANT	112.00	3,935,471	2,560,017		1.00
2.00	HEART ACQUISITION	106.00	220,778	215,384		2.00
3.00	LUNG ACQUISITION	108.00	416,093	487,859		3.00
4.00	INTESTINAL ACQUISITION	110.00	21,318	16,429		4.00
5.00	LIVER ACQUISITION	107.00	0	625,984		5.00
6.00	PANCREAS ACQUISITION	109.00	0	26,486		6.00
			4,593,660	3,932,159		
L - DEFERRED COMP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,883,124		1.00
			0	1,883,124		
M - NAH ULTRASOUND						
1.00	NRCC NAH COSTS	194.00	113,891	11,153		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	168,913	16,542		2.00
	TOTALS		282,804	27,695		
N - TRANSPLANT RECLASS - OTHER						
1.00	KIDNEY ACQUISITION	105.00	0	483,668		1.00
2.00	HEART ACQUISITION	106.00	0	255,693		2.00
3.00	LIVER ACQUISITION	107.00	0	264,484		3.00
4.00	LUNG ACQUISITION	108.00	0	146,333		4.00
5.00	PANCREAS ACQUISITION	109.00	0	42,521		5.00
6.00	INTESTINAL ACQUISITION	110.00	0	990		6.00
			0	1,193,689		
O - NAH RADIOLOGY TECHNOLOGY						
1.00	NRCC NAH COSTS	194.00	25,961	5,499		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	148,570	31,472		2.00
	TOTALS		174,531	36,971		
P - TRANSPLANT CLINIC						
1.00	KIDNEY ACQUISITION	105.00	261,932	141,887		1.00
2.00	LIVER ACQUISITION	107.00	76,625	41,507		2.00
3.00	PANCREAS ACQUISITION	109.00	29,712	16,095		3.00
			368,269	199,489		
Q - PATIENT ACCOUNTING TRANS BILLING						
1.00	KIDNEY ACQUISITION	105.00	31,237	6,969		1.00
2.00	HEART ACQUISITION	106.00	9,138	2,039		2.00
3.00	LIVER ACQUISITION	107.00	4,382	978		3.00
4.00	LUNG ACQUISITION	108.00	2,984	666		4.00
5.00	PANCREAS ACQUISITION	109.00	3,543	791		5.00
			51,284	11,443		
R - IMPLANTABLE SUPPLIES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	61,133,503		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
			0	61,133,503		

RECLASSIFICATIONS

Provider CCN: 52-0098

Period:
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To 06/30/2020Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	S - TRANSPLANT FELLOWS					
1.00	KIDNEY ACQUISITION	105.00	0	101,560		1.00
2.00	HEART ACQUISITION	106.00	0	25,300		2.00
3.00	LIVER ACQUISITION	107.00	0	45,901		3.00
4.00	LUNG ACQUISITION	108.00	0	39,395		4.00
5.00	PANCREAS ACQUISITION	109.00	0	17,710		5.00
6.00	INTESTINAL ACQUISITION	110.00	0	1,084		6.00
			0	230,950		
	T - CARDIOTHORACIC SURGERY ICU					
1.00	ADULTS & PEDIATRICS	30.00	2,858,855	1,344,700		1.00
			2,858,855	1,344,700		
	U - HLA DIRECTOR					
1.00	HISTOCOMPATIBILITY LAB	18.01	0	297,000		1.00
			0	297,000		
	V - OTHER ANCILLARY TRANSPLANT					
1.00	KIDNEY ACQUISITION	105.00	82,091	20,796		1.00
2.00	HEART ACQUISITION	106.00	7,841	1,986		2.00
3.00	LIVER ACQUISITION	107.00	24,015	6,084		3.00
4.00	LUNG ACQUISITION	108.00	11,517	2,918		4.00
5.00	PANCREAS ACQUISITION	109.00	9,312	2,359		5.00
6.00	KIDNEY ACQUISITION	105.00	25,278	6,404		6.00
7.00	LIVER ACQUISITION	107.00	7,395	1,873		7.00
8.00	PANCREAS ACQUISITION	109.00	2,867	726		8.00
9.00	HEART ACQUISITION	106.00	389	98		9.00
10.00	LUNG ACQUISITION	108.00	265	67		10.00
11.00	HEART ACQUISITION	106.00	13,418	3,399		11.00
12.00	LIVER ACQUISITION	107.00	7,979	2,021		12.00
			192,367	48,731		
	W - LIVER RESEARCH					
1.00	LIVER RESEARCH	194.10	1,516	384		1.00
			1,516	384		
	X - PSYCH COORDINATOR					
1.00	SUBPROVIDER - IPF	40.00	0	58,336		1.00
			0	58,336		
	Y - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	760,394	228,233		1.00
			760,394	228,233		
	Z - DIETARY RESIDENCY					
1.00	NRCC NAH COSTS	194.00	8,306	6,474		1.00
			8,306	6,474		
	AA - EMT NAH					
1.00	ADMINISTRATIVE & GENERAL	5.00	626,335	318,196		1.00
	TOTALS		626,335	318,196		
	AB - HHA CHOW					
1.00	HOME HEALTH AGENCY	101.00	59,604	14,007		1.00
	TOTALS		59,604	14,007		
	AC - HEALTH INSURANCE					
1.00	NURSING ADMINISTRATION	13.00	0	50,281,075		1.00
	TOTALS		0	50,281,075		
500.00	Grand Total: Increases		17,782,074	419,288,870		500.00

RECLASSIFICATIONS

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Date/Time Prepared:
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		Decreases					11/25/2020 2:24 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,430,949	12	1.00		
	0		0	1,430,949				
	B - MEDICAL SUPPLIES SOLD TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,393	0	1.00		
2.00	PHARMACY	15.00	0	4,724	0	2.00		
3.00	ADULTS & PEDIATRICS	30.00	0	310,114	0	3.00		
4.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	128,876	0	4.00		
5.00	CARDIOTHORACIC SURGERY ICU	31.02	0	197,890	0	5.00		
6.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	30,321	0	6.00		
7.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	12,931	0	7.00		
8.00	NEURO INTENSIVE CARE UNIT	31.05	0	111,927	0	8.00		
9.00	NEONATAL INTENSIVE CARE UNIT	31.06	0	10,120	0	9.00		
10.00	BURN INTENSIVE CARE UNIT	33.00	0	59,987	0	10.00		
11.00	SUBPROVIDER - IPF	40.00	0	435	0	11.00		
12.00	OPERATING ROOM	50.00	0	33,321,409	0	12.00		
13.00	RECOVERY ROOM	51.00	0	5,723	0	13.00		
14.00	ANESTHESIOLOGY	53.00	0	783,693	0	14.00		
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,972,012	0	15.00		
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	504,339	0	16.00		
17.00	CT SCAN	57.00	0	70,548	0	17.00		
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	36,024	0	18.00		
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	70,795	0	19.00		
20.00	RESPIRATORY THERAPY	65.00	0	162,215	0	20.00		
21.00	PHYSICAL THERAPY	66.00	0	186,435	0	21.00		
22.00	SPEECH PATHOLOGY	68.00	0	1,012,909	0	22.00		
23.00	ELECTROCARDIOLOGY	69.00	0	10,582,460	0	23.00		
24.00	RENAL DIALYSIS	74.00	0	9,969	0	24.00		
25.00	PROSTHETIC DEVICES	75.02	0	767,554	0	25.00		
26.00	CLINIC CSC	90.01	0	2,332,688	0	26.00		
27.00	CLINIC UNIVERSITY STATION	90.02	0	6,769	0	27.00		
28.00	CLINIC WEST	90.04	0	8,818	0	28.00		
29.00	CLINIC EAST	90.05	0	9,321	0	29.00		
30.00	CLINIC RESEARCH PARK	90.06	0	11,685	0	30.00		
31.00	CLINIC DHC	90.07	0	672,361	0	31.00		
32.00	CLINIC THE AMERICAN CENTER	90.08	0	235,457	0	32.00		
33.00	CLINIC OAKWOOD VILLAGE	90.09	0	25	0	33.00		
34.00	CLINIC MIDDLETON REHAB	90.10	0	462	0	34.00		
35.00	CLINIC KIDNEY	90.12	0	5	0	35.00		
36.00	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0	3,764	0	36.00		
37.00	EMERGENCY	91.00	0	21,002	0	37.00		
	0		0	57,662,160				
	C - DRUGS SOLD TO PATIENTS							
1.00	PHARMACY	15.00	0	160,491,105	0	1.00		
	0		0	160,491,105				
	D - REPROCESSING COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	3,575,201	4,247,661	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
5.00		0.00	0	0	0	5.00		
6.00		0.00	0	0	0	6.00		
7.00		0.00	0	0	0	7.00		
8.00		0.00	0	0	0	8.00		
9.00		0.00	0	0	0	9.00		
10.00		0.00	0	0	0	10.00		
11.00		0.00	0	0	0	11.00		
	0		3,575,201	4,247,661				
	E - PATIENT ESCORT TRIPS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	870,301	369,451	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
5.00		0.00	0	0	0	5.00		
6.00		0.00	0	0	0	6.00		
7.00		0.00	0	0	0	7.00		
8.00		0.00	0	0	0	8.00		
9.00		0.00	0	0	0	9.00		
10.00		0.00	0	0	0	10.00		
11.00		0.00	0	0	0	11.00		

RECLASSIFICATIONS

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Period:
From 07/01/2019
To 06/30/2020

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
	0		870,301	369,451			
F - BUILDING DEPRECIATION AND INTEREST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	53,120,623	9		1.00
2.00	PROSTHETIC DEVICES	75.02	0	33,261	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
	0		0	53,153,884			
G - MEDICAL EDUCATION COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,380,508	0		1.00
	0		0	15,380,508			
H - NAH RADIATION THERAPY							
1.00	RADIOLOGY TECHNOLOGIST	23.06	14,686	2,912	0		1.00
	TOTALS		14,686	2,912			
I - LAUNDRY COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	28,065	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,298	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	107,090	0		3.00
4.00	HOUSEKEEPING	9.00	0	365,243	0		4.00
5.00	DIETARY	10.00	0	2,837	0		5.00
6.00	AMBULANCE SERVICES	95.00	0	3,606	0		6.00
7.00	EMERGENCY	91.00	0	330,163	0		7.00
8.00	PHARMACY	15.00	0	15,007	0		8.00
9.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	28,665	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,133,033	0		10.00
11.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	159,574	0		11.00
12.00	CARDIOTHORACIC SURGERY ICU	31.02	0	68,447	0		12.00
13.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	39,789	0		13.00
14.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	56,919	0		14.00
15.00	NEURO INTENSIVE CARE UNIT	31.05	0	74,289	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.06	0	11,453	0		16.00
17.00	BURN INTENSIVE CARE UNIT	33.00	0	98,379	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	17,487	0		18.00
19.00	OPERATING ROOM	50.00	0	662,272	0		19.00
20.00	RECOVERY ROOM	51.00	0	113,423	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	44,119	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	152,900	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	37,784	0		23.00
24.00	CT SCAN	57.00	0	95,136	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	62,489	0		25.00
26.00	LABORATORY	60.00	0	2,869	0		26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	378	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	507	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	11,841	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	315	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	76,680	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,788	0		32.00

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		
33.00	RENAL DIALYSIS	74.00	0	16,603	0		33.00
34.00	PULMONARY FUNCTION TESTING	75.01	0	87	0		34.00
35.00	PROSTHETIC DEVICES	75.02	0	7	0		35.00
36.00	CLINIC CSC	90.01	0	98,802	0		36.00
37.00	CLINIC UNIVERSITY STATION	90.02	0	4,565	0		37.00
38.00	CLINIC WEST	90.04	0	33,171	0		38.00
39.00	CLINIC EAST	90.05	0	6,336	0		39.00
40.00	KIDNEY ACQUISITION	105.00	0	258	0		40.00
41.00	CLINIC DHC	90.07	0	66,011	0		41.00
42.00	CLINIC THE AMERICAN CENTER	90.08	0	5,100	0		42.00
43.00	CLINIC MIDDLETON REHAB	90.10	0	29	0		43.00
	0		0	4,043,814			
J - HOME AND CLINICAL NUTRITION							
1.00	DIETARY	10.00	3,343,961	1,260,267	0		1.00
	0		3,343,961	1,260,267			
K - OPO COSTS							
1.00	KIDNEY ACQUISITION	105.00	4,265,589	3,932,159	0		1.00
2.00	LIVER ACQUISITION	107.00	23,300	0	0		2.00
3.00	PANCREAS ACQUISITION	109.00	304,771	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		4,593,660	3,932,159			
L - DEFERRED COMP							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,883,124	0	0		1.00
	0		1,883,124	0			
M - NAH ULTRASOUND							
1.00	ULTRASOUND TECHNOLOGIST	23.05	282,804	27,695	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		282,804	27,695			
N - TRANSPLANT RECLASS - OTHER							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,193,689	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		0	1,193,689			
O - NAH RADIOLOGY TECHNOLOGY							
1.00	RADIOLOGIC TECHNOLOGIST	23.04	174,531	36,971	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		174,531	36,971			
P - TRANSPLANT CLINIC							
1.00	CLINIC CSC	90.01	368,269	199,489	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		368,269	199,489			
Q - PATIENT ACCOUNTING TRANS BILLING							
1.00	ADMINISTRATIVE & GENERAL	5.00	51,284	11,443	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		51,284	11,443			
R - IMPLANTABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	17,751	0		1.00
2.00	CARDIOTHORACIC SURGERY ICU	31.02	0	800	0		2.00
3.00	OPERATING ROOM	50.00	0	34,810,798	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	296,788	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,421,900	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,467	0		6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,169,474	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	275	0		8.00
9.00	SPEECH PATHOLOGY	68.00	0	14	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	20,753,770	0		10.00
11.00	CLINIC CSC	90.01	0	652,280	0		11.00
12.00	CLINIC WEST	90.04	0	18	0		12.00
13.00	CLINIC DHC	90.07	0	1,576	0		13.00
14.00	CLINIC WOMENS	90.14	0	6,592	0		14.00
	WELLNESS/PELVIC SURG						
	0		0	61,133,503			

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		
	S - TRANSPLANT FELLOWS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	230,950	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		0	230,950			
	T - CARDIOTHORACIC SURGERY ICU						
1.00	CARDIOTHORACIC SURGERY ICU	31.02	2,858,855	1,344,700	0		1.00
	0		2,858,855	1,344,700			
	U - HLA DIRECTOR						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	297,000	0		1.00
	0		0	297,000			
	V - OTHER ANCILLARY TRANSPLANT						
1.00	ADMINISTRATIVE & GENERAL	5.00	114,933	29,116	0		1.00
2.00	NURSING ADMINISTRATION	13.00	9,015	2,284	0		2.00
3.00	PHARMACY	15.00	10,828	2,743	0		3.00
4.00	DIETARY	10.00	32,867	8,326	0		4.00
5.00	PHARMACY	15.00	2,673	677	0		5.00
6.00	DIETARY	10.00	654	165	0		6.00
7.00	NURSING ADMINISTRATION	13.00	5,442	1,379	0		7.00
8.00	CLINIC CSC	90.01	7,976	2,020	0		8.00
9.00	CLINIC CSC	90.01	7,979	2,021	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
	0		192,367	48,731			
	W - LIVER RESEARCH						
1.00	LIVER ACQUISITION	107.00	1,516	384	0		1.00
	0		1,516	384			
	X - PSYCH COORDINATOR						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	58,336	0		1.00
	0		0	58,336			
	Y - PHARMACY RESIDENCY						
1.00	PHARMACY PROGRAM	23.01	760,394	228,233	0		1.00
	0		760,394	228,233			
	Z - DIETARY RESIDENCY						
1.00	DIETARY PROGRAM	23.03	8,306	6,474	0		1.00
	0		8,306	6,474			
	AA - EMT NAH						
1.00	EMERGENCY MED PROGRAM	23.02	626,335	318,196	0		1.00
	TOTALS		626,335	318,196			
	AB - HHA CHOW						
1.00	CLINIC CSC	90.01	59,604	14,007	0		1.00
	TOTALS		59,604	14,007			
	AC - HEALTH INSURANCE						
1.00	ADULTS & PEDIATRICS	30.00	0	50,281,075	0		1.00
	TOTALS		0	50,281,075			
500.00	Grand Total: Decreases		19,665,198	417,405,746			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	37,772,228	0	0	0	0	1.00	
2.00	Land Improvements	4,334,072	0	0	0	0	2.00	
3.00	Buildings and Fixtures	934,004,564	20,445,166	0	20,445,166	183,608	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	530,599,050	4,438,904	0	4,438,904	1,503,950	6.00	
7.00	HIT designated Assets	40,881,500	1,055,529	0	1,055,529	0	7.00	
8.00	Subtotal (sum of lines 1-7)	1,547,591,414	25,939,599	0	25,939,599	1,687,558	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,547,591,414	25,939,599	0	25,939,599	1,687,558	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	37,772,228	0				1.00	
2.00	Land Improvements	4,334,072	0				2.00	
3.00	Buildings and Fixtures	954,266,122	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	533,534,004	0				6.00	
7.00	HIT designated Assets	41,937,029	0				7.00	
8.00	Subtotal (sum of lines 1-7)	1,571,843,455	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	1,571,843,455	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0098

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0098

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From 07/01/2019
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Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00	
1.01	CAP REL COSTS-RESEARCH PARK	1,216,254	0	1,216,254	0.039405	0	1.01	
1.02	CAP REL COSTS- WEST CLINIC	2,720,573	0	2,720,573	0.088144	0	1.02	
1.03	CAP REL COSTS- EAST CLINIC	956,394	0	956,394	0.030986	0	1.03	
1.04	CAP REL COSTS- 600 HIGHLAND	17,086,374	0	17,086,374	0.553581	0	1.04	
1.05	CAP REL COSTS- WAISMAN	0	0	0	0.000000	0	1.05	
1.06	CAP REL COSTS- USTATION	711,631	0	711,631	0.023056	0	1.06	
1.07	CAP REL COSTS- EXCELSIOR 8007	562,008	0	562,008	0.018208	0	1.07	
1.08	CAP REL COSTS- EXCELSIOR 8501	1,850,927	0	1,850,927	0.059968	0	1.08	
1.09	CAP REL COSTS-TAC	5,239,120	0	5,239,120	0.169742	0	1.09	
1.10	CAP REL COSTS-PHARMACY SERVICES	521,937	0	521,937	0.016910	0	1.10	
3.00	Total (sum of lines 1-2)	30,865,218	0	30,865,218	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	0	0	1.00	
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	1,216,254	0	1.01	
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	1,289,624	0	1.02	
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	956,394	0	1.03	
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	17,086,374	0	1.04	
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05	
1.06	CAP REL COSTS- USTATION	0	0	0	711,631	0	1.06	
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	562,008	0	1.07	
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	1,850,927	0	1.08	
1.09	CAP REL COSTS-TAC	0	0	0	5,239,120	0	1.09	
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	521,937	0	1.10	
3.00	Total (sum of lines 1-2)	0	0	0	29,434,269	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00	
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	1,216,254	1.01	
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	1,289,624	1.02	
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	956,394	1.03	
1.04	CAP REL COSTS- 600 HIGHLAND	0	1,430,949	0	0	18,517,323	1.04	
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05	
1.06	CAP REL COSTS- USTATION	0	0	0	0	711,631	1.06	
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	562,008	1.07	
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	1,850,927	1.08	
1.09	CAP REL COSTS-TAC	0	0	0	0	5,239,120	1.09	
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	521,937	1.10	
3.00	Total (sum of lines 1-2)	0	1,430,949	0	0	30,865,218	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-RESEARCH PARK (chapter 2)			0CAP REL COSTS-RESEARCH PARK	1.01	0	1.01
1.02	Investment income - CAP REL COSTS- WEST CLINIC (chapter 2)			0CAP REL COSTS- WEST CLINIC	1.02	0	1.02
1.03	Investment income - CAP REL COSTS- EAST CLINIC (chapter 2)			0CAP REL COSTS- EAST CLINIC	1.03	0	1.03
1.04	Investment income - CAP REL COSTS- 600 HIGHLAND (chapter 2)	B	-14,419,547	CAP REL COSTS- 600 HIGHLAND	1.04	9	1.04
1.05	Investment income - CAP REL COSTS- WAISMAN (chapter 2)			0CAP REL COSTS- WAISMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS- USTATION (chapter 2)			0CAP REL COSTS- USTATION	1.06	0	1.06
1.07	Investment income - CAP REL COSTS- EXCELSIOR 8007 (chapter 2)			0CAP REL COSTS- EXCELSIOR 8007	1.07	0	1.07
1.08	Investment income - CAP REL COSTS- EXCELSIOR 8501 (chapter 2)			0CAP REL COSTS- EXCELSIOR 8501	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-TAC (chapter 2)	B	-7,535,264	CAP REL COSTS-TAC	1.09	9	1.09
1.10	Investment income - CAP REL COSTS-PHARMACY SERVICES (chapter 2)			0CAP REL COSTS-PHARMACY SERVICES	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	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)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-523,932			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	23,879,974			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	300	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0 CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-RESEARCH PARK			0 CAP REL COSTS-RESEARCH PARK		1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WEST CLINIC			0 CAP REL COSTS- WEST CLINIC		1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-EAST CLINIC			0 CAP REL COSTS- EAST CLINIC		1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-600 HIGHLAND			0 CAP REL COSTS- 600 HIGHLAND		1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-WAISMAN			0 CAP REL COSTS- WAISMAN		1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-USTATION			0 CAP REL COSTS- USTATION		1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-EXCELSIOR 8007			0 CAP REL COSTS- EXCELSIOR 8007		1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-EXCELSIOR 8501			0 CAP REL COSTS- EXCELSIOR 8501		1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-TAC			0 CAP REL COSTS-TAC		1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-PHARMACY SERVICES			0 CAP REL COSTS-PHARMACY SERVICES		1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 *** Cost Center Deleted ***		2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	CRNA COSTS	A	-14,855,578	ADMINISTRATIVE & GENERAL		5.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-2,072,943	CAP REL COSTS- 600 HIGHLAND		1.04	9	33.01
33.02	MISCELLANEOUS INCOME	B	-200,867	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-4,355,499	ADMINISTRATIVE & GENERAL		5.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-3,413	MAINTENANCE & REPAIRS		6.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-1,350	DIETARY PROGRAM		23.03	0	33.05
33.06	LOBBYING FEE WHA	A	-30,914	ADMINISTRATIVE & GENERAL		5.00	0	33.06
33.07	GROSS UP KIDNEY	A	3,092,052	KIDNEY ACQUISITION		105.00	0	33.07
33.08	GROSS UP HEART	A	2,168,760	HEART ACQUISITION		106.00	0	33.08
33.09	GROSS UP LIVER	A	2,032,615	LIVER ACQUISITION		107.00	0	33.09
33.10	GROSS UP LUNG	A	1,737,915	LUNG ACQUISITION		108.00	0	33.10
33.11	GROSS UP PANCREAS	A	51,407	PANCREAS ACQUISITION		109.00	0	33.11
33.12	GROSS UP INTESTINE	A	35,500	INTESTINAL ACQUISITION		110.00	0	33.12
33.13	NON ALLOWABLE MISC EXPENSE	A	-261	CLINIC THE AMERICAN CENTER		90.08	0	33.13
33.14	NON ALLOWABLE MISC EXPENSE	A	-10,382	ADMINISTRATIVE & GENERAL		5.00	0	33.14
33.15	MERITER JOA	A	-22,326,288	ADMINISTRATIVE & GENERAL		5.00	0	33.15
33.16	CAFETERIA REVENUE	B	-7,782,045	DIETARY		10.00	0	33.16
33.17	NKR REGISTRY FEES	A	-166,090	KIDNEY ACQUISITION		105.00	0	33.17
33.18	PROGRAM SUPPORT	A	-97,848,589	ADMINISTRATIVE & GENERAL		5.00	0	33.18
33.19	OPO MARKETING	A	-29,401	KIDNEY ACQUISITION		105.00	0	33.19
33.20	OPO MARKETING	A	-13,288	HEART ACQUISITION		106.00	0	33.20
33.21	OPO MARKETING	A	-7,324	LIVER ACQUISITION		107.00	0	33.21
33.22	OPO MARKETING	A	-11,405	LUNG ACQUISITION		108.00	0	33.22
33.23	OPO MARKETING	A	-5,127	PANCREAS ACQUISITION		109.00	0	33.23
33.24	OPO MARKETING	A	-314	INTESTINAL ACQUISITION		110.00	0	33.24

