

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/29/2021 2:16 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/29/2021	Time: 2:16 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 CHILDREN'S HOSPITAL OF WISCONSIN (52-3300) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 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) MARC CADIEUX

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFCR

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-44,745	-13,747	0	53,157,814	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-44,745	-13,747	0	53,157,814	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:15 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 9000 W. WISCONSIN AVE			PO Box:				1.00				
2.00	City: MILWAUKEE			State: WI		Zip Code: 53226		County: MILWAUKEE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			CHILDREN'S HOSPITAL OF WISCONSIN	523300	33340	7	01/01/1984	0	T	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis			RENAL DIALYSIS	522319	33340		01/01/2004				18.00
18.01	Renal Dialysis											18.01
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:15 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
			1.00		2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	0.00
61.20	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
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					0.00	62.00
62.01	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.01
63.00	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	119.95
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	7.09	62.22	0.102294	65.00
65.01		FAMILY MEDICINE	1350	0.00	6.94	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	65.02
65.03		INTERNAL MED & PEDS	1450	0.81	10.79	0.069828	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	119.95	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	5.56	60.07	0.084717	67.00
67.01		FAMILY MEDICINE	1350	0.00	7.05	0.000000	67.01
67.02		INTERNAL MED & PEDS	1450	1.23	10.63	0.103710	67.02
67.03		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.03
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS				N		70.00
71.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:15 pm	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	Y		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	8.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:15 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	183,011	0				0118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/01/1984				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		03/05/2015				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		04/25/2013				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:15 pm		
				1.00	2.00			
133.00	Removed and reserved						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		140.00	
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:		PO Box:				142.00	
143.00	City:		State:		Zip Code:		143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
				Part A	Part B	Title V	Title XIX	
				1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N	N	N	N	155.00
156.00	Subprovider - IPF			N	N	N	N	156.00
157.00	Subprovider - IRF			N	N	N	N	157.00
158.00	SUBPROVIDER							158.00
159.00	SNF			N	N	N	N	159.00
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00
161.00	CMHC				N	N	N	161.00
161.10	CORF				N	N	N	161.10
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/29/2021 1:15 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: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:15 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/16/2021 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 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 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	04/08/2021	Y 04/08/2021 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:15 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HELEN	REMPEL	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHILDREN'S HOSPITAL OF WI		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-266-7653	HREMPEL@CHW.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/29/2021 1:15 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR.FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Health Financial Systems		CHILDREN'S HOSPITAL OF WISCONSIN		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part IX Date/Time Prepared: 7/29/2021 1:15 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	Y	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?			Y	3.02
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		N	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		N	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00
			State		
			1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:15 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	132	48,312	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		132	48,312	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	142	51,972	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE HOT UNIT	35.00	24	8,784	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	109,068	0.00		14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		298				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:15 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)	154	7,225	18,775			1.00
2.00	HMO and other (see instructions)	0	15,874				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	154	7,225	18,775			7.00
8.00	INTENSIVE CARE UNIT	62	9,942	33,790			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE HOT UNIT	26	2,986	6,535			12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	242	20,153	59,100	195.60	2,620.40	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)			0	0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				195.60	2,620.40	27.00
28.00	Observation Bed Days		643	3,328			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/29/2021 1:15 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	23	1,628	7,528	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE HOT UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	23	1,628	7,528	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-5

Date/Time Prepared:
7/29/2021 1:15 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	14	0	0	0	0	10	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00	
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	156	0					5.00	
6.00	Number of stations	6	0	0	0			6.00	
7.00	Treatment capacity per day per station	18	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						5		11.00
12.00	Number of patients transplanted during the cost reporting period						5		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP, EPOGEN	137,392	0	100,892	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-5