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 2:24 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
33.25	WI MA TAX ASSESSMENT	A		-34,027,638	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	FUNERAL COSTS	A		-4,022	KIDNEY ACQUISITION	105.00	0 33.26
33.27	FUNERAL COSTS	A		-800	HEART ACQUISITION	106.00	0 33.27
33.28	FUNERAL COSTS	A		-2,580	LIVER ACQUISITION	107.00	0 33.28
33.29	FUNERAL COSTS	A		-605	LUNG ACQUISITION	108.00	0 33.29
33.30	FUNERAL COSTS	A		-316	PANCREAS ACQUISITION	109.00	0 33.30
33.31	FUNERAL COSTS	A		-98	INTESTINAL ACQUISITION	110.00	0 33.31
33.32	TISSUE PROGRAM	A		-69,637	KIDNEY ACQUISITION	105.00	0 33.32
33.33	TISSUE PROGRAM	A		-31,473	HEART ACQUISITION	106.00	0 33.33
33.34	TISSUE PROGRAM	A		-17,347	LIVER ACQUISITION	107.00	0 33.34
33.35	TISSUE PROGRAM	A		-27,012	LUNG ACQUISITION	108.00	0 33.35
33.36	TISSUE PROGRAM	A		-12,143	PANCREAS ACQUISITION	109.00	0 33.36
33.37	TISSUE PROGRAM	A		-743	INTESTINAL ACQUISITION	110.00	0 33.37
33.38	ENTERTAINMENT	A		-15	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.38
33.39	ENTERTAINMENT	A		-4,367	ADMINISTRATIVE & GENERAL	5.00	0 33.39
33.40	ENTERTAINMENT	A		-172	MAINTENANCE & REPAIRS	6.00	0 33.40
33.41	ENTERTAINMENT	A		-110	NURSING ADMINISTRATION	13.00	0 33.41
33.42	ENTERTAINMENT	A		-7	CENTRAL SERVICES & SUPPLY	14.00	0 33.42
33.43	ENTERTAINMENT	A		-150	MEDICAL RECORDS & LIBRARY	16.00	0 33.43
33.44	ENTERTAINMENT	A		-143	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 33.44
33.45	ENTERTAINMENT	A		-59	RADIOLOGY-DIAGNOSTIC	54.00	0 33.45
33.46	ENTERTAINMENT	A		-6	RADIOLOGY-THERAPEUTIC	55.00	0 33.46
33.47	ENTERTAINMENT	A		-29	LABORATORY	60.00	0 33.47
33.48	ENTERTAINMENT	A		-52	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.48
33.49	ENTERTAINMENT	A		-11	PHYSICAL THERAPY	66.00	0 33.49
33.50	INVESTMENT EXPENSE	A		-51,498	ADMINISTRATIVE & GENERAL	5.00	0 33.50
33.51	INVESTMENT EXPENSE	A		-88,547	PHARMACY	15.00	0 33.51
33.52	INVESTMENT EXPENSE	A		-4,832	OPERATING ROOM	50.00	0 33.52
33.53	INVESTMENT EXPENSE	A		-31,887	RADIOLOGY-DIAGNOSTIC	54.00	0 33.53
33.54	INVESTMENT EXPENSE	A		-96,812	RADIOLOGY-THERAPEUTIC	55.00	0 33.54
33.55	INVESTMENT EXPENSE	A		-33,006	CT SCAN	57.00	0 33.55
33.56	INVESTMENT EXPENSE	A		-83,432	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.56
33.57	INVESTMENT EXPENSE	A		-445	CLINIC CSC	90.01	0 33.57
33.58	INVESTMENT EXPENSE	A		-11,101	CLINIC DHC	90.07	0 33.58
33.59	ENTERTAINMENT	A		-110	SPEECH PATHOLOGY	68.00	0 33.59
33.60	ENTERTAINMENT	A		-6	ELECTROENCEPHALOGRAPHY	70.00	0 33.60
33.61	ENTERTAINMENT	A		-8	CLINIC WEST	90.04	0 33.61
33.62	ENTERTAINMENT	A		-9	CLINIC RESEARCH PARK	90.06	0 33.62
33.63	ENTERTAINMENT	A		-18	CLINIC THE AMERICAN CENTER	90.08	0 33.63
33.64	ENTERTAINMENT	A		-179	KIDNEY ACQUISITION	105.00	0 33.64
33.65	ENTERTAINMENT	A		-277	LIVER ACQUISITION	107.00	0 33.65
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-173,803,000			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 2:24 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	UW OVERHEAD	9,559,345	0 1.00
2.00		6.00	MAINTENANCE & REPAIRS	UW OVERHEAD	14,114,682	0 2.00
3.00		8.00	LAUNDRY & LINEN SERVICE	MUHL	3,827,202	3,779,027 3.00
4.00		1.04	CAP REL COSTS- 600 HIGHLAND	MUHL	248,051	0 4.00
4.01		6.00	MAINTENANCE & REPAIRS	MERI	1,059,734	1,210,101 4.01
4.02		1.04	CAP REL COSTS- 600 HIGHLAND	MERI	60,088	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				28,869,102	4,989,128 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	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

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

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 2:24 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,559,345	0		1.00
2.00	14,114,682	0		2.00
3.00	48,175	0		3.00
4.00	248,051	9		4.00
4.01	-150,367	0		4.01
4.02	60,088	9		4.02
5.00	23,879,974			5.00

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

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

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

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

6.00	OVERHEAD		6.00
7.00	LAUNDRY		7.00
8.00	INCINERATION		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/25/2020 2:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	105.00	DR. A	210,919	0	210,919	240,300	1,871	1.00
2.00	105.00	DR. B	278,233	0	278,233	240,300	848	2.00
3.00	108.00	DR. C	54,480	0	54,480	240,300	482	3.00
4.00	105.00	DR. D	38,293	0	38,293	240,300	139	4.00
5.00	105.00	DR. E	38,293	0	38,293	240,300	1,205	5.00
6.00	105.00	DR. F	50,938	0	50,938	192,700	787	6.00
7.00	106.00	DR. I	86,955	0	86,955	192,700	1,044	7.00
8.00	105.00	DR. J	14,000	0	14,000	240,300	925	8.00
9.00	107.00	DR. L	189,000	0	189,000	192,700	52	9.00
10.00	105.00	DR. M	14,513	0	14,513	192,700	225	10.00
11.00	105.00	DR. N	164,025	0	164,025	192,700	289	11.00
200.00			1,139,649	0	1,139,649		7,867	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	105.00	DR. A	216,154	10,808	0	0	0	1.00
2.00	105.00	DR. B	97,968	4,898	0	0	0	2.00
3.00	108.00	DR. C	55,685	2,784	0	0	0	3.00
4.00	105.00	DR. D	16,059	803	0	0	0	4.00
5.00	105.00	DR. E	139,212	6,961	0	0	0	5.00
6.00	105.00	DR. F	72,911	3,646	0	0	0	6.00
7.00	106.00	DR. I	96,721	4,836	0	0	0	7.00
8.00	105.00	DR. J	106,864	5,343	0	0	0	8.00
9.00	107.00	DR. L	4,818	241	0	0	0	9.00
10.00	105.00	DR. M	20,845	1,042	0	0	0	10.00
11.00	105.00	DR. N	26,774	1,339	0	0	0	11.00
200.00			854,011	42,701	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	105.00	DR. A	0	216,154	0	0		1.00
2.00	105.00	DR. B	0	97,968	180,265	180,265		2.00
3.00	108.00	DR. C	0	55,685	0	0		3.00
4.00	105.00	DR. D	0	16,059	22,234	22,234		4.00
5.00	105.00	DR. E	0	139,212	0	0		5.00
6.00	105.00	DR. F	0	72,911	0	0		6.00
7.00	106.00	DR. I	0	96,721	0	0		7.00
8.00	105.00	DR. J	0	106,864	0	0		8.00
9.00	107.00	DR. L	0	4,818	184,182	184,182		9.00
10.00	105.00	DR. M	0	20,845	0	0		10.00
11.00	105.00	DR. N	0	26,774	137,251	137,251		11.00
200.00			0	854,011	523,932	523,932		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	1,216,254	0	1,216,254			1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	1,289,624	0	0	1,289,624		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	956,394	0	0	0	956,394	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	18,517,323	0	0	0	0	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	711,631	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	562,008	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	1,850,927	0	0	0	0	1.08
1.09	00110	CAP REL COSTS-TAC	5,239,120	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	521,937	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,035,332	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	234,400,938	0	0	2,016	4,253	5.00
6.00	00600	MAINTENANCE & REPAIRS	82,719,218	0	4,999	3,830	15,380	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,785,665	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	21,627,829	0	4,636	10,058	12,034	9.00
10.00	01000	DIETARY	9,598,532	0	0	2,137	2,197	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	27,802,462	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,370,876	0	0	35,657	18,927	14.00
15.00	01500	PHARMACY	39,689,626	0	0	16,065	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,791,598	0	0	0	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	3,690,683	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	40,898,822	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,380,508	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	922,718	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	22,812	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	182,534	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	60,410	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	55,510	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,870,911	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	12,507,177	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	4,681,774	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	3,565,226	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	7,557,600	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	8,745,234	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	6,906,457	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,530,409	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,050,447	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,993,571	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	16,424,224	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,065,642	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,139,299	0	68,291	51,158	48,174	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,507,382	0	0	0	65,912	55.00
56.00	05600	RADIOISOTOPE	5,795,974	0	0	0	0	56.00
57.00	05700	CT SCAN	5,772,497	0	11,389	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,738,381	0	78,208	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,087,582	0	47,388	0	0	59.01
60.00	06000	LABORATORY	38,872,655	0	0	73,229	35,093	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.	13,398,206	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,270,023	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	731,647	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	23,256,591	0	236,781	2,338	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,674,485	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,242,304	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,435,898	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,662,160	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,133,503	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	160,491,105	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,857,012	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	811,484	0	0	2,378	0	75.01
75.02	03540	PROSTHETIC DEVICES	2,164,187	0	17,194	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,123,988	0	0	0	0	90.00
90.01	09001	CLINIC CSC	46,463,661	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	9,700,028	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,787,288	0	0	0	0	90.03
90.04	09004	CLINIC WEST	12,513,678	0	0	1,057,721	0	90.04
90.05	09005	CLINIC EAST	5,536,633	0	0	0	715,441	90.05
90.06	09006	CLINIC RESEARCH PARK	3,167,060	0	316,057	0	0	90.06
90.07	09009	CLINIC DHC	13,386,877	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	15,459,079	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	9,019	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	389,275	0	0	0	0	90.10
90.11	09011	CLINIC AODA	54,025	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	948,153	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	2,195,720	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	624,484	0	0	0	0	90.14
91.00	09100	EMERGENCY	27,354,435	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	10,801,679	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	17,915,597	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	5,735,374	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	8,692,456	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,639,479	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,586,760	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	103,008	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	6,495,488	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,492,525,582	0	784,943	1,256,587	917,411	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	715,014	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	171,284	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,818,117	0	431,311	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	871,764	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	882,460	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,660,307	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	23,196	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	8,191,094	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	279,757,622	0	0	33,037	38,983	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	2,200	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	34,517	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,787,653,157	0	1,216,254	1,289,624	956,394	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	18,517,323					1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	711,631			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	562,008		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	1,850,927	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	54,204	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,274,137	0	0	0	776,113	5.00
6.00	00600	MAINTENANCE & REPAIRS	500,478	0	0	0	39,951	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	183,896	0	1,754	0	0	9.00
10.00	01000	DIETARY	718,235	0	0	0	35,133	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	254,057	0	0	0	40,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	692,823	0	1,754	0	0	14.00
15.00	01500	PHARMACY	237,586	0	0	0	56,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,931	0	15,722	0	856,155	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	140,494	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	7,337	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,465,100	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	329,738	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	113,349	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	37,241	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	228,453	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	184,238	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	142,141	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	288,453	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	160,559	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,483,936	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	782,386	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,819	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	616,715	0	11,933	0	44,183	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	472,071	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	48,878	0	0	0	0	56.00
57.00	05700	CT SCAN	110,975	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	223,233	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	10,524	0	0	0	0	59.01
60.00	06000	LABORATORY	628,972	0	12,638	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.	44,685	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	136,815	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	33,476	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	229,437	0	24,047	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	114,782	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	378,744	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,461	0	0	0	0	70.00

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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
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	67,381	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	42,247	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	10,802	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	18,887	562,008	2,036	90.00
90.01	09001	CLINIC CSC	2,432,036	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	609,113	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	538,639	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	515,173	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	49,798	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,866	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,193	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,471	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,888	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	64	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	66,204	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,212,121	0	695,848	562,008	1,850,927	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,263	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,321	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	123,531	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	35,936	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	108,151	0	15,783	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,517,323	0	711,631	562,008	1,850,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:

From 07/01/2019

To 06/30/2020

Worksheet B

Part I

Date/Time Prepared:

11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			TAC	PHARMACY SERVICES				
			1.09	1.10				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC	5,239,120					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	521,937				1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	313,903	0	19,403,439			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	119,268	0	2,730,505	239,307,230	239,307,230	5.00
6.00	00600	MAINTENANCE & REPAIRS	150,020	0	597,729	84,031,605	12,987,673	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,785,665	585,101	8.00
9.00	00900	HOUSEKEEPING	73,552	0	412,686	22,326,445	3,450,708	9.00
10.00	01000	DIETARY	285,168	0	249,650	10,891,052	1,683,288	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	596,628	28,694,105	4,434,875	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	423,525	0	214,575	11,758,137	1,817,302	14.00
15.00	01500	PHARMACY	64,127	521,937	867,734	41,453,473	6,406,924	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	324,580	16,998,986	2,627,312	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	37,985	3,728,668	576,292	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,065,683	42,104,999	6,507,622	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	15,380,508	2,377,165	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	22,894	952,949	147,285	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	438	23,250	3,593	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	4,859	187,393	28,963	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	1,775	62,185	9,611	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	2,003	57,513	8,889	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	755,032	0	2,943,371	139,034,414	21,488,742	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	270,647	13,107,562	2,025,865	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	108,685	4,903,808	757,918	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	76,747	3,679,214	568,648	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	171,051	7,957,104	1,229,826	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	191,618	9,121,090	1,409,728	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	142,383	7,190,981	1,111,416	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	96,861	4,915,723	759,759	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	73,874	3,284,880	507,701	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	491,520	0	982,097	59,951,124	9,265,866	50.00
51.00	05100	RECOVERY ROOM	294,868	0	356,159	17,857,637	2,760,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,609	0	65,945	9,171,015	1,417,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,159	0	478,064	27,574,976	4,261,906	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	123,212	11,168,577	1,726,182	55.00
56.00	05600	RADIOISOTOPE	13,643	0	44,799	5,903,294	912,395	56.00
57.00	05700	CT SCAN	207,031	0	84,522	6,186,414	956,154	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,843	0	106,998	9,194,663	1,421,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	25,893	0	23,504	1,194,891	184,679	59.01
60.00	06000	LABORATORY	0	0	486,467	40,109,054	6,199,135	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.	54,866	0	68,505	13,566,262	2,096,761	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,886	0	317,351	17,730,075	2,740,307	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	14,815	779,938	120,545	65.01
66.00	06600	PHYSICAL THERAPY	612,273	0	554,764	24,916,231	3,850,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	60,180	2,849,447	440,402	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			TAC	PHARMACY SERVICES				
			1.09	1.10	4.00	4A	5.00	
69.00	06900	ELECTROCARDIOLOGY	23,069	0	246,661	8,890,778	1,374,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	66,102	4,596,461	710,415	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,662,160	8,912,090	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,133,503	9,448,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	160,491,105	24,805,024	73.00
74.00	07400	RENAL DIALYSIS	0	0	56,309	2,980,702	460,688	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	17,140	873,249	134,967	75.01
75.02	03540	PROSTHETIC DEVICES	13,221	0	35,195	2,240,599	346,300	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	271,440	21,978,359	3,396,909	90.00
90.01	09001	CLINIC CSC	0	0	990,391	49,886,088	7,710,244	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	189,523	10,498,664	1,622,642	90.02
90.03	09003	CLINIC WAISMAN	0	0	61,689	2,848,977	440,329	90.03
90.04	09004	CLINIC WEST	0	0	268,926	13,840,325	2,139,119	90.04
90.05	09005	CLINIC EAST	0	0	118,793	6,370,867	984,662	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	61,494	3,544,611	547,844	90.06
90.07	09009	CLINIC DHC	0	0	216,742	13,603,619	2,102,535	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	944,127	0	195,827	16,599,033	2,565,497	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	82	9,101	1,407	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	8,841	398,116	61,532	90.10
90.11	09011	CLINIC AODA	0	0	3,690	57,715	8,920	90.11
90.12	09012	CLINIC KIDNEY	0	0	18,733	966,886	149,439	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	32,560	2,228,280	344,396	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	13,225	637,709	98,562	90.14
91.00	09100	EMERGENCY	177,636	0	557,260	28,627,970	4,424,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	136,325	11,453,177	1,770,169	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	159,093	18,124,488	2,801,266	105.00
106.00	10600	HEART ACQUISITION	0	0	21,226	5,759,466	890,166	106.00
107.00	10700	LIVER ACQUISITION	0	0	58,358	8,767,007	1,355,002	107.00
108.00	10800	LUNG ACQUISITION	0	0	31,964	4,675,914	722,695	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	16,378	1,606,026	248,223	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	688	103,760	16,037	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	126,950	6,688,642	1,033,776	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,223,239	521,937	18,953,948	1,491,235,894	193,494,335	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,801	0	4,303	763,381	117,986	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	4,779	176,063	27,212	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	64,291	3,318,040	512,826	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	16,789	1,012,084	156,425	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	618	883,078	136,486	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	57,201	1,753,444	271,007	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	60	23,256	3,594	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	77,673	8,268,767	1,277,996	194.07
194.08	07958	RETAIL PHARMACIES	5,080	0	222,983	280,181,639	43,303,565	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	49	2,249	348	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	745	35,262	5,450	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,239,120	521,937	19,403,439	1,787,653,157	239,307,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	97,019,278					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,370,766				8.00
9.00	00900	HOUSEKEEPING	1,069,085	404,672	27,250,910			9.00
10.00	01000	DIETARY	4,175,489	2,780	1,185,885	17,938,494		10.00
11.00	01100	CAFETERIA	0	0	0	13,304,827	13,304,827	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,476,972	0	419,476	0	472,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,027,755	0	1,143,927	0	588,104	14.00
15.00	01500	PHARMACY	1,381,218	16,627	392,281	0	704,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,546	0	18,048	0	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	816,768	31,762	231,971	0	1,593,589	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	42,654	0	12,114	0	22,835	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	2,424	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	1,495	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,144,493	1,291,528	5,721,255	3,702,881	2,857,265	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	1,916,942	176,801	544,433	70,851	239,886	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	658,960	40,018	187,152	129,479	99,429	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	216,503	44,084	61,489	44,205	67,895	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	1,328,118	63,064	377,200	147,265	141,793	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	1,071,075	82,309	304,197	30,051	172,331	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	826,343	12,689	234,691	34,474	121,631	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,676,936	108,999	476,268	61,362	96,484	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	933,413	19,375	265,100	206,013	68,438	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,626,923	733,767	2,450,141	0	824,319	50.00
51.00	05100	RECOVERY ROOM	4,548,432	125,667	1,291,805	402	321,622	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	173,352	48,882	49,234	0	97,028	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,585,297	172,481	1,018,264	0	406,643	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,744,404	41,863	779,441	0	104,549	55.00
56.00	05600	RADIOISOTOPE	284,153	0	80,702	0	36,926	56.00
57.00	05700	CT SCAN	645,157	102,332	183,232	0	79,856	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,297,775	69,235	368,582	0	90,640	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	61,183	0	17,377	0	18,576	59.01
60.00	06000	LABORATORY	3,656,553	3,179	1,038,501	0	496,739	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.	259,779	419	73,780	0	70,749	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	795,379	562	225,896	0	325,473	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194,617	0	55,273	0	22,835	65.01
66.00	06600	PHYSICAL THERAPY	1,333,838	13,119	378,825	126,637	325,224	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	667,292	349	189,518	0	55,163	68.00
69.00	06900	ELECTROCARDIOLOGY	2,201,841	84,958	625,347	0	229,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	549,154	7,521	155,966	0	73,966	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
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	391,720	18,395	111,253	0	46,147	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	245,602	96	69,754	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	62,800	8	17,836	0	22,949	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	181	90.00
90.01	09001	CLINIC CSC	14,138,738	109,468	4,015,557	13,605	1,153,598	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	5,058	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	36,752	0	0	0	90.04
90.05	09005	CLINIC EAST	0	7,020	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	73,137	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	5,651	0	0	208,940	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	32	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	3,131,399	365,805	889,352	38,978	525,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,994,981	3,995	850,608	0	110,145	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	289,500	211	82,221	0	86,313	105.00
106.00	10600	HEART ACQUISITION	16,664	0	4,733	0	11,939	106.00
107.00	10700	LIVER ACQUISITION	94,137	65	26,736	0	32,192	107.00
108.00	10800	LUNG ACQUISITION	25,990	0	7,382	0	18,599	108.00
109.00	10900	PANCREAS ACQUISITION	16,788	10	4,768	0	8,812	109.00
110.00	11000	INTESTINAL ACQUISITION	373	0	106	0	408	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	384,881	0	109,310	0	74,963	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,244,972	4,324,745	26,746,987	17,911,030	13,131,998	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	193,373	0	54,920	0	6,819	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	25,120	32,917	7,134	0	5,618	194.01
194.02	07952	CLINICAL RESEARCH CENTER	718,154	11,511	203,964	27,464	37,130	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	208,917	1,593	59,335	0	41,661	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	628,742	0	178,570	0	57,021	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	24,580	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	97,019,278	4,370,766	27,250,910	17,938,494	13,304,827	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	35,498,199				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	19,335,225			14.00
15.00	01500	PHARMACY	0	0	497,343	50,852,526		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	419	0	19,708,311	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	953	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	22,708	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	14	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,530,940	5,219,409	222,469	1,977,526	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	972,487	976,435	34,639	261,332	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	403,083	312,718	9,957	110,488	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	275,242	317,715	10,396	68,159	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	574,822	404,999	17,241	177,262	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	698,622	496,755	14,086	197,546	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	493,085	167,521	5,222	159,852	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	391,144	395,886	4,762	61,892	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	277,447	31,884	65	45,512	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,007,004	2,229,892	17,816	2,643,071	50.00
51.00	05100	RECOVERY ROOM	0	1,303,843	730,454	34,602	338,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	393,348	1,436,499	483,329	225,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	442,941	610,545	246,481	852,679	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	405,746	66,004	7,979	657,356	55.00
56.00	05600	RADIOISOTOPE	0	0	15,535	76,617	117,463	56.00
57.00	05700	CT SCAN	0	0	377,020	7,510	957,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	157,912	7,142	709,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	123,065	2,582	3	12,793	59.01
60.00	06000	LABORATORY	0	80,819	456,092	5,922	1,596,997	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	11,759	10	233,738	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,320,466	120,212	8,110	441,439	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	350	0	5,164	65.01
66.00	06600	PHYSICAL THERAPY	0	0	92,741	144	369,230	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	443	383	22,632	68.00
69.00	06900	ELECTROCARDIOLOGY	0	773,655	603,153	32,041	764,153	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,756	9,996	1,380	107,613	70.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	595,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	359,793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,134,953	73.00
74.00	07400	RENAL DIALYSIS	0	187,077	79,946	2,349	49,711	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	1,369	139	21,343	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	18,305	0	23,946	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	112,411	1,470	0	0	90.00
90.01	09001	CLINIC CSC	0	4,127,535	1,200,640	85,564	497,111	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	1,062,214	36,686	32,507	90,368	90.02
90.03	09003	CLINIC WAISMAN	0	112,503	2,569	4	6,236	90.03
90.04	09004	CLINIC WEST	0	1,240,658	50,524	10,552	127,828	90.04
90.05	09005	CLINIC EAST	0	594,935	38,676	6,832	59,625	90.05
90.06	09006	CLINIC RESEARCH PARK	0	299,029	38,378	478	23,895	90.06
90.07	09009	CLINIC DHC	0	764,195	199,387	8,889	287,296	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	752,715	147,216	169	68,593	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	24	0	140	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	33,062	2,469	32	8,871	90.10
90.11	09011	CLINIC AODA	0	0	257	0	614	90.11
90.12	09012	CLINIC KIDNEY	0	91,288	1,536	13,076	2,659	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	151,168	24,797	3,531	16,590	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	90,829	344	31	5,066	90.14
91.00	09100	EMERGENCY	0	2,060,691	1,640,880	72,013	883,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	409,236	34,840	1,061	89,566	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	281,028	4,840	4,924	141,192	105.00
106.00	10600	HEART ACQUISITION	0	38,848	670	682	19,910	106.00
107.00	10700	LIVER ACQUISITION	0	104,789	1,805	1,842	43,367	107.00
108.00	10800	LUNG ACQUISITION	0	60,522	1,043	1,061	20,823	108.00
109.00	10900	PANCREAS ACQUISITION	0	28,654	494	502	13,852	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,286	23	23	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	244,017	4,204	4,276	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	35,346,205	19,299,340	1,498,843	19,708,311	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	50	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	1,469	840	20,296	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	150,525	21,452	702	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	3,721	775	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	72	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	9,750	49,331,910	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	35,498,199	19,335,225	50,852,526	19,708,311	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description		OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED ED PRGM	
		(SPECIFY)	HISTOCOMPATIBILITY LAB	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		18.00	18.01	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	4,305,913			18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	51,309,419		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		17,757,673	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0	23.00
23.01	02301	PHARMACY PROGRAM	0	0			23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0			23.02
23.03	02303	DIETARY PROGRAM	0	0			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0			23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0			23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	50,943,794	17,631,134	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0 31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0 31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0 31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0 31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0 31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0 31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	365,625	126,539	0 40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0 59.01
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED ED PRGM	
			(SPECIFY)	HISTOCOMPATIBI LITY LAB	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			18.00	18.01	21.00	22.00	23.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	2,131,140	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	66,161	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	130,879	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	55,895	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	48,532	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	1,873,306	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,305,913	51,309,419	17,757,673	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,305,913	51,309,419	17,757,673	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM	1,177,837					23.01
23.02	02302	EMERGENCY MED PROGRAM		0				23.02
23.03	02303	DIETARY PROGRAM			29,281			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				216,356		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					71,796	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	29,281	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	216,356	71,796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
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Part I
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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,177,837	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,177,837	0	29,281	216,356	71,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,177,837	0	29,281	216,356	71,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM					23.02
23.03	02303	DIETARY PROGRAM					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST					23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	67,897				23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	280,795,131	-68,574,928	212,220,203	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	20,327,233	0	20,327,233	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	7,613,010	0	7,613,010	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	5,353,550	0	5,353,550	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	12,418,694	0	12,418,694	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	13,597,790	0	13,597,790	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	10,357,905	0	10,357,905	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,949,215	0	8,949,215	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	6,131,992	-492,164	5,639,828	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	89,749,923	0	89,749,923	50.00
51.00	05100	RECOVERY ROOM	0	29,313,066	0	29,313,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,495,831	0	13,495,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,460,365	0	39,460,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,897	17,769,998	0	17,769,998	55.00
56.00	05600	RADIOISOTOPE	0	7,427,085	0	7,427,085	56.00
57.00	05700	CT SCAN	0	9,495,435	0	9,495,435	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,316,827	0	13,316,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	1,615,149	0	1,615,149	59.01
60.00	06000	LABORATORY	0	53,642,991	0	53,642,991	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	16,313,257	0	16,313,257	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	23,707,919	0	23,707,919	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,178,722	0	1,178,722	65.01
66.00	06600	PHYSICAL THERAPY	0	31,406,967	0	31,406,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,225,629	0	4,225,629	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY	0	15,579,795	0	15,579,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,242,228	0	6,242,228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,169,548	0	67,169,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	70,941,907	0	70,941,907	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	189,608,919	0	189,608,919	73.00
74.00	07400	RENAL DIALYSIS	0	4,327,988	0	4,327,988	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	1,346,519	0	1,346,519	75.01
75.02	03540	PROSTHETIC DEVICES	0	2,732,743	0	2,732,743	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	25,489,330	-25,489,330	0	90.00
90.01	09001	CLINIC CSC	0	82,938,148	12,258,499	95,196,647	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	13,348,139	1,972,894	15,321,033	90.02
90.03	09003	CLINIC WAISMAN	0	3,410,618	504,099	3,914,717	90.03
90.04	09004	CLINIC WEST	0	17,445,758	2,578,534	20,024,292	90.04
90.05	09005	CLINIC EAST	0	8,062,617	1,191,678	9,254,295	90.05
90.06	09006	CLINIC RESEARCH PARK	0	4,454,235	658,349	5,112,584	90.06
90.07	09009	CLINIC DHC	0	17,039,058	2,518,422	19,557,480	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	20,347,814	3,007,466	23,355,280	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	10,672	1,577	12,249	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	504,114	74,510	578,624	90.10
90.11	09011	CLINIC AODA	0	67,506	9,978	77,484	90.11
90.12	09012	CLINIC KIDNEY	0	1,224,884	181,041	1,405,925	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	2,768,762	409,231	3,177,993	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	832,541	123,052	955,593	90.14
91.00	09100	EMERGENCY	0	42,661,430	0	42,661,430	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	17,717,778	0	17,717,778	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	23,947,123	0	23,947,123	105.00
106.00	10600	HEART ACQUISITION	0	6,809,239	0	6,809,239	106.00
107.00	10700	LIVER ACQUISITION	0	10,557,821	0	10,557,821	107.00
108.00	10800	LUNG ACQUISITION	0	5,589,924	0	5,589,924	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,976,661	0	1,976,661	109.00
110.00	11000	INTESTINAL ACQUISITION	0	122,016	0	122,016	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	10,417,375	0	10,417,375	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,897	1,393,356,894	-69,067,092	1,324,289,802	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,136,529	0	1,136,529	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	203,275	0	203,275	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	3,924,260	0	3,924,260	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	2,339,411	0	2,339,411	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	1,019,564	0	1,019,564	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	2,340,453	0	2,340,453	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	26,850	0	26,850	194.06
194.07	07956	PUBLIC AFFAIRS	0	9,546,835	0	9,546,835	194.07
194.08	07958	RETAIL PHARMACIES	0	373,691,197	0	373,691,197	194.08
194.09	07957	INN TOWNER	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	2,597	0	2,597	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	65,292	0	65,292	194.11
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	67,897	1,787,653,157	-69,067,092	1,718,586,065	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	327,742	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	55,923,566	0	0	2,016	4,253	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,471,602	0	4,999	3,830	15,380	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	234,707	0	4,636	10,058	12,034	9.00
10.00	01000	DIETARY	257,702	0	0	2,137	2,197	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,327,851	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,159,367	0	0	35,657	18,927	14.00
15.00	01500	PHARMACY	1,233,777	0	0	16,065	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,530	0	0	0	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	80,344	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,037	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	445	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	8,101	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	2,226	0	0	0	0	23.05
23.06	02306	RADIOLOGY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,021,061	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	107,030	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	13,690	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	21,439	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	42,859	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	67,115	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	197,367	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	42,032	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,854	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,430,756	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	207,362	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,297,074	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,115,009	0	68,291	51,158	48,174	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,486,250	0	0	0	65,912	55.00
56.00	05600	RADIOISOTOPE	394,362	0	0	0	0	56.00
57.00	05700	CT SCAN	950,622	0	11,389	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,548,580	0	78,208	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	51,590	0	47,388	0	0	59.01
60.00	06000	LABORATORY	1,247,581	0	0	73,229	35,093	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.	354,776	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	595,644	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,518	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	490,502	0	236,781	2,338	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
				1.00	1.01	1.02	1.03	
68.00	06800	SPEECH PATHOLOGY	122,042	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,416,112	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	306,314	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	109,102	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	52,335	0	0	2,378	0	75.01
75.02	03540	PROSTHETIC DEVICES	113,530	0	17,194	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	363,911	0	0	0	0	90.00
90.01	09001	CLINIC CSC	1,660,300	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	270,984	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	12,907	0	0	0	0	90.03
90.04	09004	CLINIC WEST	73,032	0	0	1,057,721	0	90.04
90.05	09005	CLINIC EAST	98,727	0	0	0	715,441	90.05
90.06	09006	CLINIC RESEARCH PARK	21,304	0	316,057	0	0	90.06
90.07	09009	CLINIC DHC	3,576,229	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	261,912	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	4,492	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	6,292	0	0	0	0	90.10
90.11	09011	CLINIC AODA	88,224	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	37,054	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	640,269	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	26,569	0	0	0	0	90.14
91.00	09100	EMERGENCY	1,455,101	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	7,874,319	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	252,761	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	205	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	78,560	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	318	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	11,379	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,761,354	0	784,943	1,256,587	917,411	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	648	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	17,905	0	431,311	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	17,453	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	2,020	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	935	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	289,500	0	0	33,037	38,983	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	111,089,815	0	1,216,254	1,289,624	956,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	54,204	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,274,137	0	0	0	776,113	5.00
6.00	00600	MAINTENANCE & REPAIRS	500,478	0	0	0	39,951	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	183,896	0	1,754	0	0	9.00
10.00	01000	DIETARY	718,235	0	0	0	35,133	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	254,057	0	0	0	40,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	692,823	0	1,754	0	0	14.00
15.00	01500	PHARMACY	237,586	0	0	0	56,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,931	0	15,722	0	856,155	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	140,494	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	7,337	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,465,100	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	329,738	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	113,349	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	37,241	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	228,453	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	184,238	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	142,141	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	288,453	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	160,559	0	0	0	0	40.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,483,936	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	782,386	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,819	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	616,715	0	11,933	0	44,183	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	472,071	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	48,878	0	0	0	0	56.00
57.00	05700	CT SCAN	110,975	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	223,233	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	10,524	0	0	0	0	59.01
60.00	06000	LABORATORY	628,972	0	12,638	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.	44,685	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	136,815	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	33,476	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	229,437	0	24,047	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	114,782	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	378,744	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,461	0	0	0	0	70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
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	67,381	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	42,247	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	10,802	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	18,887	562,008	2,036	90.00
90.01	09001	CLINIC CSC	2,432,036	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	609,113	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	538,639	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	515,173	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	49,798	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,866	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,193	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,471	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,888	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	64	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	66,204	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,212,121	0	695,848	562,008	1,850,927	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,263	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,321	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	123,531	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	35,936	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	108,151	0	15,783	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,517,323	0	711,631	562,008	1,850,927	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			TAC	PHARMACY SERVICES				
			1.09	1.10				
			1.09	1.10	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	313,903	0	695,849	695,849		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	119,268	0	58,099,353	97,935	58,197,288	5.00
6.00	00600	MAINTENANCE & REPAIRS	150,020	0	5,186,260	21,439	3,158,496	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	142,292	8.00
9.00	00900	HOUSEKEEPING	73,552	0	520,637	14,802	839,184	9.00
10.00	01000	DIETARY	285,168	0	1,300,572	8,954	409,362	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,622,866	21,399	1,078,525	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	423,525	0	2,332,053	7,696	441,953	14.00
15.00	01500	PHARMACY	64,127	521,937	2,129,890	31,123	1,558,112	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	965,338	11,642	638,941	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	80,344	1,362	140,149	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	156,531	38,223	1,582,601	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	578,107	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	7,782	821	35,818	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	16	874	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	8,101	174	7,044	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	2,226	64	2,337	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	72	2,162	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	755,032	0	6,241,193	105,475	5,225,887	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	436,768	9,707	492,674	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	127,039	3,898	184,319	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	58,680	2,753	138,291	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	271,312	6,135	299,084	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	251,353	6,873	342,834	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	339,508	5,107	270,287	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	330,485	3,474	184,767	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	169,413	2,650	123,469	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	491,520	0	8,406,212	35,225	2,253,383	50.00
51.00	05100	RECOVERY ROOM	294,868	0	1,284,616	12,774	671,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,609	0	1,336,502	2,365	344,711	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,159	0	4,072,622	17,147	1,036,461	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,024,233	4,419	419,793	55.00
56.00	05600	RADIOISOTOPE	13,643	0	456,883	1,607	221,887	56.00
57.00	05700	CT SCAN	207,031	0	1,280,017	3,032	232,529	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,843	0	3,897,864	3,838	345,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	25,893	0	135,395	843	44,912	59.01
60.00	06000	LABORATORY	0	0	1,997,513	17,448	1,507,579	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.	54,866	0	454,327	2,457	509,915	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,886	0	738,345	11,382	666,420	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	42,994	531	29,316	65.01
66.00	06600	PHYSICAL THERAPY	612,273	0	1,595,378	19,898	936,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	236,824	2,158	107,102	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			TAC	PHARMACY SERVICES				
			1.09	1.10	2A	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	23,069	0	2,817,925	8,847	334,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	400,775	2,371	172,767	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,167,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,297,825	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,032,379	73.00
74.00	07400	RENAL DIALYSIS	0	0	176,483	2,020	112,036	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	96,960	615	32,823	75.01
75.02	03540	PROSTHETIC DEVICES	13,221	0	154,747	1,262	84,217	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	946,842	9,736	826,101	90.00
90.01	09001	CLINIC CSC	0	0	4,092,336	35,522	1,875,068	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	880,097	6,798	394,613	90.02
90.03	09003	CLINIC WAISMAN	0	0	12,907	2,213	107,084	90.03
90.04	09004	CLINIC WEST	0	0	1,130,753	9,646	520,216	90.04
90.05	09005	CLINIC EAST	0	0	814,168	4,261	239,462	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	337,361	2,206	133,231	90.06
90.07	09009	CLINIC DHC	0	0	3,576,229	7,774	511,319	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	944,127	0	1,206,039	7,024	623,908	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	4,492	3	342	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	6,292	317	14,964	90.10
90.11	09011	CLINIC AODA	0	0	88,224	132	2,169	90.11
90.12	09012	CLINIC KIDNEY	0	0	37,054	672	36,342	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	640,269	1,168	83,754	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	26,569	474	23,970	90.14
91.00	09100	EMERGENCY	177,636	0	2,171,376	19,987	1,076,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	8,389,492	4,890	430,491	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	302,559	5,706	681,245	105.00
106.00	10600	HEART ACQUISITION	0	0	3,071	761	216,481	106.00
107.00	10700	LIVER ACQUISITION	0	0	94,753	2,093	329,525	107.00
108.00	10800	LUNG ACQUISITION	0	0	4,789	1,146	175,754	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	14,267	587	60,366	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	64	25	3,900	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	66,204	4,553	251,406	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,223,239	521,937	140,786,375	679,727	47,056,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,801	0	44,712	154	28,693	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	171	6,618	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	453,537	2,306	124,715	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	140,984	602	38,041	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	22	33,192	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	37,956	2,052	65,907	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	2	874	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	935	2,786	310,798	194.07
194.08	07958	RETAIL PHARMACIES	5,080	0	490,534	7,998	10,530,798	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	2	85	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	27	1,325	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,239,120	521,937	141,955,033	695,849	58,197,288	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	8,366,195					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	142,292				8.00
9.00	00900	HOUSEKEEPING	92,190	13,174	1,479,987			9.00
10.00	01000	DIETARY	360,062	90	64,405	2,143,445		10.00
11.00	01100	CAFETERIA	0	0	0	1,589,774	1,589,774	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	127,363	0	22,782	0	56,491	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	347,323	0	62,126	0	70,272	14.00
15.00	01500	PHARMACY	119,106	541	21,305	0	84,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,480	0	980	0	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	70,432	1,034	12,598	0	190,416	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	3,678	0	658	0	2,729	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	290	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	179	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,737,106	42,047	310,721	442,452	341,405	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	165,302	5,756	29,568	8,466	28,664	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	56,824	1,303	10,164	15,471	11,881	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	18,670	1,435	3,339	5,282	8,113	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	114,527	2,053	20,486	17,597	16,943	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	92,361	2,680	16,521	3,591	20,592	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	71,257	413	12,746	4,119	14,533	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	144,606	3,549	25,866	7,332	11,529	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	80,490	631	14,397	24,616	8,178	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	743,919	23,888	133,066	0	98,497	50.00
51.00	05100	RECOVERY ROOM	392,222	4,091	70,157	48	38,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,949	1,591	2,674	0	11,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	309,168	5,615	55,302	0	48,589	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	236,656	1,363	42,331	0	12,492	55.00
56.00	05600	RADIOISOTOPE	24,503	0	4,383	0	4,412	56.00
57.00	05700	CT SCAN	55,633	3,331	9,951	0	9,542	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	111,910	2,254	20,018	0	10,830	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	5,276	0	944	0	2,220	59.01
60.00	06000	LABORATORY	315,313	103	56,401	0	59,355	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.	22,401	14	4,007	0	8,454	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,587	18	12,268	0	38,890	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,782	0	3,002	0	2,729	65.01
66.00	06600	PHYSICAL THERAPY	115,020	427	20,574	15,132	38,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	57,542	11	10,293	0	6,591	68.00
69.00	06900	ELECTROCARDIOLOGY	189,870	2,766	33,962	0	27,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,355	245	8,470	0	8,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			6.00	8.00	9.00	10.00	11.00	
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	33,779	599	6,042	0	5,514	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	21,179	3	3,788	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	5,415	0	969	0	2,742	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	22	90.00
90.01	09001	CLINIC CSC	1,219,216	3,564	218,083	1,626	137,842	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	165	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	1,196	0	0	0	90.04
90.05	09005	CLINIC EAST	0	229	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	2,381	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	184	0	0	24,966	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	1	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	270,028	11,909	48,300	4,657	62,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	258,264	130	46,196	0	13,161	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	24,964	7	4,465	0	10,313	105.00
106.00	10600	HEART ACQUISITION	1,437	0	257	0	1,427	106.00
107.00	10700	LIVER ACQUISITION	8,118	2	1,452	0	3,847	107.00
108.00	10800	LUNG ACQUISITION	2,241	0	401	2,241	2,222	108.00
109.00	10900	PANCREAS ACQUISITION	1,448	0	259	0	1,053	109.00
110.00	11000	INTESTINAL ACQUISITION	32	0	6	0	49	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	33,189	0	5,937	0	8,957	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,213,193	140,793	1,452,620	2,140,163	1,569,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,675	0	2,983	0	815	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,166	1,072	387	0	671	194.01
194.02	07952	CLINICAL RESEARCH CENTER	61,928	375	11,077	3,282	4,437	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	18,015	52	3,222	0	4,978	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	54,218	0	9,698	0	6,813	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	2,937	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,366,195	142,292	1,479,987	2,143,445	1,589,774	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	2,929,426				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,261,423			14.00
15.00	01500	PHARMACY	0	0	83,891	4,028,167		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	71	0	1,622,452	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	161	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,830	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	2	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	869,049	880,402	17,622	162,624	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	80,253	164,703	2,744	21,491	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	33,264	52,749	789	9,086	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	22,714	53,591	824	5,605	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	47,436	68,314	1,366	14,577	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	57,653	83,791	1,116	16,245	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	40,691	28,257	414	13,146	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	32,278	66,777	377	5,090	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	22,896	5,378	5	3,743	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	248,148	376,133	1,411	217,356	50.00
51.00	05100	RECOVERY ROOM	0	107,597	123,211	2,741	27,843	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	32,460	242,305	38,286	18,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,553	102,985	19,524	70,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,483	11,133	632	54,058	55.00
56.00	05600	RADIOISOTOPE	0	0	2,620	6,069	9,660	56.00
57.00	05700	CT SCAN	0	0	63,595	595	78,762	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	26,636	566	58,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	10,156	436	0	1,052	59.01
60.00	06000	LABORATORY	0	6,669	76,933	469	131,331	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	1,984	1	19,222	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	108,969	20,277	642	36,302	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	59	0	425	65.01
66.00	06600	PHYSICAL THERAPY	0	0	15,643	11	30,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	75	30	1,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0	63,844	101,738	2,538	62,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,456	1,686	109	8,850	70.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	29,588	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	259,526	73.00
74.00	07400	RENAL DIALYSIS	0	15,438	13,485	186	4,088	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	231	11	1,755	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	3,088	0	1,969	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,277	248	0	0	90.00
90.01	09001	CLINIC CSC	0	340,618	202,521	6,778	40,880	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	87,657	6,188	2,575	7,431	90.02
90.03	09003	CLINIC WAISMAN	0	9,284	433	0	513	90.03
90.04	09004	CLINIC WEST	0	102,383	8,522	836	10,512	90.04
90.05	09005	CLINIC EAST	0	49,096	6,524	541	4,903	90.05
90.06	09006	CLINIC RESEARCH PARK	0	24,677	6,474	38	1,965	90.06
90.07	09009	CLINIC DHC	0	63,064	33,632	704	23,626	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	62,116	24,832	13	5,641	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	4	0	11	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	2,728	417	3	730	90.10
90.11	09011	CLINIC AODA	0	0	43	0	50	90.11
90.12	09012	CLINIC KIDNEY	0	7,533	259	1,036	219	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	12,475	4,183	280	1,364	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	7,496	58	2	417	90.14
91.00	09100	EMERGENCY	0	170,055	276,780	5,704	72,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	33,771	5,877	84	7,366	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	23,191	816	390	11,611	105.00
106.00	10600	HEART ACQUISITION	0	3,206	113	54	1,637	106.00
107.00	10700	LIVER ACQUISITION	0	8,647	304	146	3,566	107.00
108.00	10800	LUNG ACQUISITION	0	4,994	176	84	1,712	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,365	83	40	1,139	109.00
110.00	11000	INTESTINAL ACQUISITION	0	106	4	2	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	20,137	709	339	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,916,883	3,255,370	118,727	1,622,452	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	121	142	1,608	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	12,422	3,618	56	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	628	61	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	12	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	1,645	3,907,715	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,929,426	3,261,423	4,028,167	1,622,452	202.00