Date/Time Prepared:
7/29/2021 1:15 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	522319	13,356	23.00
23.01			0	23.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		25,190,163	25,190,163	18,118,876	43,309,039	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		22,291,978	22,291,978	3,577,850	25,869,828	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	7,681,435	7,681,435	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,281,349	158,248,469	168,529,818	-22,076,767	146,453,051	5.00
7.00	00700	OPERATION OF PLANT	4,659,067	21,574,500	26,233,567	-2,565,161	23,668,406	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,161,652	1,161,652	0	1,161,652	8.00
9.00	00900	HOUSEKEEPING	3,658,793	4,837,823	8,496,616	-180,121	8,316,495	9.00
10.00	01000	DIETARY	1,855,118	3,943,406	5,798,524	-93,612	5,704,912	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,184,243	3,407,341	11,591,584	0	11,591,584	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,883,481	1,849,265	4,732,746	-2,723,128	2,009,618	14.00
15.00	01500	PHARMACY	232,956	4,856,390	5,089,346	0	5,089,346	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,480,088	3,480,088	16.00
17.00	01700	SOCIAL SERVICE	2,571,931	906,353	3,478,284	-166,466	3,311,818	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,891,251	16,891,251	9,009,520	25,900,771	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	505,998	505,998	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,948,144	7,084,069	28,032,213	-412,829	27,619,384	30.00
31.00	03100	INTENSIVE CARE UNIT	32,900,409	13,983,668	46,884,077	-150,026	46,734,051	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	4,842,761	4,029,659	8,872,420	182,245	9,054,665	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,121,418	8,150,308	17,271,726	-1,710,086	15,561,640	50.00
51.00	05100	RECOVERY ROOM	1,925,807	607,523	2,533,330	704,923	3,238,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	540,788	1,655,530	2,196,318	-893,292	1,303,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,278,183	5,576,158	12,854,341	-2,646,264	10,208,077	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	644,327	539,075	1,183,402	-218	1,183,184	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,637,245	1,203,458	2,840,703	-189,659	2,651,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	694,154	3,047,654	3,741,808	-1,481,071	2,260,737	59.00
60.00	06000	LABORATORY	7,282,080	19,540,389	26,822,469	-89,251	26,733,218	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,192,242	4,192,242	0	4,192,242	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,211,014	4,529,395	10,740,409	-559,667	10,180,742	65.00
66.00	06600	PHYSICAL THERAPY	5,048,562	1,663,764	6,712,326	1,509,068	8,221,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,125,790	1,482,849	4,608,639	798,090	5,406,729	68.00
69.00	06900	ELECTROCARDIOLOGY	2,794,096	3,211,755	6,005,851	-1,147,429	4,858,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	890,532	653,924	1,544,456	-108,928	1,435,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,728,877	2,857,774	4,586,651	13,404,068	17,990,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,546,860	6,546,860	0	6,546,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,571,167	45,758,169	54,329,336	-150,296	54,179,040	73.00
74.00	07400	RENAL DIALYSIS	348,347	674,824	1,023,171	122,053	1,145,224	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	484,357	172,780	657,137	39,953	697,090	90.01
90.02	09002	PAIN/PALLIATIVE CARE	441,154	130,573	571,727	34,652	606,379	90.02
90.03	09003	DIABETIC CLINIC	742,636	276,959	1,019,595	69,989	1,089,584	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.04	09004	GI CLINIC	1,463,436	948,081	2,411,517	-324,222	2,087,295	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,235,093	2,234,480	3,469,573	10,401	3,479,974	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	317,954	165,597	483,551	-34,536	449,015	90.07
90.08	09008	CARDIOLOGY CLINIC	2,108,122	602,458	2,710,580	-56,641	2,653,939	90.08
90.09	09009	PULMONARY CLINIC	514,695	213,966	728,661	28,012	756,673	90.09
90.10	09010	ENT CLINIC	657,139	236,984	894,123	45,616	939,739	90.10
90.11	09011	ORTHOPEDIC CLINIC	573,757	218,898	792,655	-26,956	765,699	90.11
90.12	09012	EYE CLINIC	531,977	193,159	725,136	49,207	774,343	90.12
90.13	09013	ONCOLOGY CLINIC	2,035,896	813,032	2,848,928	-157,882	2,691,046	90.13
90.14	09014	SURGICAL SPECIALTIES	634,354	200,797	835,151	31,629	866,780	90.14
90.15	09015	ALLERGY CLINIC	823,167	390,350	1,213,517	-19,225	1,194,292	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	597,807	282,714	880,521	52,966	933,487	90.17
90.18	09018	CLINIC ADMINISTRATION	3,657,435	6,266,017	9,923,452	-9,889,656	33,796	90.18
90.19	09019	CRANIOFACIAL CENTER	172,938	54,669	227,607	5,843	233,450	90.19
90.20	09020	HEMATOLOGY CLINIC	358,837	90,274	449,111	-106,342	342,769	90.20
90.21	09021	SPINA BIFIDA	192,133	58,120	250,253	2,197	252,450	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,384,510	388,343	1,772,853	0	1,772,853	90.22
90.23	09023	RHEUMATOLOGY CLINIC	225,801	79,599	305,400	23,568	328,968	90.23
90.24	09024	ENDOCRINE CLINIC	230,147	86,921	317,068	31,452	348,520	90.24
90.25	09025	RENAL CLINIC	205,167	73,960	279,127	20,724	299,851	90.25
90.26	09026	GREENFIELD CLINIC	1,243,295	1,077,370	2,320,665	-416,698	1,903,967	90.26
90.27	09027	NEW BERLIN CLINIC	1,366,146	3,118,917	4,485,063	-2,057,610	2,427,453	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	328,730	158,758	487,488	4,128	491,616	90.29
90.30	09030	MEQUON CLINIC	475,208	231,939	707,147	325,295	1,032,442	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	845	3,386	4,231	41,479	45,710	90.32
90.33	09033	APPLETON CLINIC	0	-440	-440	18,211	17,771	90.33
90.34	09034	UROLOGY CLINIC	571,177	233,405	804,582	-9,811	794,771	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	85,528	164,955	250,483	-63,841	186,642	90.35
90.36	09036	KENOSHA CLINIC (KNO)	8,905	7,749	16,654	28,031	44,685	90.36
90.37	09037	ADOLESCENT MEDICINE	134,794	50,089	184,883	11,850	196,733	90.37
91.00	09100	EMERGENCY	6,557,905	3,286,095	9,844,000	0	9,844,000	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	357,231	357,231	22,851	380,082	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,194,123	579,336	2,773,459	0	2,773,459	98.00
98.01	09851	TRANSPORT	2,337,636	969,708	3,307,344	82,321	3,389,665	98.01
98.02	09852	GENETICS CENTER	246,082	978,677	1,224,759	-54,607	1,170,152	98.02
98.03	09853	NUCLEAR MEDICINE	348,464	904,478	1,252,942	-310,928	942,014	98.03
98.04	09854	CHILD DEVELOPMENT	114,908	373,895	488,803	-164,023	324,780	98.04
98.05	09855	CHILD PROTECTION CENTER	1,518,142	912,509	2,430,651	-260,511	2,170,140	98.05
98.06	09856	DENTAL SRVS	3,968,737	1,593,287	5,562,024	-641,826	4,920,198	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	64,105	19,619	83,724	-1,307	82,417	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	285,985	450,549	736,534	31,893	768,427	105.00
106.00	10600	HEART ACQUISITION	311,316	672,519	983,835	-227,996	755,839	106.00