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Cost Center Description		OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED ED PRGM	
		(SPECIFY)	HISTOCOMPATIBILITY LAB	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		18.00	18.01	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	222,016			18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,055,665		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		578,107	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0	23.00
23.01	02301	PHARMACY PROGRAM	0	0			23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0			23.02
23.03	02303	DIETARY PROGRAM	0	0			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0			23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0			23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0			31.06
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
59.01	05901	CARDIAC REHABILITATION	0	0			59.01
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			65.01
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00

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Cost Center Description			OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED ED PRGM	
			(SPECIFY)	HISTOCOMPATIBILITY LAB	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			18.00	18.01	21.00	22.00	23.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0				75.01
75.02	03540	PROSTHETIC DEVICES	0	0				75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	CLINIC CSC	0	0				90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0				90.02
90.03	09003	CLINIC WAISMAN	0	0				90.03
90.04	09004	CLINIC WEST	0	0				90.04
90.05	09005	CLINIC EAST	0	0				90.05
90.06	09006	CLINIC RESEARCH PARK	0	0				90.06
90.07	09009	CLINIC DHC	0	0				90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0				90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0				90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0				90.10
90.11	09011	CLINIC AODA	0	0				90.11
90.12	09012	CLINIC KIDNEY	0	0				90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0				90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0				90.14
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00
95.00	09500	AMBULANCE SERVICES	0	0				95.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	109,884				105.00
106.00	10600	HEART ACQUISITION	0	3,411				106.00
107.00	10700	LIVER ACQUISITION	0	6,748				107.00
108.00	10800	LUNG ACQUISITION	0	2,882				108.00
109.00	10900	PANCREAS ACQUISITION	0	2,502				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
112.00	08600	POST TRANSPLANT	0	96,589				112.00
112.01	08601	PRE TRANSPLANT	0	0				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0				112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	222,016	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
194.00	07959	NRCC NAH COSTS	0	0				194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0				194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0				194.02
194.03	07953	FAMILY MEDICINE	0	0				194.03
194.04	07954	COMMUNICATION AIDS	0	0				194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0				194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0				194.06
194.07	07956	PUBLIC AFFAIRS	0	0				194.07
194.08	07958	RETAIL PHARMACIES	0	0				194.08
194.09	07957	INN TOWNER	0	0				194.09
194.10	07960	LIVER RESEARCH	0	0				194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0				194.11
200.00		Cross Foot Adjustments			2,055,665	578,107	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	222,016	2,055,665	578,107	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM	51,486					23.01
23.02	02302	EMERGENCY MED PROGRAM		0				23.02
23.03	02303	DIETARY PROGRAM			1,182			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				15,319		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					4,627	23.05
23.06	02306	RADIOLOGY TECHNOLOGIST						23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT						31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	05901	CARDIAC REHABILITATION						59.01
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	PROSTHETIC DEVICES						75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAISMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09009	CLINIC DHC						90.07
90.08	09008	CLINIC THE AMERICAN CENTER						90.08
90.09	09010	CLINIC OAKWOOD VILLAGE						90.09
90.10	09007	CLINIC MIDDLETON REHAB						90.10
90.11	09011	CLINIC AODA						90.11
90.12	09012	CLINIC KIDNEY						90.12
90.13	09013	CLINIC PAIN MANAGEMENT						90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG						90.14
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07959	NRCC NAH COSTS						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02
194.03	07953	FAMILY MEDICINE						194.03
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.06	07950	MADISON REHAB HOSPITAL						194.06
194.07	07956	PUBLIC AFFAIRS						194.07
194.08	07958	RETAIL PHARMACIES						194.08
194.09	07957	INN TOWNER						194.09
194.10	07960	LIVER RESEARCH						194.10
194.11	07961	TLC LIGHTING RESEARCH						194.11
200.00		Cross Foot Adjustments	51,486	0	1,182	15,319	4,627	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	51,486	0	1,182	15,319	4,627	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM					23.02
23.03	02303	DIETARY PROGRAM					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST					23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					23.05
23.06	02306	RADIO THERAPY TECHNOLOGIST	2,413				23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		16,375,983	0	16,375,983	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		1,446,096	0	1,446,096	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		506,787	0	506,787	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		319,297	0	319,297	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		879,830	0	879,830	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		895,610	0	895,610	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		800,478	0	800,478	31.06
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		816,130	0	816,130	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF		455,866	0	455,866	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		12,537,238	0	12,537,238	50.00
51.00	05100	RECOVERY ROOM		2,734,945	0	2,734,945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		2,045,998	0	2,045,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,774,087	0	5,774,087	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		5,840,593	0	5,840,593	55.00
56.00	05600	RADIOISOTOPE		732,024	0	732,024	56.00
57.00	05700	CT SCAN		1,736,987	0	1,736,987	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		4,477,885	0	4,477,885	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION		201,234	0	201,234	59.01
60.00	06000	LABORATORY		4,169,114	0	4,169,114	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.		1,022,782	0	1,022,782	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		1,702,100	0	1,702,100	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		95,838	0	95,838	65.01
66.00	06600	PHYSICAL THERAPY		2,787,834	0	2,787,834	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		422,487	0	422,487	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			RADIO THERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.06	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY		3,645,960	0	3,645,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		653,922	0	653,922	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,216,303	0	2,216,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,327,413	0	2,327,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		6,291,905	0	6,291,905	73.00
74.00	07400	RENAL DIALYSIS		369,670	0	369,670	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING		157,365	0	157,365	75.01
75.02	03540	PROSTHETIC DEVICES		254,409	0	254,409	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		1,792,226	-1,792,226	0	90.00
90.01	09001	CLINIC CSC		8,174,054	722,332	8,896,386	90.01
90.02	09002	CLINIC UNIVERSITY STATION		1,385,524	122,437	1,507,961	90.02
90.03	09003	CLINIC WAISMAN		132,434	11,703	144,137	90.03
90.04	09004	CLINIC WEST		1,784,064	157,656	1,941,720	90.04
90.05	09005	CLINIC EAST		1,119,184	98,901	1,218,085	90.05
90.06	09006	CLINIC RESEARCH PARK		505,952	44,710	550,662	90.06
90.07	09009	CLINIC DHC		4,218,729	372,805	4,591,534	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		1,954,723	172,737	2,127,460	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		4,852	429	5,281	90.09
90.10	09007	CLINIC MIDDLETON REHAB		25,452	2,249	27,701	90.10
90.11	09011	CLINIC AODA		90,618	8,008	98,626	90.11
90.12	09012	CLINIC KIDNEY		83,115	7,345	90,460	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		743,493	65,702	809,195	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		58,986	5,213	64,199	90.14
91.00	09100	EMERGENCY		4,190,348	0	4,190,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		9,189,722	0	9,189,722	95.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		1,175,151	0	1,175,151	105.00
106.00	10600	HEART ACQUISITION		231,855	0	231,855	106.00
107.00	10700	LIVER ACQUISITION		459,201	0	459,201	107.00
108.00	10800	LUNG ACQUISITION		196,401	0	196,401	108.00
109.00	10900	PANCREAS ACQUISITION		84,109	0	84,109	109.00
110.00	11000	INTESTINAL ACQUISITION		4,188	0	4,188	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
112.00	08600	POST TRANSPLANT		488,020	0	488,020	112.00
112.01	08601	PRE TRANSPLANT		0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS		0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	122,786,571	0	122,786,572	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		94,040	0	94,040	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07959	NRCC NAH COSTS		6,789	0	6,789	194.00
194.01	07951	OTHER AUXILIARY SERVICES		586,725	0	586,725	194.01
194.02	07952	CLINICAL RESEARCH CENTER		276,822	0	276,822	194.02
194.03	07953	FAMILY MEDICINE		0	0	0	194.03
194.04	07954	COMMUNICATION AIDS		33,214	0	33,214	194.04
194.05	07955	INVESTIGATIONAL PHARMACY		132,871	0	132,871	194.05
194.06	07950	MADISON REHAB HOSPITAL		876	0	876	194.06
194.07	07956	PUBLIC AFFAIRS		314,531	0	314,531	194.07
194.08	07958	RETAIL PHARMACIES		15,009,419	0	15,009,419	194.08
194.09	07957	INN TOWNER		0	0	0	194.09
194.10	07960	LIVER RESEARCH		87	0	87	194.10
194.11	07961	TLC LIGHTING RESEARCH		4,289	0	4,289	194.11
200.00		Cross Foot Adjustments	2,413	2,708,799	0	2,708,799	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,413	141,955,033	0	141,955,034	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (DOLLAR VALUE)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	60,340				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	0	63,980			1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	0	0	47,448		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	865,672	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	2,534	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	100	211	59,565	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	248	190	763	23,397	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	230	499	597	8,597	9.00
10.00	01000	DIETARY	0	0	106	109	33,577	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	11,877	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,769	939	32,389	14.00
15.00	01500	PHARMACY	0	0	797	0	11,107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	511	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	6,568	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	343	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	161,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	15,415	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	5,299	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	1,741	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	10,680	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	8,613	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	6,645	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	13,485	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	7,506	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	69,373	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	36,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,388	2,538	2,390	28,831	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,270	22,069	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,285	56.00
57.00	05700	CT SCAN	0	565	0	0	5,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,880	0	0	10,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,351	0	0	492	59.01
60.00	06000	LABORATORY	0	0	3,633	1,741	29,404	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	2,089	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,396	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	1,565	65.01
66.00	06600	PHYSICAL THERAPY	0	11,747	116	0	10,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	5,366	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	17,706	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (DOLLAR VALUE)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	4,416	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	3,150	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	118	0	1,975	75.01
75.02	03540	PROSTHETIC DEVICES	0	853	0	0	505	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	113,696	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	52,475	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	35,494	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	15,680	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	25,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	24,084	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	2,328	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	134	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	757	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	209	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	135	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	3	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	3,095	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	38,942	62,341	45,514	851,404	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,555	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	21,398	0	0	202	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	5,775	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,680	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	1,639	1,934	5,056	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,216,254	1,289,624	956,394	18,517,323	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	20.156679	20.156674	20.156677	21.390692	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			WAIMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAIMAN	0					1.05
1.06	00106	CAP REL COSTS- USTATION	0	35,305				1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	27,882			1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	91,827		1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	285,704	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	17,118	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	38,504	6,504	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	1,982	8,181	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	87	0	0	4,011	9.00
10.00	01000	DIETARY	0	0	0	1,743	15,551	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,032	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	87	0	0	23,096	14.00
15.00	01500	PHARMACY	0	0	0	2,798	3,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	780	0	42,475	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	41,174	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	26,804	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	16,080	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	592	0	2,192	6,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	744	56.00
57.00	05700	CT SCAN	0	0	0	0	11,290	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	1,412	59.01
60.00	06000	LABORATORY	0	627	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	2,992	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	321	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,193	0	0	33,389	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	721	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	937	27,882	101	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	30,219	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	51,486	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	9,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	34,522	27,882	91,827	284,838	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	589	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	783	0	0	277	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	711,631	562,008	1,850,927	5,239,120	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	20.156663	20.156660	20.156675	18.337580	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
		1.05	1.06	1.07	1.08	1.09	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS PHARMACY SERVICES (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			1.10	4.00	5A	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	25,894					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	601,512,320				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	84,645,822	-239,307,230	1,548,345,927		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	18,529,648	0	84,031,605	780,176	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,785,665	0	8.00
9.00	00900	HOUSEKEEPING	0	12,793,301	0	22,326,445	8,597	9.00
10.00	01000	DIETARY	0	7,739,155	0	10,891,052	33,577	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,495,520	0	28,694,105	11,877	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,651,825	0	11,758,137	32,389	14.00
15.00	01500	PHARMACY	25,894	26,899,809	0	41,453,473	11,107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,062,002	0	16,998,986	511	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	1,177,550	0	3,728,668	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	33,036,251	0	42,104,999	6,568	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	15,380,508	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	709,701	0	952,949	343	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	13,578	0	23,250	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	150,627	0	187,393	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	55,022	0	62,185	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	62,092	0	57,513	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	91,249,150	0	139,034,414	161,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	8,390,060	0	13,107,562	15,415	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	3,369,251	0	4,903,808	5,299	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	2,379,172	0	3,679,214	1,741	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,302,579	0	7,957,104	10,680	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	5,940,183	0	9,121,090	8,613	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	4,413,883	0	7,190,981	6,645	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,002,687	0	4,915,723	13,485	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,290,105	0	3,284,880	7,506	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,445,073	0	59,951,124	69,373	50.00
51.00	05100	RECOVERY ROOM	0	11,040,953	0	17,857,637	36,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,044,309	0	9,171,015	1,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,819,999	0	27,574,976	28,831	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,819,574	0	11,168,577	22,069	55.00
56.00	05600	RADIOISOTOPE	0	1,388,763	0	5,903,294	2,285	56.00
57.00	05700	CT SCAN	0	2,620,190	0	6,186,414	5,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,316,956	0	9,194,663	10,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	728,639	0	1,194,891	492	59.01
60.00	06000	LABORATORY	0	15,080,511	0	40,109,054	29,404	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	2,123,653	0	13,566,262	2,089	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,837,905	0	17,730,075	6,396	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	459,267	0	779,938	1,565	65.01
66.00	06600	PHYSICAL THERAPY	0	17,197,732	0	24,916,231	10,726	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS PHARMACY SERVICES (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			1.10	4.00	5A	5.00	6.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,865,588	0	2,849,447	5,366	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,646,507	0	8,890,778	17,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,049,156	0	4,596,461	4,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,662,160	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,133,503	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	160,491,105	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,745,568	0	2,980,702	3,150	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	531,332	0	873,249	1,975	75.01
75.02	03540	PROSTHETIC DEVICES	0	1,091,038	0	2,240,599	505	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,414,661	0	21,978,359	0	90.00
90.01	09001	CLINIC CSC	0	30,702,187	0	49,886,088	113,696	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	5,875,236	0	10,498,664	0	90.02
90.03	09003	CLINIC WAISMAN	0	1,912,373	0	2,848,977	0	90.03
90.04	09004	CLINIC WEST	0	8,336,720	0	13,840,325	0	90.04
90.05	09005	CLINIC EAST	0	3,682,591	0	6,370,867	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	1,906,326	0	3,544,611	0	90.06
90.07	09009	CLINIC DHC	0	6,719,000	0	13,603,619	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	6,070,653	0	16,599,033	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	2,531	0	9,101	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	274,078	0	398,116	0	90.10
90.11	09011	CLINIC AODA	0	114,375	0	57,715	0	90.11
90.12	09012	CLINIC KIDNEY	0	580,728	0	966,886	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	1,009,347	0	2,228,280	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	409,984	0	637,709	0	90.14
91.00	09100	EMERGENCY	0	17,275,093	0	28,627,970	25,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,226,075	0	11,453,177	24,084	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	4,931,908	0	18,124,488	2,328	105.00
106.00	10600	HEART ACQUISITION	0	658,003	0	5,759,466	134	106.00
107.00	10700	LIVER ACQUISITION	0	1,809,104	0	8,767,007	757	107.00
108.00	10800	LUNG ACQUISITION	0	990,898	0	4,675,914	209	108.00
109.00	10900	PANCREAS ACQUISITION	0	507,729	0	1,606,026	135	109.00
110.00	11000	INTESTINAL ACQUISITION	0	21,318	0	103,760	3	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	3,935,471	0	6,688,642	3,095	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,894	587,578,075	-239,307,230	1,251,928,664	765,908	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133,380	0	763,381	1,555	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	148,158	0	176,063	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	1,993,024	0	3,318,040	202	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	520,473	0	1,012,084	5,775	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	19,144	0	883,078	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,773,234	0	1,753,444	1,680	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	1,867	0	23,256	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	2,407,873	0	8,268,767	0	194.07
194.08	07958	RETAIL PHARMACIES	0	6,912,494	0	280,181,639	5,056	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	1,516	0	2,249	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	23,082	0	35,262	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	521,937	19,403,439		239,307,230	97,019,278	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.156677	0.032258		0.154557	124.355630	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		695,849		58,197,288	8,366,195	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			PHARMACY SERVICES (SQUARE FEET)					
			1.10	4.00	5A	5.00	6.00	
205.00		Unit cost multiplier (Wkst. B, Part II)		0.001157		0.037587	10.723471	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,944,900				8.00
9.00	00900	HOUSEKEEPING	365,243	771,579			9.00
10.00	01000	DIETARY	2,509	33,577	1,338,333		10.00
11.00	01100	CAFETERIA	0	0	992,630	587,300	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	11,877	0	20,869	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,389	0	25,960	14.00
15.00	01500	PHARMACY	15,007	11,107	0	31,105	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	511	0	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	28,667	6,568	0	70,344	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	343	0	1,008	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	107	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	66	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,165,689	161,991	276,260	126,125	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	159,574	15,415	5,286	10,589	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	36,119	5,299	9,660	4,389	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	39,789	1,741	3,298	2,997	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	56,919	10,680	10,987	6,259	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	74,289	8,613	2,242	7,607	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	11,453	6,645	2,572	5,369	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	98,379	13,485	4,578	4,259	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	17,487	7,506	15,370	3,021	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	662,272	69,373	0	36,387	50.00
51.00	05100	RECOVERY ROOM	113,423	36,576	30	14,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,119	1,394	0	4,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,675	28,831	0	17,950	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	37,784	22,069	0	4,615	55.00
56.00	05600	RADIOISOTOPE	0	2,285	0	1,630	56.00
57.00	05700	CT SCAN	92,361	5,188	0	3,525	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,489	10,436	0	4,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	492	0	820	59.01
60.00	06000	LABORATORY	2,869	29,404	0	21,927	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.	378	2,089	0	3,123	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	507	6,396	0	14,367	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,565	0	1,008	65.01
66.00	06600	PHYSICAL THERAPY	11,841	10,726	9,448	14,356	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	315	5,366	0	2,435	68.00
69.00	06900	ELECTROCARDIOLOGY	76,680	17,706	0	10,141	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,788	4,416	0	3,265	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	16,603	3,150	0	2,037	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	87	1,975	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	7	505	0	1,013	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8	0	90.00
90.01	09001	CLINIC CSC	98,802	113,696	1,015	50,922	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	4,565	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	33,171	0	0	0	0	90.04
90.05	09005	CLINIC EAST	6,336	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	66,011	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	5,100	0	0	9,223	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	29	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	330,163	25,181	2,908	23,207	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,606	24,084	0	4,862	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	190	2,328	0	3,810	0	105.00
106.00	10600	HEART ACQUISITION	0	134	0	527	0	106.00
107.00	10700	LIVER ACQUISITION	59	757	0	1,421	0	107.00
108.00	10800	LUNG ACQUISITION	0	209	0	821	0	108.00
109.00	10900	PANCREAS ACQUISITION	9	135	0	389	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	3	0	18	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	3,095	0	3,309	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,903,363	757,311	1,336,284	579,671	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,555	0	301	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	29,710	202	0	248	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	10,389	5,775	2,049	1,639	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,438	1,680	0	1,839	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	5,056	0	2,517	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	1,085	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,370,766	27,250,910	17,938,494	13,304,827	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.107954	35.318367	13.403610	22.654226	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	142,292	1,479,987	2,143,445	1,589,774	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.036070	1.918128	1.601578	2.706920	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	386,525					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,864,692				14.00
15.00	01500	PHARMACY	0	330,907	280,454,451			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	279	0	4,896,741,467		16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	634	0	0	0	18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,109	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	9	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	114,667	3,472,731	1,226,928	491,310,728	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	10,589	649,671	191,035	64,927,090	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	4,389	208,067	54,911	27,450,524	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,997	211,392	57,335	16,933,830	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	6,259	269,466	95,087	44,040,325	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	7,607	330,516	77,683	49,079,639	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	5,369	111,460	28,800	39,714,718	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,259	263,403	26,264	15,376,947	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,021	21,214	357	11,307,370	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,742	1,483,659	98,255	656,663,543	0	50.00
51.00	05100	RECOVERY ROOM	14,197	486,008	190,830	84,118,939	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,283	955,775	2,665,583	56,074,259	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,823	406,226	1,359,353	211,845,670	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,418	43,916	44,002	163,318,179	0	55.00
56.00	05600	RADIOISOTOPE	0	10,336	422,548	29,183,253	0	56.00
57.00	05700	CT SCAN	0	250,850	41,416	237,952,746	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	105,067	39,389	176,342,250	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,340	1,718	19	3,178,408	0	59.01
60.00	06000	LABORATORY	880	303,461	32,659	396,769,470	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	7,824	57	58,071,463	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,378	79,983	44,728	109,674,332	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	233	0	1,282,956	0	65.01
66.00	06600	PHYSICAL THERAPY	0	61,705	793	91,734,237	0	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	295	2,112	5,622,744	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,424	401,308	176,707	189,851,733	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	324	6,651	7,612	26,736,259	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	147,900,118	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	89,389,616	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	779,137,377	0	73.00
74.00	07400	RENAL DIALYSIS	2,037	53,192	12,953	12,350,477	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	911	768	5,302,637	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	12,179	0	5,949,374	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,224	978	0	0	0	90.00
90.01	09001	CLINIC CSC	44,943	798,846	471,892	123,505,774	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	11,566	24,409	179,279	22,451,616	0	90.02
90.03	09003	CLINIC WAISMAN	1,225	1,709	24	1,549,302	0	90.03
90.04	09004	CLINIC WEST	13,509	33,616	58,197	31,758,473	0	90.04
90.05	09005	CLINIC EAST	6,478	25,733	37,677	14,813,668	0	90.05
90.06	09006	CLINIC RESEARCH PARK	3,256	25,535	2,638	5,936,697	0	90.06
90.07	09009	CLINIC DHC	8,321	132,662	49,026	71,377,965	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	8,196	97,950	932	17,041,718	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	16	0	34,700	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	360	1,643	178	2,204,038	0	90.10
90.11	09011	CLINIC AODA	0	171	0	152,552	0	90.11
90.12	09012	CLINIC KIDNEY	994	1,022	72,113	660,717	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	1,646	16,499	19,471	4,121,742	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	989	229	169	1,258,670	0	90.14
91.00	09100	EMERGENCY	22,438	1,091,760	397,158	219,615,363	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,456	23,181	5,853	22,252,414	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,060	3,220	27,154	35,078,865	0	105.00
106.00	10600	HEART ACQUISITION	423	446	3,759	4,946,582	0	106.00
107.00	10700	LIVER ACQUISITION	1,141	1,201	10,159	10,774,530	0	107.00
108.00	10800	LUNG ACQUISITION	659	694	5,849	5,173,430	0	108.00
109.00	10900	PANCREAS ACQUISITION	312	329	2,770	3,441,440	0	109.00
110.00	11000	INTESTINAL ACQUISITION	14	15	128	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	2,657	2,797	23,584	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	384,870	12,840,816	8,266,194	4,896,741,467	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	16	559	111,936	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,639	14,273	3,870	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	2,476	4,272	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	48	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	6,487	272,068,179	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	35,498,199	19,335,225	50,852,526	19,708,311	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	91.839335	1.502968	0.181322	0.004025	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,929,426	3,261,423	4,028,167	1,622,452	0	204.00