107.00	10700	LIVER ACQUISITION	280,671	592,822	873,493	78,935	952,428	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	9,361,757	9,361,757	-9,361,757	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	872,266	872,266	-872,266	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,891,853	443,297,245	636,189,098	-2,217,495	633,971,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	206,352	206,352	0	206,352	190.00
191.00	19100	RESEARCH	3,921,038	3,237,251	7,158,289	361,675	7,519,964	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	119,153	46,018	165,171	0	165,171	194.00
194.01	07951	POISON CONTROL	1,631,605	1,090,832	2,722,437	0	2,722,437	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	1,866,250	1,866,250	194.02
194.03	07953	OUTREACH	136,223	46,928	183,151	0	183,151	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	112,609	185,622	298,231	0	298,231	194.04
194.05	07955	RETAIL PHARMACY	2,252,428	811,555	3,063,983	0	3,063,983	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	40,861	101,233	142,094	-10,430	131,664	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	201,105,770	449,023,036	650,128,806	0	650,128,806	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-14,960,653	28,348,386	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	25,869,828	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,681,435	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,674,981	142,778,070	5.00
7.00	00700	OPERATION OF PLANT	-631,931	23,036,475	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,161,652	8.00
9.00	00900	HOUSEKEEPING	-535	8,315,960	9.00
10.00	01000	DIETARY	-115,493	5,589,419	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	-815,131	10,776,453	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,009,618	14.00
15.00	01500	PHARMACY	-4,818,971	270,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,480,088	16.00
17.00	01700	SOCIAL SERVICE	-20,696	3,291,122	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-37,631	25,863,140	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	505,998	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,672,178	25,947,206	30.00
31.00	03100	INTENSIVE CARE UNIT	-353,598	46,380,453	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	-116,880	8,937,785	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-144,974	15,416,666	50.00
51.00	05100	RECOVERY ROOM	0	3,238,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,303,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-75,181	10,132,896	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,183,184	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,651,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,260,737	59.00
60.00	06000	LABORATORY	-334,278	26,398,940	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,192,242	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-124,115	10,056,627	65.00
66.00	06600	PHYSICAL THERAPY	0	8,221,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,406,729	68.00
69.00	06900	ELECTROCARDIOLOGY	-163,285	4,695,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,550	1,427,978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,990,719	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,546,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-8,009,102	46,169,938	73.00
74.00	07400	RENAL DIALYSIS	-27,912	1,117,312	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	-7,336	689,754	90.01
90.02	09002	PAIN/PALLIATIVE CARE	-83,633	522,746	90.02
90.03	09003	DIABETIC CLINIC	0	1,089,584	90.03
90.04	09004	GI CLINIC	-4,043	2,083,252	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,479,974	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.06	09006	OTHER	0	0	90.06
90.07	09007	INFUSION ROOM	0	449,015	90.07
90.08	09008	CARDIOLOGY CLINIC	-284,475	2,369,464	90.08
90.09	09009	PULMONARY CLINIC	-2,384	754,289	90.09
90.10	09010	ENT CLINIC	-261,182	678,557	90.10
90.11	09011	ORTHOPEDIC CLINIC	-217,613	548,086	90.11
90.12	09012	EYE CLINIC	0	774,343	90.12
90.13	09013	ONCOLOGY CLINIC	0	2,691,046	90.13
90.14	09014	SURGICAL SPECIALTIES	-18,070	848,710	90.14
90.15	09015	ALLERGY CLINIC	-197,434	996,858	90.15
90.16	09016	LASER CLINIC	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	933,487	90.17
90.18	09018	CLINIC ADMINISTRATION	-33,796	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	233,450	90.19
90.20	09020	HEMATOLOGY CLINIC	0	342,769	90.20
90.21	09021	SPINA BIFIDA	0	252,450	90.21
90.22	09022	NEUROSCIENCES CLINIC	-197,485	1,575,368	90.22
90.23	09023	RHEUMATOLOGY CLINIC	-2,704	326,264	90.23
90.24	09024	ENDOCRINE CLINIC	-1,893	346,627	90.24
90.25	09025	RENAL CLINIC	0	299,851	90.25
90.26	09026	GREENFIELD CLINIC	-73,912	1,830,055	90.26
90.27	09027	NEW BERLIN CLINIC	-35,950	2,391,503	90.27
90.28	09028	NOT USED	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	491,616	90.29
90.30	09030	MEQUON CLINIC	-30,599	1,001,843	90.30
90.31	09031	KENOSHA CLINIC	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	45,710	90.32
90.33	09033	APPLETON CLINIC	0	17,771	90.33
90.34	09034	UROLOGY CLINIC	0	794,771	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	186,642	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	44,685	90.36
90.37	09037	ADOLESCENT MEDICINE	-2,448	194,285	90.37
91.00	09100	EMERGENCY	-8,933	9,835,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	380,082	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	-72,814	2,700,645	98.00
98.01	09851	TRANSPORT	-14,814	3,374,851	98.01
98.02	09852	GENETICS CENTER	-2,526	1,167,626	98.02
98.03	09853	NUCLEAR MEDICINE	0	942,014	98.03
98.04	09854	CHILD DEVELOPMENT	-5,985	318,795	98.04
98.05	09855	CHILD PROTECTION CENTER	-41,225	2,128,915	98.05
98.06	09856	DENTAL SRVS	-12,219	4,907,979	98.06
98.07	09857	OTHER	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	82,417	98.08
98.09	09859	OTHER	0	0	98.09
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	768,427	105.00
106.00	10600	HEART ACQUISITION	-142,353	613,486	106.00
107.00	10700	LIVER ACQUISITION	0	952,428	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-37,860,901	596,110,702	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	206,352	190.00
191.00	19100	RESEARCH	0	7,519,964	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	165,171	194.00
194.01	07951	POISON CONTROL	0	2,722,437	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.02	07952	PUBLIC RELATIONS	0	1,866,250	194.02
194.03	07953	OUTREACH	0	183,151	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	298,231	194.04
194.05	07955	RETAIL PHARMACY	0	3,063,983	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	131,664	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-37,860,901	612,267,905	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet Non-CMS W
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.00	OTHER SPECIAL CARE HOT UNIT	02040	DETOXIFICATION INTENSIVE CARE UNIT	35.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	INFECTIOUS DISEASES	09001		90.01
90.02	PAIN/PALLATIVE CARE	09002		90.02