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	7.578878	0.253517	0.014363	0.000331	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			HISTOCOMPATIBILITY LAB (# OF TESTS)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			18.01	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB	528,079					18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	48,836				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		48,836			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			0		23.00
23.01	02301	PHARMACY PROGRAM	0				100	23.01
23.02	02302	EMERGENCY MED PROGRAM	0					23.02
23.03	02303	DIETARY PROGRAM	0					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0					23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0					23.05
23.06	02306	RADIOLOGY TECHNOLOGIST	0					23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	48,488	48,488	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	348	348	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			HISTOCOMPATIBI LITY LAB (# OF TESTS)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			18.01	21.00	22.00	23.00	23.01	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	261,364	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	8,114	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,051	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,855	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	5,952	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	229,743	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	528,079	48,836	48,836	0	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,305,913	51,309,419	17,757,673	0	1,177,837	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.153918	1,050.647453	363.618499	0.000000	11,778.370000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	222,016	2,055,665	578,107	0	51,486	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.420422	42.093230	11.837722	0.000000	514.860000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			HISTOCOMPATIBI LITY LAB (# OF TESTS)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			18.01	21.00	22.00			
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
1.09	00110	CAP REL COSTS-TAC					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES					1.10
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY PROGRAM					23.01
23.02	02302	EMERGENCY MED PROGRAM	0				23.02
23.03	02303	DIETARY PROGRAM		100			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST			100		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				100	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST					100 23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	100 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	NRCC NAH COSTS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	29,281	216,356	71,796	67,897	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	292.810000	2,163.560000	717.960000	678.970000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,182	15,319	4,627	2,413	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	11.820000	153.190000	46.270000	24.130000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-2
Date/Time Prepared:
11/25/2020 2:24 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00		ADJUST FOR NON CAP		1 90.00	-25,489,330	7.00
8.00		ADJUST FOR NON CAP		1 90.01	12,258,499	8.00
9.00		ADJUST FOR NON CAP		1 90.02	1,972,894	9.00
10.00		ADJUST FOR NON CAP		1 90.03	504,099	10.00
11.00		ADJUST FOR NON CAP		1 90.04	2,578,534	11.00
12.00		ADJUST FOR NON CAP		1 90.05	1,191,678	12.00
13.00		ADJUST FOR NON CAP		1 90.06	658,349	13.00
14.00		ADJUST FOR NON CAP		1 90.07	2,518,422	14.00
15.00		ADJUST FOR NON CAP		1 90.08	3,007,466	15.00
16.00		ADJUST FOR NON CAP		1 90.09	1,577	16.00
17.00		ADJUST FOR NON CAP		1 90.10	74,510	17.00
18.00		ADJUST FOR NON CAP		1 90.11	9,978	18.00
19.00		ADJUST FOR NON CAP		1 90.12	181,041	19.00
20.00		ADJUST FOR NON CAP		1 90.13	409,231	20.00
21.00		ADJUST FOR NON CAP		1 90.14	123,052	21.00
22.00		ADJUST FOR CAP		2 90.00	-1,792,226	22.00
23.00		ADJUST FOR CAP		2 90.01	722,332	23.00
24.00		ADJUST FOR CAP		2 90.02	122,437	24.00
25.00		ADJUST FOR CAP		2 90.03	11,703	25.00
26.00		ADJUST FOR CAP		2 90.04	157,656	26.00
27.00		ADJUST FOR CAP		2 90.05	98,901	27.00
28.00		ADJUST FOR CAP		2 90.06	44,710	28.00
29.00		ADJUST FOR CAP		2 90.07	372,805	29.00
30.00		ADJUST FOR CAP		2 90.08	172,737	30.00
31.00		ADJUST FOR CAP		2 90.09	429	31.00
32.00		ADJUST FOR CAP		2 90.10	2,249	32.00
33.00		ADJUST FOR CAP		2 90.11	8,008	33.00
34.00		ADJUST FOR CAP		2 90.12	7,345	34.00
35.00		ADJUST FOR CAP		2 90.13	65,702	35.00
36.00		ADJUST FOR CAP		2 90.14	5,213	36.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
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			Title XVIII	Hospital	PPS			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance		Total Costs	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	212,220,203		212,220,203	0	212,220,203	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,327,233		20,327,233	0	20,327,233	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	7,613,010		7,613,010	0	7,613,010	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	5,353,550		5,353,550	0	5,353,550	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	12,418,694		12,418,694	0	12,418,694	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	13,597,790		13,597,790	0	13,597,790	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	10,357,905		10,357,905	0	10,357,905	31.06
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,949,215		8,949,215	0	8,949,215	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,639,828		5,639,828	0	5,639,828	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,749,923		89,749,923	0	89,749,923	50.00
51.00	05100	RECOVERY ROOM	29,313,066		29,313,066	0	29,313,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,495,831		13,495,831	0	13,495,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,460,365		39,460,365	0	39,460,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,769,998		17,769,998	0	17,769,998	55.00
56.00	05600	RADIOISOTOPE	7,427,085		7,427,085	0	7,427,085	56.00
57.00	05700	CT SCAN	9,495,435		9,495,435	0	9,495,435	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,316,827		13,316,827	0	13,316,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,615,149		1,615,149	0	1,615,149	59.01
60.00	06000	LABORATORY	53,642,991		53,642,991	0	53,642,991	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.	16,313,257		16,313,257	0	16,313,257	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	23,707,919	0	23,707,919	0	23,707,919	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,178,722	0	1,178,722	0	1,178,722	65.01
66.00	06600	PHYSICAL THERAPY	31,406,967	0	31,406,967	0	31,406,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,225,629	0	4,225,629	0	4,225,629	68.00
69.00	06900	ELECTROCARDIOLOGY	15,579,795		15,579,795	0	15,579,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,242,228		6,242,228	0	6,242,228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	67,169,548		67,169,548	0	67,169,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,941,907		70,941,907	0	70,941,907	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	189,608,919		189,608,919	0	189,608,919	73.00
74.00	07400	RENAL DIALYSIS	4,327,988		4,327,988	0	4,327,988	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	1,346,519		1,346,519	0	1,346,519	75.01
75.02	03540	PROSTHETIC DEVICES	2,732,743		2,732,743	0	2,732,743	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	CLINIC CSC	95,196,647		95,196,647	0	95,196,647	90.01
90.02	09002	CLINIC UNIVERSITY STATION	15,321,033		15,321,033	0	15,321,033	90.02
90.03	09003	CLINIC WAISMAN	3,914,717		3,914,717	0	3,914,717	90.03
90.04	09004	CLINIC WEST	20,024,292		20,024,292	0	20,024,292	90.04
90.05	09005	CLINIC EAST	9,254,295		9,254,295	0	9,254,295	90.05
90.06	09006	CLINIC RESEARCH PARK	5,112,584		5,112,584	0	5,112,584	90.06
90.07	09009	CLINIC DHC	19,557,480		19,557,480	0	19,557,480	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	23,355,280		23,355,280	0	23,355,280	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	12,249		12,249	0	12,249	90.09
90.10	09007	CLINIC MIDDLETON REHAB	578,624		578,624	0	578,624	90.10
90.11	09011	CLINIC AODA	77,484		77,484	0	77,484	90.11
90.12	09012	CLINIC KIDNEY	1,405,925		1,405,925	0	1,405,925	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	3,177,993		3,177,993	0	3,177,993	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	955,593		955,593	0	955,593	90.14
91.00	09100	EMERGENCY	42,661,430		42,661,430	0	42,661,430	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,790,019		8,790,019	0	8,790,019	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	17,717,778		17,717,778	0	17,717,778	95.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	23,947,123		23,947,123		23,947,123	105.00
106.00	10600	HEART ACQUISITION	6,809,239		6,809,239		6,809,239	106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
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			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
107.00	10700	LIVER ACQUISITION	10,557,821		10,557,821		10,557,821
108.00	10800	LUNG ACQUISITION	5,589,924		5,589,924		5,589,924
109.00	10900	PANCREAS ACQUISITION	1,976,661		1,976,661		1,976,661
110.00	11000	INTESTINAL ACQUISITION	122,016		122,016		122,016
111.00	11100	ISLET ACQUISITION	0		0		0
112.00	08600	POST TRANSPLANT	10,417,375		10,417,375		10,417,375
112.01	08601	PRE TRANSPLANT	0		0		0
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0
200.00		Subtotal (see instructions)	1,333,079,821	0	1,333,079,821	0	1,333,079,821
201.00		Less Observation Beds	8,790,019		8,790,019		8,790,019
202.00		Total (see instructions)	1,324,289,802	0	1,324,289,802	0	1,324,289,802

COMPUTATION OF RATIO OF COSTS TO CHARGES

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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	441,928,178		441,928,178		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	64,927,090		64,927,090		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	27,450,524		27,450,524		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	16,933,830		16,933,830		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	44,040,325		44,040,325		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	49,079,639		49,079,639		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	39,714,718		39,714,718		31.06
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,376,947		15,376,947		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	11,307,370		11,307,370		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	432,382,033	224,281,510	656,663,543	0.136676	0.000000
51.00	05100	RECOVERY ROOM	39,780,633	44,338,306	84,118,939	0.348472	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	33,754,179	22,320,080	56,074,259	0.240678	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,892,671	131,952,999	211,845,670	0.186269	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	6,555,039	156,763,140	163,318,179	0.108806	0.000000
56.00	05600	RADIOISOTOPE	1,952,962	27,230,291	29,183,253	0.254498	0.000000
57.00	05700	CT SCAN	78,452,499	159,500,247	237,952,746	0.039905	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,214,605	144,127,645	176,342,250	0.075517	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
59.01	05901	CARDIAC REHABILITATION	314,915	2,863,493	3,178,408	0.508163	0.000000
60.00	06000	LABORATORY	158,163,749	238,605,721	396,769,470	0.135199	0.000000
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.	33,039,485	25,031,978	58,071,463	0.280917	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	103,247,198	6,427,134	109,674,332	0.216167	0.000000
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96,006	1,186,950	1,282,956	0.918755	0.000000
66.00	06600	PHYSICAL THERAPY	37,849,909	53,884,328	91,734,237	0.342369	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	309,483	5,313,261	5,622,744	0.751524	0.000000
69.00	06900	ELECTROCARDIOLOGY	94,570,741	95,280,992	189,851,733	0.082063	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	18,231,435	8,504,824	26,736,259	0.233474	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,489,069	59,411,049	147,900,118	0.454155	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,989,516	26,400,100	89,389,616	0.793626	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	307,061,002	472,076,375	779,137,377	0.243357	0.000000
74.00	07400	RENAL DIALYSIS	10,640,045	1,710,432	12,350,477	0.350431	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
75.01	03560	PULMONARY FUNCTION TESTING	355,220	4,947,417	5,302,637	0.253934	0.000000
75.02	03540	PROSTHETIC DEVICES	480,908	5,468,466	5,949,374	0.459333	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	CLINIC CSC	12,778,997	110,726,777	123,505,774	0.770787	0.000000
90.02	09002	CLINIC UNIVERSITY STATION	23,148	22,428,468	22,451,616	0.682402	0.000000
90.03	09003	CLINIC WAISMAN	3,423	1,545,879	1,549,302	2.526762	0.000000
90.04	09004	CLINIC WEST	68,044	31,690,429	31,758,473	0.630518	0.000000
90.05	09005	CLINIC EAST	11,889	14,801,779	14,813,668	0.624713	0.000000
90.06	09006	CLINIC RESEARCH PARK	6,233	5,930,464	5,936,697	0.861183	0.000000
90.07	09009	CLINIC DHC	60,625	71,317,340	71,377,965	0.273999	0.000000
90.08	09008	CLINIC THE AMERICAN CENTER	55,542	16,986,176	17,041,718	1.370477	0.000000
90.09	09010	CLINIC OAKWOOD VILLAGE	0	34,700	34,700	0.352997	0.000000
90.10	09007	CLINIC MIDDLETON REHAB	2,317	2,201,721	2,204,038	0.262529	0.000000
90.11	09011	CLINIC AODA	0	152,552	152,552	0.507919	0.000000
90.12	09012	CLINIC KIDNEY	477	660,240	660,717	2.127878	0.000000
90.13	09013	CLINIC PAIN MANAGEMENT	498	4,121,244	4,121,742	0.771032	0.000000
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	1,258,670	1,258,670	0.759209	0.000000
91.00	09100	EMERGENCY	73,097,407	146,517,956	219,615,363	0.194255	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	49,382,550	49,382,550	0.177998	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	22,252,414	22,252,414	0.796218	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	35,078,139	726	35,078,865		105.00
106.00	10600	HEART ACQUISITION	4,946,582	0	4,946,582		106.00
107.00	10700	LIVER ACQUISITION	10,774,530	0	10,774,530		107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
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			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
108.00	10800	LUNG ACQUISITION	5,173,430	0	5,173,430		108.00
109.00	10900	PANCREAS ACQUISITION	3,441,440	0	3,441,440		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	POST TRANSPLANT	0	0	0		112.00
112.01	08601	PRE TRANSPLANT	0	0	0		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0		112.02
200.00		Subtotal (see instructions)	2,477,104,644	2,419,636,823	4,896,741,467		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,477,104,644	2,419,636,823	4,896,741,467		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/25/2020 2:24 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT			31.06
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136676		50.00
51.00	05100	RECOVERY ROOM	0.348472		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.240678		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186269		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108806		55.00
56.00	05600	RADIOISOTOPE	0.254498		56.00
57.00	05700	CT SCAN	0.039905		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075517		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901	CARDIAC REHABILITATION	0.508163		59.01
60.00	06000	LABORATORY	0.135199		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.	0.280917		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.216167		65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.918755		65.01
66.00	06600	PHYSICAL THERAPY	0.342369		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.751524		68.00
69.00	06900	ELECTROCARDIOLOGY	0.082063		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233474		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.454155		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.793626		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243357		73.00
74.00	07400	RENAL DIALYSIS	0.350431		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.253934		75.01
75.02	03540	PROSTHETIC DEVICES	0.459333		75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CLINIC CSC	0.770787		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.682402		90.02
90.03	09003	CLINIC WAISMAN	2.526762		90.03
90.04	09004	CLINIC WEST	0.630518		90.04
90.05	09005	CLINIC EAST	0.624713		90.05
90.06	09006	CLINIC RESEARCH PARK	0.861183		90.06
90.07	09009	CLINIC DHC	0.273999		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1.370477		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.352997		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.262529		90.10
90.11	09011	CLINIC AODA	0.507919		90.11
90.12	09012	CLINIC KIDNEY	2.127878		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.771032		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.759209		90.14
91.00	09100	EMERGENCY	0.194255		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.177998		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.796218		95.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
112.00	08600	POST TRANSPLANT				112.00
112.01	08601	PRE TRANSPLANT				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS				112.02
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

Worksheet C
Part I
Date/Time Prepared:

MCRIF32 - 16.4.169.4

Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

MCRIF32 - 16.4.169.4

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

			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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	441,928,178		441,928,178		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	64,927,090		64,927,090		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	27,450,524		27,450,524		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	16,933,830		16,933,830		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	44,040,325		44,040,325		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	49,079,639		49,079,639		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	39,714,718		39,714,718		31.06
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,376,947		15,376,947		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	11,307,370		11,307,370		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	432,382,033	224,281,510	656,663,543	0.136676	0.000000
51.00	05100	RECOVERY ROOM	39,780,633	44,338,306	84,118,939	0.348472	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	33,754,179	22,320,080	56,074,259	0.240678	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,892,671	131,952,999	211,845,670	0.186269	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	6,555,039	156,763,140	163,318,179	0.108806	0.000000
56.00	05600	RADIOISOTOPE	1,952,962	27,230,291	29,183,253	0.254498	0.000000
57.00	05700	CT SCAN	78,452,499	159,500,247	237,952,746	0.039905	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,214,605	144,127,645	176,342,250	0.075517	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
59.01	05901	CARDIAC REHABILITATION	314,915	2,863,493	3,178,408	0.508163	0.000000
60.00	06000	LABORATORY	158,163,749	238,605,721	396,769,470	0.135199	0.000000
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.	33,039,485	25,031,978	58,071,463	0.280917	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	103,247,198	6,427,134	109,674,332	0.216167	0.000000
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96,006	1,186,950	1,282,956	0.918755	0.000000
66.00	06600	PHYSICAL THERAPY	37,849,909	53,884,328	91,734,237	0.342369	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	309,483	5,313,261	5,622,744	0.751524	0.000000
69.00	06900	ELECTROCARDIOLOGY	94,570,741	95,280,992	189,851,733	0.082063	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	18,231,435	8,504,824	26,736,259	0.233474	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,489,069	59,411,049	147,900,118	0.454155	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,989,516	26,400,100	89,389,616	0.793626	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	307,061,002	472,076,375	779,137,377	0.243357	0.000000
74.00	07400	RENAL DIALYSIS	10,640,045	1,710,432	12,350,477	0.350431	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
75.01	03560	PULMONARY FUNCTION TESTING	355,220	4,947,417	5,302,637	0.253934	0.000000
75.02	03540	PROSTHETIC DEVICES	480,908	5,468,466	5,949,374	0.459333	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	CLINIC CSC	12,778,997	110,726,777	123,505,774	0.770787	0.000000
90.02	09002	CLINIC UNIVERSITY STATION	23,148	22,428,468	22,451,616	0.682402	0.000000
90.03	09003	CLINIC WAISMAN	3,423	1,545,879	1,549,302	2.526762	0.000000
90.04	09004	CLINIC WEST	68,044	31,690,429	31,758,473	0.630518	0.000000
90.05	09005	CLINIC EAST	11,889	14,801,779	14,813,668	0.624713	0.000000
90.06	09006	CLINIC RESEARCH PARK	6,233	5,930,464	5,936,697	0.861183	0.000000
90.07	09009	CLINIC DHC	60,625	71,317,340	71,377,965	0.273999	0.000000
90.08	09008	CLINIC THE AMERICAN CENTER	55,542	16,986,176	17,041,718	1.370477	0.000000
90.09	09010	CLINIC OAKWOOD VILLAGE	0	34,700	34,700	0.352997	0.000000
90.10	09007	CLINIC MIDDLETON REHAB	2,317	2,201,721	2,204,038	0.262529	0.000000
90.11	09011	CLINIC AODA	0	152,552	152,552	0.507919	0.000000
90.12	09012	CLINIC KIDNEY	477	660,240	660,717	2.127878	0.000000
90.13	09013	CLINIC PAIN MANAGEMENT	498	4,121,244	4,121,742	0.771032	0.000000
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	1,258,670	1,258,670	0.759209	0.000000
91.00	09100	EMERGENCY	73,097,407	146,517,956	219,615,363	0.194255	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	49,382,550	49,382,550	0.177998	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	22,252,414	22,252,414	0.796218	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	35,078,139	726	35,078,865		105.00
106.00	10600	HEART ACQUISITION	4,946,582	0	4,946,582		106.00
107.00	10700	LIVER ACQUISITION	10,774,530	0	10,774,530		107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
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Part I
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11/25/2020 2:24 pm

			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	
108.00	10800	LUNG ACQUISITION	5,173,430	0	5,173,430			108.00
109.00	10900	PANCREAS ACQUISITION	3,441,440	0	3,441,440			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
200.00		Subtotal (see instructions)	2,477,104,644	2,419,636,823	4,896,741,467			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,477,104,644	2,419,636,823	4,896,741,467			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT				31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU				31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT				31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT				31.04
31.05	03103	NEURO INTENSIVE CARE UNIT				31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT				31.06
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	05901	CARDIAC REHABILITATION	0.000000			59.01
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000			75.01
75.02	03540	PROSTHETIC DEVICES	0.000000			75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CLINIC CSC	0.000000			90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000			90.02
90.03	09003	CLINIC WAISMAN	0.000000			90.03
90.04	09004	CLINIC WEST	0.000000			90.04
90.05	09005	CLINIC EAST	0.000000			90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000			90.06
90.07	09009	CLINIC DHC	0.000000			90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000			90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000			90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000			90.10
90.11	09011	CLINIC AODA	0.000000			90.11
90.12	09012	CLINIC KIDNEY	0.000000			90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000			90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.000000			90.14
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
112.00	08600	POST TRANSPLANT				112.00
112.01	08601	PRE TRANSPLANT				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS				112.02
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,375,983	0	16,375,983	135,806	120.58	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	1,446,096		1,446,096	7,499	192.84	31.01
31.02	CARDIOTHORACIC SURGERY ICU	506,787		506,787	2,763	183.42	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	319,297		319,297	2,012	158.70	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	879,830		879,830	4,606	191.02	31.04
31.05	NEURO INTENSIVE CARE UNIT	895,610		895,610	5,728	156.36	31.05
31.06	NEONATAL INTENSIVE CARE UNIT	800,478		800,478	4,332	184.78	31.06
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	816,130		816,130	2,462	331.49	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	455,866	0	455,866	4,790	95.17	40.00
200.00	Total (lines 30 through 199)	22,496,077		22,496,077	169,998		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	36,903	4,449,764				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
31.01	TRAUMA INTENSIVE CARE UNIT	4,678	902,106				31.01
31.02	CARDIOTHORACIC SURGERY ICU	1,723	316,033				31.02
31.03	CARDIAC INTENSIVE CARE UNIT	1,255	199,169				31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	5	955				31.04
31.05	NEURO INTENSIVE CARE UNIT	3,573	558,674				31.05
31.06	NEONATAL INTENSIVE CARE UNIT	0	0				31.06
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	370	122,651				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,148	109,255				40.00
200.00	Total (lines 30 through 199)	49,655	6,658,607				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,537,238	656,663,543	0.019092	119,378,271	2,279,170	50.00
51.00	05100	RECOVERY ROOM	2,734,945	84,118,939	0.032513	12,246,240	398,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,045,998	56,074,259	0.036487	9,207,787	335,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,774,087	211,845,670	0.027256	24,646,737	671,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,840,593	163,318,179	0.035762	2,958,472	105,801	55.00
56.00	05600	RADIOISOTOPE	732,024	29,183,253	0.025084	691,307	17,341	56.00
57.00	05700	CT SCAN	1,736,987	237,952,746	0.007300	28,103,188	205,153	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,477,885	176,342,250	0.025393	9,509,257	241,469	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	201,234	3,178,408	0.063313	122,958	7,785	59.01
60.00	06000	LABORATORY	4,169,114	396,769,470	0.010508	50,189,708	527,393	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,022,782	58,071,463	0.017612	10,321,578	181,784	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,702,100	109,674,332	0.015520	32,340,880	501,930	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	95,838	1,282,956	0.074701	21,992	1,643	65.01
66.00	06600	PHYSICAL THERAPY	2,787,834	91,734,237	0.030390	11,561,032	351,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	422,487	5,622,744	0.075139	156,126	11,731	68.00
69.00	06900	ELECTROCARDIOLOGY	3,645,960	189,851,733	0.019204	36,971,657	710,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	653,922	26,736,259	0.024458	4,892,511	119,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,216,303	147,900,118	0.014985	31,002,441	464,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,327,413	89,389,616	0.026037	18,627,517	485,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,291,905	779,137,377	0.008075	91,412,364	738,155	73.00
74.00	07400	RENAL DIALYSIS	369,670	12,350,477	0.029932	4,784,686	143,215	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	157,365	5,302,637	0.029677	86,186	2,558	75.01
75.02	03540	PROSTHETIC DEVICES	254,409	5,949,374	0.042762	480,908	20,565	75.02
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	8,896,386	123,505,774	0.072032	4,671,395	336,490	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,507,961	22,451,616	0.067165	8,468	569	90.02
90.03	09003	CLINIC WAISMAN	144,137	1,549,302	0.093034	427	40	90.03
90.04	09004	CLINIC WEST	1,941,720	31,758,473	0.061140	40,129	2,453	90.04
90.05	09005	CLINIC EAST	1,218,085	14,813,668	0.082227	3,940	324	90.05
90.06	09006	CLINIC RESEARCH PARK	550,662	5,936,697	0.092756	2,183	202	90.06
90.07	09009	CLINIC DHC	4,591,534	71,377,965	0.064327	29,264	1,882	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	2,127,460	17,041,718	0.124838	22,678	2,831	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	5,281	34,700	0.152190	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	27,701	2,204,038	0.012568	161	2	90.10
90.11	09011	CLINIC AODA	98,626	152,552	0.646507	0	0	90.11
90.12	09012	CLINIC KIDNEY	90,460	660,717	0.136912	186	25	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	809,195	4,121,742	0.196324	321	63	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	64,199	1,258,670	0.051005	0	0	90.14
91.00	09100	EMERGENCY	4,190,348	219,615,363	0.019080	23,659,009	451,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	678,282	49,382,550	0.013735	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	89,140,130	4,104,315,585		528,151,964	9,318,468	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/25/2020 2:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	29,281	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02	
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03	
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04	
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05	
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	29,281	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	29,281	135,806	0.22	36,903	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00	
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	7,499	0.00	4,678	31.01	
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	2,763	0.00	1,723	31.02	
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	2,012	0.00	1,255	31.03	
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	4,606	0.00	5	31.04	
31.05	03103	NEURO INTENSIVE CARE UNIT		0	5,728	0.00	3,573	31.05	
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0	4,332	0.00	0	31.06	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	2,462	0.00	370	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,790	0.00	1,148	40.00	
200.00		Total (lines 30 through 199)		29,281	169,998		49,655	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,119						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0						31.06
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	8,119						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	288,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	67,897	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,177,837	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	1,213	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
200.00		Total (lines 50 through 199)	0	0	0	0	1,535,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	656,663,543	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	84,118,939	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	56,074,259	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	288,152	288,152	211,845,670	0.001360	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	67,897	67,897	163,318,179	0.000416	55.00
56.00	05600	RADIOISOTOPE		0	0	0	29,183,253	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	237,952,746	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	176,342,250	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION		0	0	0	3,178,408	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	396,769,470	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	58,071,463	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	109,674,332	0.000000	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	1,282,956	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	91,734,237	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	5,622,744	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	189,851,733	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	26,736,259	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	147,900,118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	89,389,616	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	1,177,837	1,177,837	779,137,377	0.001512	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	12,350,477	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING		0	0	0	5,302,637	0.000000	75.01
75.02	03540	PROSTHETIC DEVICES		0	0	0	5,949,374	0.000000	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	CLINIC CSC		0	0	0	123,505,774	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0	0	0	22,451,616	0.000000	90.02
90.03	09003	CLINIC WAISMAN		0	0	0	1,549,302	0.000000	90.03
90.04	09004	CLINIC WEST		0	0	0	31,758,473	0.000000	90.04
90.05	09005	CLINIC EAST		0	0	0	14,813,668	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK		0	0	0	5,936,697	0.000000	90.06
90.07	09009	CLINIC DHC		0	0	0	71,377,965	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0	0	0	17,041,718	0.000000	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0	0	0	34,700	0.000000	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0	0	0	2,204,038	0.000000	90.10
90.11	09011	CLINIC AODA		0	0	0	152,552	0.000000	90.11
90.12	09012	CLINIC KIDNEY		0	0	0	660,717	0.000000	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0	0	0	4,121,742	0.000000	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0	0	0	1,258,670	0.000000	90.14
91.00	09100	EMERGENCY		0	0	0	219,615,363	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	1,213	1,213	49,382,550	0.000025	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	1,535,099	1,535,099	4,104,315,585		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	119,378,271	0	46,018,381	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	12,246,240	0	11,408,030	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	9,207,787	0	4,229,677	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.001360	24,646,737	33,520	29,750,621	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000416	2,958,472	1,231	53,151,000	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	691,307	0	8,157,688	0	56.00
57.00	05700	CT SCAN		0.000000	28,103,188	0	47,762,674	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	9,509,257	0	28,557,966	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION		0.000000	122,958	0	1,141,796	0	59.01
60.00	06000	LABORATORY		0.000000	50,189,708	0	38,146,030	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	10,321,578	0	4,764,208	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	32,340,880	0	1,517,146	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	21,992	0	122,145	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	11,561,032	0	279,565	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	156,126	0	568,584	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	36,971,657	0	29,245,832	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,892,511	0	1,225,951	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	31,002,441	0	13,083,278	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	18,627,517	0	9,073,928	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001512	91,412,364	138,215	144,775,014	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	4,784,686	0	328,833	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING		0.000000	86,186	0	1,389,395	0	75.01
75.02	03540	PROSTHETIC DEVICES		0.000000	480,908	0	130,665	0	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CLINIC CSC		0.000000	4,671,395	0	33,008,727	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0.000000	8,468	0	6,429,417	0	90.02
90.03	09003	CLINIC WAISMAN		0.000000	427	0	9,356	0	90.03
90.04	09004	CLINIC WEST		0.000000	40,129	0	9,048,076	0	90.04
90.05	09005	CLINIC EAST		0.000000	3,940	0	3,761,523	0	90.05
90.06	09006	CLINIC RESEARCH PARK		0.000000	2,183	0	1,010,100	0	90.06
90.07	09009	CLINIC DHC		0.000000	29,264	0	15,617,540	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0.000000	22,678	0	4,293,841	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0.000000	0	0	22,798	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0.000000	161	0	894,315	0	90.10
90.11	09011	CLINIC AODA		0.000000	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY		0.000000	186	0	259,331	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0.000000	321	0	982,378	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0.000000	0	0	288,580	0	90.14
91.00	09100	EMERGENCY		0.000000	23,659,009	0	24,670,298	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000025	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			528,151,964	172,966	575,124,687	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
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	40,461	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,111	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,900	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	PROSTHETIC DEVICES	0	0		75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0		90.10
90.11	09011	CLINIC AODA	0	0		90.11
90.12	09012	CLINIC KIDNEY	0	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0		90.14
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
200.00		Total (lines 50 through 199)	281,472	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/25/2020 2:24 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.136676	46,018,381	0	0	6,289,608	50.00	
51.00	05100	RECOVERY ROOM	0.348472	11,408,030	0	0	3,975,379	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.240678	4,229,677	0	0	1,017,990	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186269	29,750,621	0	0	5,541,618	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108806	53,151,000	0	0	5,783,148	55.00	
56.00	05600	RADIOISOTOPE	0.254498	8,157,688	0	0	2,076,115	56.00	
57.00	05700	CT SCAN	0.039905	47,762,674	0	0	1,905,970	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075517	28,557,966	0	0	2,156,612	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
59.01	05901	CARDIAC REHABILITATION	0.508163	1,141,796	0	0	580,218	59.01	
60.00	06000	LABORATORY	0.135199	38,146,030	0	0	5,157,305	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.	0.280917	4,764,208	0	0	1,338,347	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.216167	1,517,146	0	0	327,957	65.00	
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.918755	122,145	0	0	112,221	65.01	
66.00	06600	PHYSICAL THERAPY	0.342369	279,565	0	0	95,714	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.751524	568,584	0	0	427,305	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.082063	29,245,832	0	0	2,400,001	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233474	1,225,951	0	0	286,228	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.454155	13,083,278	0	0	5,941,836	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.793626	9,073,928	37,500	0	7,201,305	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243357	144,775,014	27,088	1,234,017	35,232,013	73.00	
74.00	07400	RENAL DIALYSIS	0.350431	328,833	0	0	115,233	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03560	PULMONARY FUNCTION TESTING	0.253934	1,389,395	0	0	352,815	75.01	
75.02	03540	PROSTHETIC DEVICES	0.459333	130,665	14,089	0	60,019	75.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	CLINIC CSC	0.770787	33,008,727	0	0	25,442,698	90.01	
90.02	09002	CLINIC UNIVERSITY STATION	0.682402	6,429,417	0	0	4,387,447	90.02	
90.03	09003	CLINIC WAISMAN	2.526762	9,356	0	0	23,640	90.03	
90.04	09004	CLINIC WEST	0.630518	9,048,076	0	0	5,704,975	90.04	
90.05	09005	CLINIC EAST	0.624713	3,761,523	0	0	2,349,872	90.05	
90.06	09006	CLINIC RESEARCH PARK	0.861183	1,010,100	0	0	869,881	90.06	
90.07	09009	CLINIC DHC	0.273999	15,617,540	0	0	4,279,190	90.07	
90.08	09008	CLINIC THE AMERICAN CENTER	1.370477	4,293,841	0	0	5,884,610	90.08	
90.09	09010	CLINIC OAKWOOD VILLAGE	0.352997	22,798	0	0	8,048	90.09	
90.10	09007	CLINIC MIDDLETON REHAB	0.262529	894,315	0	0	234,784	90.10	
90.11	09011	CLINIC AODA	0.507919	0	0	0	0	90.11	
90.12	09012	CLINIC KIDNEY	2.127878	259,331	0	0	551,825	90.12	
90.13	09013	CLINIC PAIN MANAGEMENT	0.771032	982,378	0	0	757,445	90.13	
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.759209	288,580	0	0	219,093	90.14	
91.00	09100	EMERGENCY	0.194255	24,670,298	0	0	4,792,329	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.177998	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00	
95.00	09500	AMBULANCE SERVICES	0.796218		0			95.00	
200.00		Subtotal (see instructions)		575,124,687	78,677	1,234,017	143,880,794	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		575,124,687	78,677	1,234,017	143,880,794	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/25/2020 2:24 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,761	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,592	300,307		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	PROSTHETIC DEVICES	6,472	0		75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0		90.10
90.11	09011	CLINIC AODA	0	0		90.11
90.12	09012	CLINIC KIDNEY	0	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0		90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0		90.14
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	42,825	300,307		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	42,825	300,307		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0098

Period:

Worksheet D

Component CCN: 52-S098

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/25/2020 2:24 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,537,238	656,663,543	0.019092	0	0	50.00
51.00	05100	RECOVERY ROOM	2,734,945	84,118,939	0.032513	1,915	62	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,045,998	56,074,259	0.036487	9,261	338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,774,087	211,845,670	0.027256	10,234	279	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,840,593	163,318,179	0.035762	0	0	55.00
56.00	05600	RADIOISOTOPE	732,024	29,183,253	0.025084	0	0	56.00
57.00	05700	CT SCAN	1,736,987	237,952,746	0.007300	44,911	328	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,477,885	176,342,250	0.025393	22,683	576	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	201,234	3,178,408	0.063313	0	0	59.01
60.00	06000	LABORATORY	4,169,114	396,769,470	0.010508	294,649	3,096	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,022,782	58,071,463	0.017612	5,998	106	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,702,100	109,674,332	0.015520	73,667	1,143	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	95,838	1,282,956	0.074701	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,787,834	91,734,237	0.030390	150,712	4,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	422,487	5,622,744	0.075139	55	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,645,960	189,851,733	0.019204	7,415	142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	653,922	26,736,259	0.024458	1,104	27	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,216,303	147,900,118	0.014985	561	8	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,327,413	89,389,616	0.026037	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,291,905	779,137,377	0.008075	434,161	3,506	73.00
74.00	07400	RENAL DIALYSIS	369,670	12,350,477	0.029932	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	157,365	5,302,637	0.029677	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	254,409	5,949,374	0.042762	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	8,896,386	123,505,774	0.072032	39,188	2,823	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,507,961	22,451,616	0.067165	0	0	90.02
90.03	09003	CLINIC WAISMAN	144,137	1,549,302	0.093034	0	0	90.03
90.04	09004	CLINIC WEST	1,941,720	31,758,473	0.061140	992	61	90.04
90.05	09005	CLINIC EAST	1,218,085	14,813,668	0.082227	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	550,662	5,936,697	0.092756	0	0	90.06
90.07	09009	CLINIC DHC	4,591,534	71,377,965	0.064327	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	2,127,460	17,041,718	0.124838	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	5,281	34,700	0.152190	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	27,701	2,204,038	0.012568	0	0	90.10
90.11	09011	CLINIC AODA	98,626	152,552	0.646507	0	0	90.11
90.12	09012	CLINIC KIDNEY	90,460	660,717	0.136912	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	809,195	4,121,742	0.196324	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	64,199	1,258,670	0.051005	0	0	90.14
91.00	09100	EMERGENCY	4,190,348	219,615,363	0.019080	348,026	6,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	49,382,550	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	88,461,848	4,104,315,585		1,445,532	23,719	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	288,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	67,897	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION		0	0	0	0	0	59.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	1,177,837	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES		0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CLINIC CSC		0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION		0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN		0	0	0	0	0	90.03
90.04	09004	CLINIC WEST		0	0	0	0	0	90.04
90.05	09005	CLINIC EAST		0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK		0	0	0	0	0	90.06
90.07	09009	CLINIC DHC		0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER		0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB		0	0	0	0	0	90.10
90.11	09011	CLINIC AODA		0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY		0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT		0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,533,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8) Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				4.00	5.00	6.00	7.00 8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	656,663,543	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	84,118,939	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	56,074,259	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	288,152	288,152	211,845,670	0.001360 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	67,897	67,897	163,318,179	0.000416 55.00
56.00	05600	RADIOISOTOPE	0	0	0	29,183,253	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	237,952,746	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	176,342,250	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000 59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	3,178,408	0.000000 59.01
60.00	06000	LABORATORY	0	0	0	396,769,470	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	58,071,463	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	109,674,332	0.000000 65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,282,956	0.000000 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	91,734,237	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	5,622,744	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	189,851,733	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	26,736,259	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	147,900,118	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	89,389,616	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,177,837	1,177,837	779,137,377	0.001512 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,350,477	0.000000 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000 75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	5,302,637	0.000000 75.01
75.02	03540	PROSTHETIC DEVICES	0	0	0	5,949,374	0.000000 75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000 90.00
90.01	09001	CLINIC CSC	0	0	0	123,505,774	0.000000 90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	22,451,616	0.000000 90.02
90.03	09003	CLINIC WAISMAN	0	0	0	1,549,302	0.000000 90.03
90.04	09004	CLINIC WEST	0	0	0	31,758,473	0.000000 90.04
90.05	09005	CLINIC EAST	0	0	0	14,813,668	0.000000 90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	5,936,697	0.000000 90.06
90.07	09009	CLINIC DHC	0	0	0	71,377,965	0.000000 90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	17,041,718	0.000000 90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	34,700	0.000000 90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	2,204,038	0.000000 90.10
90.11	09011	CLINIC AODA	0	0	0	152,552	0.000000 90.11
90.12	09012	CLINIC KIDNEY	0	0	0	660,717	0.000000 90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	4,121,742	0.000000 90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0	0	1,258,670	0.000000 90.14
91.00	09100	EMERGENCY	0	0	0	219,615,363	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	49,382,550	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000 95.00
200.00		Total (lines 50 through 199)	0	1,533,886	1,533,886	4,104,315,585	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,915	0	11,233	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	9,261	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.001360	10,234	14	4,795	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000416	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	44,911	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	22,683	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	294,649	0	7,852	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	5,998	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	73,667	0	1,926	0	0	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	150,712	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	55	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,415	0	426	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,104	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	561	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001512	434,161	656	3,257	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	75.01
75.02	03540	PROSTHETIC DEVICES	0.000000	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0.000000	39,188	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0.000000	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0.000000	992	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0.000000	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0.000000	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0.000000	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.000000	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000	0	0	0	0	0	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.000000	0	0	0	0	0	90.14
91.00	09100	EMERGENCY	0.000000	348,026	0	20,478	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,445,532	670	49,967	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0098 Component CCN: 52-S098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:24 pm		
				Title XVIII		Subprovider - IPF		PPS		
	Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on					
				13.00	13.01					
	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		7	0				54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0				55.00	
56.00	05600	RADIOISOTOPE		0	0				56.00	
57.00	05700	CT SCAN		0	0				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0				58.00	
59.00	05900	CARDIAC CATHETERIZATION		0	0				59.00	
59.01	05901	CARDIAC REHABILITATION		0	0				59.01	
60.00	06000	LABORATORY		0	0				60.00	
60.01	06001	BLOOD LABORATORY		0	0				60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0				62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0				63.00	
64.00	06400	INTRAVENOUS THERAPY		0	0				64.00	
65.00	06500	RESPIRATORY THERAPY		0	0				65.00	
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0				65.01	
66.00	06600	PHYSICAL THERAPY		0	0				66.00	
67.00	06700	OCCUPATIONAL THERAPY		0	0				67.00	
68.00	06800	SPEECH PATHOLOGY		0	0				68.00	
69.00	06900	ELECTROCARDIOLOGY		0	0				69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0				70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		5	0				73.00	
74.00	07400	RENAL DIALYSIS		0	0				74.00	
75.00	07500	ASC (NON-DISTINCT PART)		0	0				75.00	
75.01	03560	PULMONARY FUNCTION TESTING		0	0				75.01	
75.02	03540	PROSTHETIC DEVICES		0	0				75.02	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC		0	0				90.00	
90.01	09001	CLINIC CSC		0	0				90.01	
90.02	09002	CLINIC UNIVERSITY STATION		0	0				90.02	
90.03	09003	CLINIC WAISMAN		0	0				90.03	
90.04	09004	CLINIC WEST		0	0				90.04	
90.05	09005	CLINIC EAST		0	0				90.05	
90.06	09006	CLINIC RESEARCH PARK		0	0				90.06	
90.07	09009	CLINIC DHC		0	0				90.07	
90.08	09008	CLINIC THE AMERICAN CENTER		0	0				90.08	
90.09	09010	CLINIC OAKWOOD VILLAGE		0	0				90.09	
90.10	09007	CLINIC MIDDLETON REHAB		0	0				90.10	
90.11	09011	CLINIC AODA		0	0				90.11	
90.12	09012	CLINIC KIDNEY		0	0				90.12	
90.13	09013	CLINIC PAIN MANAGEMENT		0	0				90.13	
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG		0	0				90.14	
91.00	09100	EMERGENCY		0	0				91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0				92.00	
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS		0	0				94.00	
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (lines 50 through 199)		12	0				200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098