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet Non-CMS W
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.03	DIABETIC CLINIC	09003		90.03
90.04	GI CLINIC	09004		90.04
90.05	CLINIC FOR SPECIAL NEEDS	09005		90.05
90.06	OTHER	09006		90.06
90.07	INFUSION ROOM	09007		90.07
90.08	CARDIOLOGY CLINIC	09008		90.08
90.09	PULMONARY CLINIC	09009		90.09
90.10	ENT CLINIC	09010		90.10
90.11	ORTHOPEDIC CLINIC	09011		90.11
90.12	EYE CLINIC	09012		90.12
90.13	ONCOLOGY CLINIC	09013		90.13
90.14	SURGICAL SPECIALTIES	09014		90.14
90.15	ALLERGY CLINIC	09015		90.15
90.16	LASER CLINIC	09016		90.16
90.17	DERMATOLOGY CLINIC	09017		90.17
90.18	CLINIC ADMINISTRATION	09018		90.18
90.19	CRANIOFACIAL CENTER	09019		90.19
90.20	HEMATOLOGY CLINIC	09020		90.20
90.21	SPINA BIFIDA	09021		90.21
90.22	NEUROSCIENCES CLINIC	09022		90.22
90.23	RHEUMATOLOGY CLINIC	09023		90.23
90.24	ENDOCRINE CLINIC	09024		90.24
90.25	RENAL CLINIC	09025		90.25
90.26	GREENFIELD CLINIC	09026		90.26
90.27	NEW BERLIN CLINIC	09027		90.27
90.28	NOT USED	09028		90.28
90.29	DELAFIELD CLINIC	09029		90.29
90.30	MEQUON CLINIC	09030		90.30
90.31	KENOSHA CLINIC	09031		90.31
90.32	WEST DEPERE CLINIC	09032		90.32
90.33	APPLETON CLINIC	09033		90.33
90.34	UROLOGY CLINIC	09034		90.34
90.35	GREENFIELD ENT/ENT CLINIC	09035		90.35
90.36	KENOSHA CLINIC (KNO)	09036		90.36
90.37	ADOLESCENT MEDICINE	09037		90.37
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	PSYCHIATRY - OFFICE BLDG	09800		98.00
98.01	TRANSPORT	09851		98.01
98.02	GENETICS CENTER	09852		98.02
98.03	NUCLEAR MEDICINE	09853		98.03
98.04	CHILD DEVELOPMENT	09854		98.04
98.05	CHILD PROTECTION CENTER	09855		98.05
98.06	DENTAL SRVS	09856		98.06
98.07	OTHER	09857		98.07
98.08	OTHER OFFSITE CLINICS	09858		98.08
98.09	OTHER	09859		98.09
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
117.00	OTHER CAPITAL RELATED COSTS	06950		117.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00

COST CENTERS USED IN COST REPORT

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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	DENTAL - SURGICENTER	07950		194.00
194.01	POISON CONTROL	07951		194.01
194.02	PUBLIC RELATIONS	07952		194.02
194.03	OUTREACH	07953		194.03
194.04	MED STAFF/PROVIDER SUPPORT	07954		194.04
194.05	RETAIL PHARMACY	07955		194.05
194.06	FLIGHT FOR LIFE	07956		194.06
194.07	OTHER OFF SITE CLINICS	07957		194.07
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

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Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	556,144		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	316,122		2.00
	0		0	872,266		
	B - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,361,757		1.00
	0		0	9,361,757		
	C - RECLASS MALPRACTICE INSURANCE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	505,998		1.00
	0		0	505,998		
	D - RECLASS DENTAL I&R FROM A&G					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	374,458	105,241		1.00
	0		374,458	105,241		
	F - RECLASS SAL/BEN FOR MED SUPP STAFF					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,811,811	660,499		1.00
	0		1,811,811	660,499		
	G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,279,581		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,583,798		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	4,863,379		
	H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	314,799		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
	0		0	314,799		

RECLASSIFICATIONS

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - RECLASS MCW PURCHASED SERVICES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,148,070		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,818,939		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	307,913		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	29,053		4.00
5.00	TRANSPORT	98.01	0	150,120		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,000		6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	160,846		7.00
	0		0	8,679,941		
	K - RECLASS TRANSPLANT EXPENSES					
1.00	KIDNEY ACQUISITION	105.00	54,883	34,505		1.00
2.00	LIVER ACQUISITION	107.00	54,110	44,164		2.00
3.00	HEART ACQUISITION	106.00	54,110	49,605		3.00
	0		163,103	128,274		
	P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	12,786	3,595		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	17,838	5,013		2.00
	0		30,624	8,608		
	Q - RECLASS CHHS SALARY TO OTHER EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	57,697		1.00
2.00	PUBLIC RELATIONS	194.02	0	1,866,250		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,480,088		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,681,435		4.00
	0		0	13,085,470		
	R - RECLASS AMBULATORY ADMINISTRATION					
1.00	INTENSIVE CARE UNIT	31.00	297,717	84,034		1.00
2.00	OTHER SPECIAL CARE HOT UNIT	35.00	142,128	40,117		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	95,936	170,550		3.00
4.00	LABORATORY	60.00	41,187	73,220		4.00
5.00	RESPIRATORY THERAPY	65.00	244,584	72,833		5.00
6.00	PHYSICAL THERAPY	66.00	916,584	813,870		6.00
7.00	SPEECH PATHOLOGY	68.00	587,924	479,650		7.00
8.00	ELECTROCARDIOLOGY	69.00	14,268	14,884		8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	1,545	2,746		9.00
10.00	INFECTIOUS DISEASES	90.01	31,186	8,767		10.00
11.00	PAIN/PALLIATIVE CARE	90.02	27,048	7,604		11.00
12.00	DIABETIC CLINIC	90.03	54,631	15,358		12.00
13.00	GI CLINIC	90.04	114,201	32,105		13.00
14.00	CLINIC FOR SPECIAL NEEDS	90.05	101,182	28,445		14.00
15.00	INFUSION ROOM	90.07	9,220	2,603		15.00
16.00	PULMONARY CLINIC	90.09	45,869	12,895		16.00
17.00	ENT CLINIC	90.10	51,287	14,418		17.00
18.00	EYE CLINIC	90.12	44,066	12,388		18.00
19.00	ONCOLOGY CLINIC	90.13	54,977	15,518		19.00
20.00	SURGICAL SPECIALTIES	90.14	42,863	12,050		20.00
21.00	ALLERGY CLINIC	90.15	63,339	17,806		21.00
22.00	DERMATOLOGY CLINIC	90.17	53,798	15,124		22.00
23.00	CRANIOFACIAL CENTER	90.19	11,301	3,177		23.00
24.00	HEMATOLOGY CLINIC	90.20	8,422	2,377		24.00
25.00	SPINA BIFIDA	90.21	7,670	2,156		25.00
26.00	RHEUMATOLOGY CLINIC	90.23	18,396	5,172		26.00
27.00	ENDOCRINE CLINIC	90.24	24,550	6,902		27.00
28.00	RENAL CLINIC	90.25	16,176	4,548		28.00
29.00	GREENFIELD CLINIC	90.26	63,162	101,185		29.00
30.00	NEW BERLIN CLINIC	90.27	129,784	36,486		30.00
31.00	DELAFIELD CLINIC	90.29	4,555	1,281		31.00
32.00	MEQUON CLINIC	90.30	128,562	196,733		32.00
33.00	WEST DEPERE CLINIC	90.32	13,101	28,378		33.00
34.00	UROLOGY CLINIC	90.34	49,359	13,876		34.00
35.00	GREENFIELD ENT/ENT CLINIC	90.35	12,362	3,475		35.00
36.00	KENOSHA CLINIC (KNO)	90.36	14,797	14,906		36.00
37.00	ADOLESCENT MEDICINE	90.37	12,156	3,417		37.00
38.00	TRANSPORT	98.01	53,828	15,193		38.00
39.00	GENETICS CENTER	98.02	18,760	5,274		39.00
40.00	CHILD DEVELOPMENT	98.04	14,457	4,064		40.00
41.00	RESEARCH	191.00	10,030	2,827		41.00
42.00	APPLETON CLINIC	90.33	0	18,211		42.00
	0		3,646,968	2,416,623		