Period:

Worksheet D

Component CCN: 52-S098

From 07/01/2019

Part V

To 06/30/2020

Date/Time Prepared:

11/25/2020 2:24 pm

Title XVIII

Subprovider -

PPS

				Suppl. Cost			
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.136676	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.348472	11,233	0	0	3,914	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.240678	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.186269	4,795	0	0	893	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.108806	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.254498	0	0	0	0	56.00
57.00	05700 CT SCAN	0.039905	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075517	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901 CARDIAC REHABILITATION	0.508163	0	0	0	0	59.01
60.00	06000 LABORATORY	0.135199	7,852	0	0	1,062	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.	0.280917	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.216167	1,926	0	0	416	65.00
65.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.918755	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.342369	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.751524	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082063	426	0	0	35	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.233474	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.454155	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.793626	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243357	3,257	24	414	793	73.00
74.00	07400 RENAL DIALYSIS	0.350431	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0.253934	0	0	0	0	75.01
75.02	03540 PROSTHETIC DEVICES	0.459333	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CLINIC CSC	0.770787	0	0	0	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0.682402	0	0	0	0	90.02
90.03	09003 CLINIC WAISMAN	2.526762	0	0	0	0	90.03
90.04	09004 CLINIC WEST	0.630518	0	0	0	0	90.04
90.05	09005 CLINIC EAST	0.624713	0	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0.861183	0	0	0	0	90.06
90.07	09009 CLINIC DHC	0.273999	0	0	0	0	90.07
90.08	09008 CLINIC THE AMERICAN CENTER	1.370477	0	0	0	0	90.08
90.09	09010 CLINIC OAKWOOD VILLAGE	0.352997	0	0	0	0	90.09
90.10	09007 CLINIC MIDDLETON REHAB	0.262529	0	0	0	0	90.10
90.11	09011 CLINIC AODA	0.507919	0	0	0	0	90.11
90.12	09012 CLINIC KIDNEY	2.127878	0	0	0	0	90.12
90.13	09013 CLINIC PAIN MANAGEMENT	0.771032	0	0	0	0	90.13
90.14	09015 CLINIC WOMENS WELLNESS/PELVIC SURG	0.759209	0	0	0	0	90.14
91.00	09100 EMERGENCY	0.194255	20,478	0	0	3,978	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.177998	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500 AMBULANCE SERVICES	0.796218		0			95.00
200.00	Subtotal (see instructions)		49,967	24	414	11,091	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		49,967	24	414	11,091	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/25/2020 2:24 pm	
			Component CCN: 52-S098					
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Costs					
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			6.00	7.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0				
51.00	05100	RECOVERY ROOM	0	0				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				
53.00	05300	ANESTHESIOLOGY	0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				
56.00	05600	RADIOISOTOPE	0	0				
57.00	05700	CT SCAN	0	0				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				
59.00	05900	CARDIAC CATHETERIZATION	0	0				
59.01	05901	CARDIAC REHABILITATION	0	0				
60.00	06000	LABORATORY	0	0				
60.01	06001	BLOOD LABORATORY	0	0				
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				
64.00	06400	INTRAVENOUS THERAPY	0	0				
65.00	06500	RESPIRATORY THERAPY	0	0				
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				
66.00	06600	PHYSICAL THERAPY	0	0				
67.00	06700	OCCUPATIONAL THERAPY	0	0				
68.00	06800	SPEECH PATHOLOGY	0	0				
69.00	06900	ELECTROCARDIOLOGY	0	0				
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS	6	101				
74.00	07400	RENAL DIALYSIS	0	0				
75.00	07500	ASC (NON-DISTINCT PART)	0	0				
75.01	03560	PULMONARY FUNCTION TESTING	0	0				
75.02	03540	PROSTHETIC DEVICES	0	0				
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				
90.01	09001	CLINIC CSC	0	0				
90.02	09002	CLINIC UNIVERSITY STATION	0	0				
90.03	09003	CLINIC WAISMAN	0	0				
90.04	09004	CLINIC WEST	0	0				
90.05	09005	CLINIC EAST	0	0				
90.06	09006	CLINIC RESEARCH PARK	0	0				
90.07	09009	CLINIC DHC	0	0				
90.08	09008	CLINIC THE AMERICAN CENTER	0	0				
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0				
90.10	09007	CLINIC MIDDLETON REHAB	0	0				
90.11	09011	CLINIC AODA	0	0				
90.12	09012	CLINIC KIDNEY	0	0				
90.13	09013	CLINIC PAIN MANAGEMENT	0	0				
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0	0				
91.00	09100	EMERGENCY	0	0				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0				
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				
95.00	09500	AMBULANCE SERVICES	0					
200.00		Subtotal (see instructions)	6	101				
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					
202.00		Net Charges (line 200 - line 201)	6	101				

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		135,806	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,806	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)		130,181	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)		36,903	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)		212,220,203	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)		212,220,203	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)		212,220,203	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,562.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		57,667,211	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)		57,667,211	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:

11/25/2020 2:24 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01	TRAUMA INTENSIVE CARE UNIT	20,327,233	7,499	2,710.66	4,678	12,680,467		43.01
43.02	CARDIOTHORACIC SURGERY ICU	7,613,010	2,763	2,755.34	1,723	4,747,451		43.02
43.03	CARDIAC INTENSIVE CARE UNIT	5,353,550	2,012	2,660.81	1,255	3,339,317		43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	12,418,694	4,606	2,696.20	5	13,481		43.04
43.05	NEURO INTENSIVE CARE UNIT	13,597,790	5,728	2,373.92	3,573	8,482,016		43.05
43.06	NEONATAL INTENSIVE CARE UNIT	10,357,905	4,332	2,391.02	0	0		43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	8,949,215	2,462	3,634.94	370	1,344,928		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					116,039,968		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					204,314,839		49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,557,471		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,491,434		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					16,048,905		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					188,265,934		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,625		87.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/25/2020 2:24 pm

			Title XVIII		Hospital	PPS	
Cost Center Description							
					1.00		
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,562.67		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				8,790,019		89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	16,375,983	212,220,203	0.077165	8,790,019	678,282	90.00
91.00	Nursing School cost	0	212,220,203	0.000000	8,790,019	0	91.00
92.00	Allied health cost	29,281	212,220,203	0.000138	8,790,019	1,213	92.00
93.00	All other Medical Education	0	212,220,203	0.000000	8,790,019	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,790	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,790	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)		4,790	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)		1,148	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,639,828	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,639,828	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,639,828	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,177.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,351,678	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,351,678	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1		
				Component CCN: 52-S098		Date/Time Prepared: 11/25/2020 2:24 pm		
				Title XVIII		Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
		1.00	2.00	3.00				
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05	
43.06	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.06	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						322,606	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,674,284	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						109,255	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						24,389	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						133,644	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,540,640	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:24 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	455,866	5,639,828	0.080830	0	0	90.00
91.00	Nursing School cost	0	5,639,828	0.000000	0	0	91.00
92.00	Allied health cost	0	5,639,828	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,639,828	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/25/2020 2:24 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		144,039,641	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		21,498,483	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		17,731,466	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		6,429,551	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		55,372	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		14,243,099	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0	31.06
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,327,476	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		177,257	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.136676	119,378,271	50.00
51.00	05100	RECOVERY ROOM	0.348472	12,246,240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.240678	9,207,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186269	24,646,737	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108806	2,958,472	55.00
56.00	05600	RADIOISOTOPE	0.254498	691,307	56.00
57.00	05700	CT SCAN	0.039905	28,103,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075517	9,509,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.508163	122,958	59.01
60.00	06000	LABORATORY	0.135199	50,189,708	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.	0.280917	10,321,578	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.216167	32,340,880	65.00
65.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.918755	21,992	65.01
66.00	06600	PHYSICAL THERAPY	0.342369	11,561,032	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.751524	156,126	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082063	36,971,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233474	4,892,511	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.454155	31,002,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.793626	18,627,517	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243357	91,412,364	73.00
74.00	07400	RENAL DIALYSIS	0.350431	4,784,686	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.253934	86,186	75.01
75.02	03540	PROSTHETIC DEVICES	0.459333	480,908	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CLINIC CSC	0.770787	4,671,395	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.682402	8,468	90.02
90.03	09003	CLINIC WAISMAN	2.526762	427	90.03
90.04	09004	CLINIC WEST	0.630518	40,129	90.04
90.05	09005	CLINIC EAST	0.624713	3,940	90.05
90.06	09006	CLINIC RESEARCH PARK	0.861183	2,183	90.06
90.07	09007	CLINIC DHC	0.273999	29,264	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1.370477	22,678	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.352997	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.262529	161	90.10
90.11	09011	CLINIC AODA	0.507919	0	90.11
90.12	09012	CLINIC KIDNEY	2.127878	186	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.771032	321	90.13
90.14	09015	CLINIC WOMENS WELLNESS/PELVIC SURG	0.759209	0	90.14
91.00	09100	EMERGENCY	0.194255	23,659,009	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.177998	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		528,151,964	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)		528,151,964	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	
		Component CCN: 52-S098		Date/Time Prepared: 11/25/2020 2:24 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02180 TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	03101 CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	03102 CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	02080 PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	03103 NEURO INTENSIVE CARE UNIT		0		31.05
31.06	02060 NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		2,708,161		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.136676	0	0	50.00
51.00	05100 RECOVERY ROOM	0.348472	1,915	667	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.240678	9,261	2,229	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.186269	10,234	1,906	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.108806	0	0	55.00
56.00	05600 RADIOISOTOPE	0.254498	0	0	56.00
57.00	05700 CT SCAN	0.039905	44,911	1,792	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075517	22,683	1,713	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901 CARDIAC REHABILITATION	0.508163	0	0	59.01
60.00	06000 LABORATORY	0.135199	294,649	39,836	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.	0.280917	5,998	1,685	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.216167	73,667	15,924	65.00
65.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.918755	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.342369	150,712	51,599	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.751524	55	41	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082063	7,415	608	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.233474	1,104	258	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.454155	561	255	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.793626	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243357	434,161	105,656	73.00
74.00	07400 RENAL DIALYSIS	0.350431	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0.253934	0	0	75.01
75.02	03540 PROSTHETIC DEVICES	0.459333	0	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 CLINIC CSC	0.770787	39,188	30,206	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0.682402	0	0	90.02
90.03	09003 CLINIC WAISMAN	2.526762	0	0	90.03
90.04	09004 CLINIC WEST	0.630518	992	625	90.04
90.05	09005 CLINIC EAST	0.624713	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0.861183	0	0	90.06
90.07	09009 CLINIC DHC	0.273999	0	0	90.07
90.08	09008 CLINIC THE AMERICAN CENTER	1.370477	0	0	90.08
90.09	09010 CLINIC OAKWOOD VILLAGE	0.352997	0	0	90.09
90.10	09007 CLINIC MIDDLETON REHAB	0.262529	0	0	90.10
90.11	09011 CLINIC AODA	0.507919	0	0	90.11
90.12	09012 CLINIC KIDNEY	2.127878	0	0	90.12
90.13	09013 CLINIC PAIN MANAGEMENT	0.771032	0	0	90.13
90.14	09015 CLINIC WOMENS WELLNESS/PELVIC SURG	0.759209	0	0	90.14
91.00	09100 EMERGENCY	0.194255	348,026	67,606	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.177998	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,445,532	322,606	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,445,532		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-0098 Component CCN: 52P001	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,123,632	1,562.67	216	337,537	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,710.66	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	487,584	2,755.34	44	121,235	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,660.81	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	35,745	2,696.20	3	8,089	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,373.92	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,391.02	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	11,429	3,634.94	1	3,635	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		1,658,390		264	470,496	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136676	5,875,254	803,006	8.00	
9.00	RECOVERY ROOM	51.00	0.348472	490,819	171,037	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.240678	306,546	73,779	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.186269	2,271,389	423,089	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.108806	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.254498	182,134	46,353	14.00	
15.00	CT SCAN	57.00	0.039905	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.075517	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.508163	0	0	17.01	
18.00	LABORATORY	60.00	0.135199	4,025,145	544,196	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	0.280917	14,852	4,172	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.216167	138,599	29,961	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.918755	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.342369	282	97	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.751524	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.082063	630,993	51,781	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.233474	298,436	69,677	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.454155	773,607	351,337	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.793626	10,341	8,207	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243357	846,164	205,920	31.00	
32.00	RENAL DIALYSIS	74.00	0.350431	24,941	8,740	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.253934	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.459333	0	0	33.02	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	CLINIC CSC	90.01	0.770787	481,352	371,020	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.682402	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	2.526762	0	0	37.03	
37.04	CLINIC WEST	90.04	0.630518	0	0	37.04	
37.05	CLINIC EAST	90.05	0.624713	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.861183	0	0	37.06	
37.07	CLINIC DHC	90.07	0.273999	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	1.370477	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.352997	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.262529	0	0	37.10	
37.11	CLINIC AODA	90.11	0.507919	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	2.127878	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.771032	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.759209	0	0	37.14	
38.00	EMERGENCY	91.00	0.194255	4,322	840	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.177998	0	0	39.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 52-0098 Component CCN: 52P001	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
Cost Center Description		Kidney Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs
40.00	OTHER OUTPATIENT SERVICE COST CENTER	0	1.00	2.00	3.00
41.00	TOTAL (sum of lines 8 through 40)			16,375,176	3,163,212
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	216	0
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	44	0
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	3	0
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0
44.00	CORONARY CARE UNIT	4.00	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0
48.00	TOTAL (sum of lines 42 through 47)			264	0
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
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0
51.00	CLINIC	23.00	0	0.000000	0
51.01	CLINIC CSC	23.01	481,352	0.000000	0
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0
51.03	CLINIC WAISMAN	23.03	0	0.000000	0
51.04	CLINIC WEST	23.04	0	0.000000	0
51.05	CLINIC EAST	23.05	0	0.000000	0
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0
51.07	CLINIC DHC	23.07	0	0.000000	0
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0
51.11	CLINIC AODA	23.11	0	0.000000	0
51.12	CLINIC KIDNEY	23.12	0	0.000000	0
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0
52.00	EMERGENCY	24.00	4,322	0.000000	0
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0
55.00	TOTAL (sum of lines 49 through 52)		485,674		0

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

Provider CCN: 52-0098

Period:

From 07/01/2019

To 06/30/2020

Worksheet D-4

Date/Time Prepared:

11/25/2020 2:24 pm

		Kidney		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	3,633,708		18,033,566		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)	23,947,123		23,138,625		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	27,580,831		41,172,191		61.00
62.00	Total Usable Organs (see instructions)		657			62.00
63.00	Medicare Usable Organs (see instructions)		521			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.792998			64.00
65.00	Medicare Cost/Charges (see instructions)	21,871,544		32,649,465		65.00
66.00	Revenue for Organs Sold	3,105,563		0		66.00
67.00	Subtotal (line 65 minus line 66)	18,765,981		32,649,465		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	18,765,981	0	32,649,465	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)		116	58		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		46	265		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	216		73.00
74.00	Total (sum of lines 70 through 73)		162	539		74.00
75.00	Organs Transplanted		116	432	0	75.00
76.00	Organs Sold to Other Hospitals		46	63	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	29		82.00
83.00	Unusable/Discarded Organs		0	15		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		162	539		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-0098 Component CCN: 52P001	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
				Liver	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	67,626	1,562.67	13	20,315	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,710.66	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	155,475	2,755.34	14	38,575	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,660.81	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	17,873	2,696.20	2	5,392	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,373.92	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,391.02	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	5,715	3,634.94	1	3,635	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		246,689		30	67,917	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136676	494,648	67,607	8.00	
9.00	RECOVERY ROOM	51.00	0.348472	105,708	36,836	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.240678	28,726	6,914	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.186269	796,093	148,287	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.108806	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.254498	3,295	839	14.00	
15.00	CT SCAN	57.00	0.039905	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.075517	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.508163	0	0	17.01	
18.00	LABORATORY	60.00	0.135199	1,240,432	167,705	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	0.280917	5,463	1,535	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.216167	48,868	10,564	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.918755	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.342369	2,764	946	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.751524	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.082063	591,283	48,522	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.233474	101,417	23,678	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.454155	46,120	20,946	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.793626	23,811	18,897	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243357	186,984	45,504	31.00	
32.00	RENAL DIALYSIS	74.00	0.350431	1,859	651	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.253934	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.459333	0	0	33.02	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	CLINIC CSC	90.01	0.770787	188,805	145,528	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.682402	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	2.526762	0	0	37.03	
37.04	CLINIC WEST	90.04	0.630518	0	0	37.04	
37.05	CLINIC EAST	90.05	0.624713	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.861183	0	0	37.06	
37.07	CLINIC DHC	90.07	0.273999	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	1.370477	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.352997	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.262529	0	0	37.10	
37.11	CLINIC AODA	90.11	0.507919	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	2.127878	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.771032	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.759209	0	0	37.14	
38.00	EMERGENCY	91.00	0.194255	600	117	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.177998	0	0	39.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-0098 Component CCN: 52P001		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
				Liver		Hospital		PPS	
Cost Center Description				Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
				0	1.00	2.00	3.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER					3,866,876	745,076	40.00	
41.00	TOTAL (sum of lines 8 through 40)							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	13	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT			3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU			3.02	0.00	14	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT			3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT			3.04	0.00	2	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT			3.05	0.00	0	0	43.05	
43.06	NEONATAL INTENSIVE CARE UNIT			3.06	0.00	0	0	43.06	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	1	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					30	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	0	0.000000	0	51.00	
51.01	CLINIC CSC			23.01	188,805	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION			23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN			23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST			23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST			23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK			23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC			23.07	0	0.000000	0	51.07	
51.08	CLINIC THE AMERICAN CENTER			23.08	0	0.000000	0	51.08	
51.09	CLINIC OAKWOOD VILLAGE			23.09	0	0.000000	0	51.09	
51.10	CLINIC MIDDLETON REHAB			23.10	0	0.000000	0	51.10	
51.11	CLINIC AODA			23.11	0	0.000000	0	51.11	
51.12	CLINIC KIDNEY			23.12	0	0.000000	0	51.12	
51.13	CLINIC PAIN MANAGEMENT			23.13	0	0.000000	0	51.13	
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG			23.14	0	0.000000	0	51.14	
52.00	EMERGENCY			24.00	600	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)				189,405		0	55.00	