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	S - RECLASS SUPPLY EX CHARGED TO PTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,960,683		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	11,960,683		
	T - RECLASS COST OF EPO TO DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	137,392		1.00
	0		0	137,392		
	U - RECLASS DEPREC. FOR CLINIC ADMIN DEP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,279,899		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,946,929		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	0		0	6,226,828		
	V - RECLASS CLINICAL TRIAL COST					
1.00	RESEARCH	191.00	0	37,123		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
	0		0	37,123		

RECLASSIFICATIONS

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Increases					
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
W - RECLASS RESEARCH GRANT EXPENSE					
1.00	RESEARCH	191.00	208,875	182,258	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
0			208,875	182,258	
X - RECLASS TRANSPLANT SALARY					
1.00	ADMINISTRATIVE & GENERAL	5.00	49,421	13,889	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	33,596	9,442	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	31,485	8,849	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	22,292	6,265	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	15,641	4,396	5.00
6.00	KIDNEY ACQUISITION	105.00	4,539	1,276	6.00
7.00	LIVER ACQUISITION	107.00	18,500	5,199	7.00
0			175,474	49,316	
Y - RECLASS SAL AND OTHER EXPENSES					
1.00	INTENSIVE CARE UNIT	31.00	303,799	109,030	1.00
	TOTALS		303,799	109,030	
Z - RECLASS SAL AND EXP FROM PREP RECOV					
1.00	RECOVERY ROOM	51.00	569,011	135,912	1.00
2.00	ANESTHESIOLOGY	53.00	243,862	58,248	2.00
	TOTALS		812,873	194,160	
AA - RECLASS IMPLANTABLE DEVICES					
1.00	CARDIAC CATHETERIZATION	59.00	0	1,189,821	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	153,120	2.00
	TOTALS		0	1,342,941	
500.00	Grand Total: Increases		7,527,985	61,242,586	500.00