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

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

Provider CCN: 52-0098
Component CCN: 52P001

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-4
Date/Time Prepared:
11/25/2020 2:24 pm

		Liver		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	812,993		4,113,565		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)	10,557,821		11,230,087		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	11,370,814		15,343,652		61.00
62.00	Total Usable Organs (see instructions)		242			62.00
63.00	Medicare Usable Organs (see instructions)		156			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.644628			64.00
65.00	Medicare Cost/Charges (see instructions)	7,329,945		9,890,948		65.00
66.00	Revenue for Organs Sold	2,042,703		0		66.00
67.00	Subtotal (line 65 minus line 66)	5,287,242		9,890,948		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,287,242	0	9,890,948	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)		3	24		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	138		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	97		73.00
74.00	Total (sum of lines 70 through 73)		3	259		74.00
75.00	Organs Transplanted		3	194	0	75.00
76.00	Organs Sold to Other Hospitals		0	45	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	14		82.00
83.00	Unusable/Discarded Organs		0	6		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		3	259		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: 52-0098 Component CCN: 52P001	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,562.67	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,710.66	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	87,311	2,755.34	8	22,043	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,660.81	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	5,958	2,696.20	1	2,696	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,373.92	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,391.02	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	3,634.94	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		93,269		9	24,739	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136676	152,126	20,792	8.00	
9.00	RECOVERY ROOM	51.00	0.348472	22,657	7,895	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.240678	9,193	2,213	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.186269	159,187	29,652	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.108806	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.254498	0	0	14.00	
15.00	CT SCAN	57.00	0.039905	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.075517	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.508163	0	0	17.01	
18.00	LABORATORY	60.00	0.135199	286,944	38,795	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	0.280917	4,367	1,227	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.216167	55,116	11,914	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.918755	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.342369	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.751524	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.082063	236,747	19,428	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.233474	261,206	60,985	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.454155	26,350	11,967	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.793626	272	216	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243357	61,813	15,043	31.00	
32.00	RENAL DIALYSIS	74.00	0.350431	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.253934	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.459333	0	0	33.02	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	CLINIC CSC	90.01	0.770787	67,827	52,280	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.682402	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	2.526762	0	0	37.03	
37.04	CLINIC WEST	90.04	0.630518	0	0	37.04	
37.05	CLINIC EAST	90.05	0.624713	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.861183	0	0	37.06	
37.07	CLINIC DHC	90.07	0.273999	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	1.370477	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.352997	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.262529	0	0	37.10	
37.11	CLINIC AODA	90.11	0.507919	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	2.127878	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.771032	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.759209	0	0	37.14	
38.00	EMERGENCY	91.00	0.194255	2,948	573	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.177998	0	0	39.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 52-0098
Component CCN: 52P001

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-4
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
40.00	OTHER OUTPATIENT SERVICE COST CENTER	0	1.00	2.00	3.00		40.00
41.00	TOTAL (sum of lines 8 through 40)			1,346,753	272,980		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0		43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0		43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	8	0		43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0		43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0		43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0		43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0		43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0		47.00
48.00	TOTAL (sum of lines 42 through 47)			9	0		48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	0	0.000000	0		51.00
51.01	CLINIC CSC	23.01	67,827	0.000000	0		51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0		51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0		51.03
51.04	CLINIC WEST	23.04	0	0.000000	0		51.04
51.05	CLINIC EAST	23.05	0	0.000000	0		51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0		51.06
51.07	CLINIC DHC	23.07	0	0.000000	0		51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0		51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0		51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0		51.10
51.11	CLINIC AODA	23.11	0	0.000000	0		51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0		51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0		51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0		51.14
52.00	EMERGENCY	24.00	2,948	0.000000	0		52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0		53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0		54.00
55.00	TOTAL (sum of lines 49 through 52)		70,775		0		55.00

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

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

Provider CCN: 52-0098
Component CCN: 52P001
Period: From 07/01/2019 To 06/30/2020
Worksheet D-4
Date/Time Prepared: 11/25/2020 2:24 pm

		Heart		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	297,719		1,440,022		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)	6,809,239		7,291,440		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,106,958		8,731,462		61.00
62.00	Total Usable Organs (see instructions)		133			62.00
63.00	Medicare Usable Organs (see instructions)		98			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.736842			64.00
65.00	Medicare Cost/Charges (see instructions)	5,236,705		6,433,708		65.00
66.00	Revenue for Organs Sold	2,169,520		0		66.00
67.00	Subtotal (line 65 minus line 66)	3,067,185		6,433,708		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,067,185	0	6,433,708	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	15		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	88		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	42		73.00
74.00	Total (sum of lines 70 through 73)		0	145		74.00
75.00	Organs Transplanted		0	84	0	75.00
76.00	Organs Sold to Other Hospitals		0	49	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	12		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	145		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: 52-0098 Component CCN: 52P001	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
				Lung	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,562.67	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,710.66	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	113,030	2,755.34	10	27,553	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,660.81	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,696.20	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,373.92	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,391.02	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	3,634.94	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		113,030		10	27,553	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136676	299,296	40,907	8.00	
9.00	RECOVERY ROOM	51.00	0.348472	66,680	23,236	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.240678	23,575	5,674	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.186269	238,674	44,458	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.108806	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.254498	48,582	12,364	14.00	
15.00	CT SCAN	57.00	0.039905	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.075517	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.508163	0	0	17.01	
18.00	LABORATORY	60.00	0.135199	308,612	41,724	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	0.280917	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.216167	220,078	47,574	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.918755	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.342369	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.751524	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.082063	634,608	52,078	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.233474	10,495	2,450	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.454155	43,469	19,742	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.793626	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243357	80,640	19,624	31.00	
32.00	RENAL DIALYSIS	74.00	0.350431	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.253934	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.459333	0	0	33.02	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	CLINIC CSC	90.01	0.770787	67,707	52,188	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.682402	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	2.526762	0	0	37.03	
37.04	CLINIC WEST	90.04	0.630518	0	0	37.04	
37.05	CLINIC EAST	90.05	0.624713	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.861183	0	0	37.06	
37.07	CLINIC DHC	90.07	0.273999	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	1.370477	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.352997	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.262529	0	0	37.10	
37.11	CLINIC AODA	90.11	0.507919	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	2.127878	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.771032	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.759209	0	0	37.14	
38.00	EMERGENCY	91.00	0.194255	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.177998	0	0	39.00	

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

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

Provider CCN: 52-0098
Component CCN: 52P001

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-4
Date/Time Prepared:
11/25/2020 2:24 pm

		Lung		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			2,042,416	362,019	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	10	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			10	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	67,707	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0	51.14
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		67,707		0	55.00

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(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 52-0098

Period:

Worksheet D-4

Component CCN: 52P001

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 2:24 pm

		Lung		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	389,572		2,155,446		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,589,924		5,901,469		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	5,979,496		8,056,915		61.00
62.00	Total Usable Organs (see instructions)		168			62.00
63.00	Medicare Usable Organs (see instructions)		115			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.684524			64.00
65.00	Medicare Cost/Charges (see instructions)	4,093,109		5,515,152		65.00
66.00	Revenue for Organs Sold	1,532,857		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,560,252		5,515,152		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,560,252	0	5,515,152	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	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	106		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	53		73.00
74.00	Total (sum of lines 70 through 73)		0	177		74.00
75.00	Organs Transplanted		0	106	0	75.00
76.00	Organs Sold to Other Hospitals		0	57	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	5	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	7		82.00
83.00	Unusable/Discarded Organs		0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	177		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: 52-0098 Component CCN: 52P001	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/25/2020 2:24 pm	
				Pancreas	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,562.67	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,710.66	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	16,619	2,755.34	2	5,511	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,660.81	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	11,915	2,696.20	1	2,696	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,373.92	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,391.02	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	5,715	3,634.94	1	3,635	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		34,249		4	11,842	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136676	60,196	8,227	8.00	
9.00	RECOVERY ROOM	51.00	0.348472	6,391	2,227	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.240678	1,815	437	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.186269	18,122	3,376	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.108806	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.254498	0	0	14.00	
15.00	CT SCAN	57.00	0.039905	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.075517	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.508163	0	0	17.01	
18.00	LABORATORY	60.00	0.135199	169,918	22,973	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	0.280917	1,922	540	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.216167	7,217	1,560	23.00	
23.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	65.01	0.918755	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.342369	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.751524	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.082063	22,262	1,827	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.233474	5,248	1,225	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.454155	8,040	3,651	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.793626	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.243357	27,443	6,678	31.00	
32.00	RENAL DIALYSIS	74.00	0.350431	489	171	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.253934	0	0	33.01	
33.02	PROSTHETIC DEVICES	75.02	0.459333	0	0	33.02	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	CLINIC CSC	90.01	0.770787	18,936	14,596	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	0.682402	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	2.526762	0	0	37.03	
37.04	CLINIC WEST	90.04	0.630518	0	0	37.04	
37.05	CLINIC EAST	90.05	0.624713	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.861183	0	0	37.06	
37.07	CLINIC DHC	90.07	0.273999	0	0	37.07	
37.08	CLINIC THE AMERICAN CENTER	90.08	1.370477	0	0	37.08	
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.352997	0	0	37.09	
37.10	CLINIC MIDDLETON REHAB	90.10	0.262529	0	0	37.10	
37.11	CLINIC AODA	90.11	0.507919	0	0	37.11	
37.12	CLINIC KIDNEY	90.12	2.127878	0	0	37.12	
37.13	CLINIC PAIN MANAGEMENT	90.13	0.771032	0	0	37.13	
37.14	CLINIC WOMENS WELLNESS/PELVIC SURG	90.14	0.759209	0	0	37.14	
38.00	EMERGENCY	91.00	0.194255	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.177998	0	0	39.00	

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

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

Provider CCN: 52-0098
Component CCN: 52P001

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-4
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		Pancreas		Hospital		PPS
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
40.00	OTHER OUTPATIENT SERVICE COST CENTER	0	1.00	2.00	3.00	40.00
41.00	TOTAL (sum of lines 8 through 40)			347,999	67,488	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	2	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	18,936	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
51.14	CLINIC WOMENS WELLNESS/PELVIC SURG	23.14	0	0.000000	0	51.14
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		18,936		0	55.00

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

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

Provider CCN: 52-0098
Component CCN: 52P001
Period:
From 07/01/2019
To 06/30/2020
Worksheet D-4
Date/Time Prepared:
11/25/2020 2:24 pm

		Pancreas		Hospital		PPS
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	79,330		382,248		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)	1,976,661		2,021,154		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,055,991		2,403,402		61.00
62.00	Total Usable Organs (see instructions)		79			62.00
63.00	Medicare Usable Organs (see instructions)		49			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.620253			64.00
65.00	Medicare Cost/Charges (see instructions)	1,275,235		1,490,717		65.00
66.00	Revenue for Organs Sold	51,420		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,223,815		1,490,717		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,223,815	0	1,490,717	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	7		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	52		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	39		73.00
74.00	Total (sum of lines 70 through 73)		0	98		74.00
75.00	Organs Transplanted		0	78	0	75.00
76.00	Organs Sold to Other Hospitals		0	1	0	76.00
77.00	Organs Sold to OPOs		0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	15		82.00
83.00	Unusable/Discarded Organs		0	4		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	98		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Hospital	PPS
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	32,468,206	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	12,129,620	77,778,848	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	5,442,296	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	2,386,537	10,036,922	2.04
3.00	Managed Care Simulated Payments	15,725,198	30,989,838	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	570.63		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	345.19		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	345.19		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	468.03		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	345.19		12.00
13.00	Total allowable FTE count for the prior year.	287.66		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	287.66		14.00
15.00	Sum of lines 12 through 14 divided by 3.	306.84		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	306.84		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.537721		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.488180		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.488180		21.00
22.00	IME payment adjustment (see instructions)	10,517,951	18,343,364	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	3,708,631	7,308,643	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .	15.50		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	122.84		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	15.50		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.027163		26.00
27.00	IME payments adjustment factor. (see instructions)	0.007203		27.00
28.00	IME add-on adjustment amount (see instructions)	321,238	560,241	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	113,269	223,220	28.01
29.00	Total IME payment (sum of lines 22 and 28)	10,839,189	18,903,605	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	3,821,900	7,531,863	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.34		30.00
31.00	Percentage of Medicaid patient days (see instructions)	19.84		31.00
32.00	Sum of lines 30 and 31	25.18		32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.99	9.99	33.00
34.00	Disproportionate share adjustment (see instructions)	1,113,831	1,942,527	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,347,506	6,404,868	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,599,921	4,794,902	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,394,823		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
			Before GEO Reclass	On/After GEO Reclass
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)	65,979,600	113,456,804	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		190,790,167	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		13,638,057	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		7,207,491	
53.00	Nursing and Allied Health Managed Care payment		339,190	
54.00	Special add-on payments for new technologies		315,629	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		30,904,475	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		8,119	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		172,966	
59.00	Total (sum of amounts on lines 49 through 58)		243,376,094	
60.00	Primary payer payments		497,735	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		242,878,359	
62.00	Deductibles billed to program beneficiaries		8,702,121	
63.00	Coinurance billed to program beneficiaries		973,973	
64.00	Allowable bad debts (see instructions)		1,055,757	
65.00	Adjusted reimbursable bad debts (see instructions)		686,242	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		869,977	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		233,888,507	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		252,388	
70.94	HRR adjustment amount (see instructions)		-139,646	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		234,001,249	71.00
71.01	Sequestration adjustment (see instructions)		3,907,821	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		228,123,363	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,970,065	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,673,912	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		343,132	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		143,599,322	2.00
3.00	OPPS payments		118,826,925	3.00
4.00	Outlier payment (see instructions)		1,221,757	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		281,472	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		343,132	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,312,694	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,312,694	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,312,694	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		969,562	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)		343,132	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)		120,330,154	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10,663	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		21,787,652	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		98,874,971	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,396,925	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)		103,271,896	30.00
31.00	Primary payer payments		24,180	31.00
32.00	Subtotal (line 30 minus line 31)		103,247,716	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,029,441	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,319,137	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,704,391	36.00
37.00	Subtotal (see instructions)		104,566,853	37.00
38.00	MSP-LCC reconciliation amount from PS&R		259	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)		104,566,594	40.00
40.01	Sequestration adjustment (see instructions)		1,746,262	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		101,751,494	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)		1,068,838	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: 52-0098 Component CCN: 52-S098	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		107	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,079	2.00
3.00	OPPS payments		3,591	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		12	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		107	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		438	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)		438	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		438	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		331	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)		107	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)		3,603	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		702	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)		3,003	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,003	30.00
31.00	Primary payer payments		3	31.00
32.00	Subtotal (line 30 minus line 31)		3,000	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)		3,000	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,000	40.00
40.01	Sequestration adjustment (see instructions)		50	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		2,959	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)		-9	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/25/2020 2:24 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		227,581,724		101,787,205	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	02/19/2020	541,639		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	02/19/2020	35,711	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)		541,639		-35,711	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)		228,123,363		101,751,494	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		1,970,065		1,068,838	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		230,093,428		102,820,332	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0098

Period:

Worksheet E-1

Component CCN: 52-S098

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 2:24 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,025,247		2,959	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)		1,025,247		2,959	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		29,351		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9	6.02
7.00	Total Medicare program liability (see instructions)		1,054,598		2,950	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/25/2020 2:24 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,114,455 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			15,580 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			5.66 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			3.48 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.48 8.00
9.00	Average Daily Census (see instructions)			13.087432 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.129110 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			143,887 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,273,922 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,273,922 16.00
17.00	Primary payer payments			3,235 17.00
18.00	Subtotal (line 16 less line 17).			1,270,687 18.00
19.00	Deductibles			218,372 19.00
20.00	Subtotal (line 18 minus line 19)			1,052,315 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			1,052,315 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			30,037 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			19,524 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			26,498 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,071,839 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			670 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,072,509 31.00
31.01	Sequestration adjustment (see instructions)			17,911 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,025,247 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			29,351 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 2:24 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		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		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2020 2:24 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0098		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/25/2020 2:24 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					324.18	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					3.24	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					320.94	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					488.36	6.00
7.00	Enter the lesser of line 5 or line 6					320.94	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	102.20		339.16		441.36 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.	67.16		222.89		290.05 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	67.16		222.89		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	68.11		220.87		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	68.79		220.37		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	68.02		221.38		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	68.02		221.38		17.00	
18.00	Per resident amount	91,219.01		91,219.01		18.00	
19.00	Approved amount for resident costs	6,204,717		20,194,064		26,398,781 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					15.50 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					167.42 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					14.01 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					107,316.46 23.00	
24.00	Multiply line 22 time line 23					1,503,504 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					27,902,285 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	49,655		10,217		9,898 26.00	
27.00	Total Inpatient Days (see instructions)	164,373		164,373		164,373 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.302087		0.062157		0.060217 28.00	
29.00	Program direct GME amount	8,428,918		1,734,322		1,680,192 29.00	
29.01	Percent reduction for MA DGME			7.00		7.00 29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			121,403		117,613 30.00	
31.00	Net Program direct GME amount					11,604,416 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/25/2020 2:24 pm	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			12,350,477	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)			205,989,123	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			30,904,475	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			500,970	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			236,392,628	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			144,235,124	42.00
43.00	Primary payer payments (see instructions)			24,183	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			144,210,941	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			380,603,569	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.621099	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.378901	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			11,604,416	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			7,207,491	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			4,396,925	50.00

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

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/25/2020 2:24 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	89,308,591	0	0	0	1.00
2.00	Temporary investments	269,707,738	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	604,312,580	0	0	0	4.00
5.00	Other receivable	27,861,048	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-344,558,504	0	0	0	6.00
7.00	Inventory	39,592,929	0	0	0	7.00
8.00	Prepaid expenses	40,488,591	0	0	0	8.00
9.00	Other current assets	610,415,393	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,337,128,366	0	0	0	11.00
FIXED ASSETS						
12.00	Land	37,772,228	0	0	0	12.00
13.00	Land improvements	4,334,072	0	0	0	13.00
14.00	Accumulated depreciation	-3,194,824	0	0	0	14.00
15.00	Buildings	1,018,604,638	0	0	0	15.00
16.00	Accumulated depreciation	-444,675,224	0	0	0	16.00
17.00	Leasehold improvements	16,502,058	0	0	0	17.00
18.00	Accumulated depreciation	-10,401,190	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	533,534,004	0	0	0	23.00
24.00	Accumulated depreciation	-391,006,225	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	41,937,028	0	0	0	27.00
28.00	Accumulated depreciation	-40,052,777	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)	763,353,788	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,081,457,060	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	888,353,111	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,969,810,171	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	4,070,292,325	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,491,670	0	0	0	37.00
38.00	Salaries, wages, and fees payable	58,805,780	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	166,638,203	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,229,215,095	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,466,150,748	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	803,732,658	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	803,732,658	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,269,883,406	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,800,408,919	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)	1,800,408,919	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	4,070,292,325	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/25/2020 2:24 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,602,793,092		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		201,921,952				2.00
3.00	Total (sum of line 1 and line 2)		1,804,715,044		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CHANGE IN NET POSITION	-4,306,121		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-4,306,121		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,800,408,923		0		11.00
12.00	PLUG	4		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		4		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,800,408,919		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	CHANGE IN NET POSITION		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	PLUG		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2020 2:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	418,060,923		418,060,923	1.00
2.00	SUBPROVIDER - IPF	11,308,585		11,308,585	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	429,369,508		429,369,508	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	TRAUMA INTENSIVE CARE UNIT	65,313,888		65,313,888	11.01
11.02	CARDIOTHORACIC SURGERY ICU	52,471,017		52,471,017	11.02
11.03	CARDIAC INTENSIVE CARE UNIT	17,029,177		17,029,177	11.03
11.04	PEDIATRIC INTENSIVE CARE UNIT	44,073,741		44,073,741	11.04
11.05	NEURO INTENSIVE CARE UNIT	49,443,002		49,443,002	11.05
11.06	NEONATAL INTENSIVE CARE UNIT	39,742,056		39,742,056	11.06
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	15,526,643		15,526,643	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	283,599,524		283,599,524	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	712,969,032		712,969,032	17.00
18.00	Ancillary services	1,624,354,442	1,916,617,932	3,540,972,374	18.00
19.00	Outpatient services	0	966,270,407	966,270,407	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	22,252,414	22,252,414	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	ORGAN ACQUISITION	59,414,121	726	59,414,847	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,396,737,595	2,905,141,479	5,301,879,074	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,961,456,157		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,961,456,157		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0098

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/25/2020 2:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,301,879,074	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,246,254,086	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,055,624,988	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,961,456,157	4.00
5.00	Net income from service to patients (line 3 minus line 4)	94,168,831	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,272,958	6.00
7.00	Income from investments	67,561,499	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,072,943	22.00
23.00	Governmental appropriations	0	23.00
24.00	AUXILLARY REVENUE	9,468,759	24.00
24.01	MISC OPERATING REVENUE	1,999,142	24.01
24.02	FED & STATE GRANT	2,679,280	24.02
24.50	COVID-19 PHE Funding	40,122,318	24.50
25.00	Total other income (sum of lines 6-24)	132,176,899	25.00
26.00	Total (line 5 plus line 25)	226,345,730	26.00
27.00	ACADEMIC SUPPORT	20,892,024	27.00
27.01	RELEASED FROM RESTRICTION	3,531,754	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	24,423,778	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	201,921,952	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0098	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/25/2020 2:24 pm
		Title XVIII	Hospital	PPS
			Urban	Rural
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,608,105	6,196,159
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		1,370,500	
2.01	Model 4 BPCI Capital DRG outlier payments		0	
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		436.02	
4.00	Number of interns & residents (see instructions)		322.34	
5.00	Indirect medical education percentage (see instructions)		23.20	
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		2,274,589	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.34	
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.84	
9.00	Sum of lines 7 and 8		25.18	
10.00	Allowable disproportionate share percentage (see instructions)		5.23	
11.00	Disproportionate share adjustment (see instructions)		188,704	
12.00	Total prospective capital payments (see instructions)		13,638,057	
			1.00	
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
			1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00