RECLASSIFICATIONS

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS INSURANCE EXPENSE						
1.00	OTHER CAPITAL RELATED COSTS	117.00	0	872,266	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	872,266			
	B - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	9,361,757	11		1.00
	0		0	9,361,757			
	C - RECLASS MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	505,998	0		1.00
	0		0	505,998			
	D - RECLASS DENTAL I&R FROM A&G						
1.00	DENTAL SRVS	98.06	374,458	105,241	0		1.00
	0		374,458	105,241			
	F - RECLASS SAL/BEN FOR MED SUPP STAFF						
1.00	CENTRAL SERVICES & SUPPLY	14.00	1,811,811	660,499	0		1.00
	0		1,811,811	660,499			
	G - RECLASS RENTAL COSTS						
1.00	GREENFIELD CLINIC	90.26	0	124,009	9		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,978	9		2.00
3.00	PHYSICAL THERAPY	66.00	0	59,702	0		3.00
4.00	GREENFIELD ENT/ENT CLINIC	90.35	0	25,061	0		4.00
5.00	GENETICS CENTER	98.02	0	51,116	0		5.00
6.00	GREENFIELD CLINIC	90.26	0	248,982	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	70,134	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	120,054	0		8.00
9.00	GREENFIELD ENT/ENT CLINIC	90.35	0	54,617	0		9.00
10.00	TRANSPORT	98.01	0	49,791	0		10.00
11.00	RESEARCH	191.00	0	380	0		11.00
12.00	GENETICS CENTER	98.02	0	26,048	0		12.00
13.00	CHILD DEVELOPMENT	98.04	0	182,544	0		13.00
14.00	OTHER OFF SITE CLINICS	194.07	0	3,836	0		14.00
15.00	DENTAL SRVS	98.06	0	54,054	0		15.00
16.00	RESEARCH	191.00	0	13,251	0		16.00
17.00	GREENFIELD CLINIC	90.26	0	583	0		17.00
18.00	NEW BERLIN CLINIC	90.27	0	870,891	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	321,680	0		19.00
20.00	LABORATORY	60.00	0	41,191	0		20.00
21.00	CLINIC ADMINISTRATION	90.18	0	355,322	0		21.00
22.00	DENTAL SRVS	98.06	0	87,037	0		22.00
23.00	CENTRAL SERVICES & SUPPLY	14.00	0	185,772	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	85,734	0		24.00
25.00	CLINIC ADMINISTRATION	90.18	0	584,550	0		25.00
26.00	RESEARCH	191.00	0	8,184	0		26.00
27.00	CLINIC ADMINISTRATION	90.18	0	646,112	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	187,581	0		28.00
29.00	LABORATORY	60.00	0	20,842	0		29.00
30.00	CLINIC ADMINISTRATION	90.18	0	17,994	0		30.00
31.00	CLINIC ADMINISTRATION	90.18	0	30,925	0		31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,665	0		32.00
33.00	LABORATORY	60.00	0	25,999	0		33.00
34.00	CHILD PROTECTION CENTER	98.05	0	112,663	0		34.00
35.00	OTHER OFF SITE CLINICS	194.07	0	2,546	0		35.00
36.00	CENTRAL SERVICES & SUPPLY	14.00	0	65,046	0		36.00
37.00	RESEARCH	191.00	0	33,505	0		37.00
	0		0	4,863,379			
	H - RECLASS EQUIPMENT RENTAL COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	58,469	9		1.00
2.00	RESEARCH	191.00	0	124	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	19,000	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,649	0		4.00
5.00	RESEARCH	191.00	0	207	0		5.00
6.00	DIETARY	10.00	0	1,978	0		6.00
7.00	OPERATION OF PLANT	7.00	0	6,797	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	634	0		8.00
9.00	RENAL DIALYSIS	74.00	0	31,720	0		9.00
10.00	OPERATING ROOM	50.00	0	2,000	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	8,100	0		11.00
12.00	HOUSEKEEPING	9.00	0	180,121	0		12.00
	0		0	314,799			
	J - RECLASS MCW PURCHASED SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,679,941	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

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Period:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
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	
0		0	8,679,941				
K - RECLASS TRANSPLANT EXPENSES							
1.00	HEART ACQUISITION	106.00	163,103	128,274	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
0			163,103	128,274			
P - RECLASS SAL & BEN TO RENAL DIALYSIS							
1.00	SOCIAL SERVICE	17.00	12,980	3,649	0	1.00	
2.00	DIETARY	10.00	17,644	4,959	0	2.00	
0			30,624	8,608			
Q - RECLASS CHHS SALARY TO OTHER EXP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,085,470	9	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
0			0	13,085,470			
R - RECLASS AMBULATORY ADMINISTRATION							
1.00	CLINIC ADMINISTRATION	90.18	3,646,968	2,416,623	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
42.00		0.00	0	0	0	42.00	
0			3,646,968	2,416,623			
S - RECLASS SUPPLY EX CHARGED TO PTS							
1.00	INTENSIVE CARE UNIT	31.00	0	925,606	0	1.00	
2.00	OPERATING ROOM	50.00	0	365,145	0	2.00	
3.00	OTHER OFFSITE CLINICS	98.08	0	1,307	0	3.00	
4.00	ANESTHESIOLOGY	53.00	0	1,195,207	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,012,217	0	5.00	
6.00	CT SCAN	57.00	0	218	0	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	187,883	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	2,670,892	0	8.00	

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			
9.00	RESPIRATORY THERAPY	65.00	0	863,104	0			9.00
10.00	PHYSICAL THERAPY	66.00	0	35,408	0			10.00
11.00	SPEECH PATHOLOGY	68.00	0	269,459	0			11.00
12.00	ELECTROCARDIOLOGY	69.00	0	1,327,076	0			12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	113,219	0			13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	968,194	0			14.00
15.00	GI CLINIC	90.04	0	470,528	0			15.00
16.00	INFUSION ROOM	90.07	0	46,359	0			16.00
17.00	CARDIOLOGY CLINIC	90.08	0	56,641	0			17.00
18.00	PULMONARY CLINIC	90.09	0	30,752	0			18.00
19.00	ENT CLINIC	90.10	0	20,089	0			19.00
20.00	ORTHOPEDIC CLINIC	90.11	0	26,956	0			20.00
21.00	EYE CLINIC	90.12	0	7,247	0			21.00
22.00	ONCOLOGY CLINIC	90.13	0	226,962	0			22.00
23.00	SURGICAL SPECIALTIES	90.14	0	23,134	0			23.00
24.00	ALLERGY CLINIC	90.15	0	100,370	0			24.00
25.00	CRANIOFACIAL CENTER	90.19	0	8,635	0			25.00
26.00	SPINA BIFIDA	90.21	0	7,629	0			26.00
27.00	GREENFIELD CLINIC	90.26	0	139,284	0			27.00
28.00	NEW BERLIN CLINIC	90.27	0	250,038	0			28.00
29.00	DELAFIELD CLINIC	90.29	0	1,708	0			29.00
30.00	DERMATOLOGY CLINIC	90.17	0	15,956	0			30.00
31.00	UROLOGY CLINIC	90.34	0	73,046	0			31.00
32.00	TRANSPORT	98.01	0	87,029	0			32.00
33.00	NUCLEAR MEDICINE	98.03	0	308,555	0			33.00
34.00	CHILD PROTECTION CENTER	98.05	0	11,952	0			34.00
35.00	ADOLESCENT MEDICINE	90.37	0	3,723	0			35.00
36.00	LABORATORY	60.00	0	107,483	0			36.00
37.00	KENOSHA CLINIC (KNO)	90.36	0	1,672	0			37.00
			0	11,960,683				
T - RECLASS COST OF EPO TO DIALYSIS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	137,392	0			1.00
			0	137,392				
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP								
1.00	OPERATION OF PLANT	7.00	0	2,558,364	9			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129,915	9			2.00
3.00	PHYSICAL THERAPY	66.00	0	4,448	0			3.00
4.00	CLINIC ADMINISTRATION	90.18	0	2,178,345	0			4.00
5.00	GREENFIELD CLINIC	90.26	0	68,038	0			5.00
6.00	NEW BERLIN CLINIC	90.27	0	1,102,951	0			6.00
7.00	CHILD PROTECTION CENTER	98.05	0	135,896	0			7.00
8.00	DENTAL SRVS	98.06	0	21,036	0			8.00
9.00	RESEARCH	191.00	0	23,787	0			9.00
10.00	OTHER OFF SITE CLINICS	194.07	0	4,048	0			10.00
			0	6,226,828				
V - RECLASS CLINICAL TRIAL COST								
1.00	ANESTHESIOLOGY	53.00	0	195	0			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,624	0			2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,776	0			3.00
4.00	LABORATORY	60.00	0	8,143	0			4.00
5.00	RESPIRATORY THERAPY	65.00	0	5,880	0			5.00
6.00	PHYSICAL THERAPY	66.00	0	1,774	0			6.00
7.00	SPEECH PATHOLOGY	68.00	0	25	0			7.00
8.00	ELECTROCARDIOLOGY	69.00	0	2,625	0			8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,262	0			9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,255	0			10.00
11.00	ONCOLOGY CLINIC	90.13	0	1,415	0			11.00
12.00	SURGICAL SPECIALTIES	90.14	0	150	0			12.00
13.00	GREENFIELD CLINIC	90.26	0	149	0			13.00
14.00	GENETICS CENTER	98.02	0	1,477	0			14.00
15.00	NUCLEAR MEDICINE	98.03	0	2,373	0			15.00
			0	37,123				
W - RECLASS RESEARCH GRANT EXPENSE								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	953	236	0			1.00
2.00	CLINIC FOR SPECIAL NEEDS	90.05	0	119,226	0			2.00
3.00	CLINIC ADMINISTRATION	90.18	10,467	2,350	0			3.00
4.00	DIETARY	10.00	31,840	11,339	0			4.00
5.00	HEMATOLOGY CLINIC	90.20	89,912	27,229	0			5.00
6.00	SOCIAL SERVICE	17.00	75,703	21,878	0			6.00
			208,875	182,258				

RECLASSIFICATIONS

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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	X - RECLASS TRANSPLANT SALARY						
1.00	KIDNEY ACQUISITION	105.00	49,421	13,889	0		1.00
2.00	LIVER ACQUISITION	107.00	33,596	9,442	0		2.00
3.00	HEART ACQUISITION	106.00	31,485	8,849	0		3.00
4.00	SOCIAL SERVICE	17.00	22,292	6,265	0		4.00
5.00	DIETARY	10.00	15,641	4,396	0		5.00
6.00	DIETARY	10.00	4,539	1,276	0		6.00
7.00	SOCIAL SERVICE	17.00	18,500	5,199	0		7.00
			175,474	49,316			
	Y - RECLASS SAL AND OTHER EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	303,799	109,030	0		1.00
	TOTALS		303,799	109,030			
	Z - RECLASS SAL AND EXP FROM PREP RECOV						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	812,873	194,160	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		812,873	194,160			
	AA - RECLASS IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	1,342,941	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,342,941			
500.00	Grand Total: Decreases		7,527,985	61,242,586			500.00

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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS INSURANCE EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	556,144	OTHER CAPITAL RELATED COSTS	117.00	0	872,266	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	316,122		0.00	0	0	2.00
	0		0	872,266	0		0	872,266	
B - RECLASS INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,361,757	INTEREST EXPENSE	113.00	0	9,361,757	1.00
	0		0	9,361,757	0		0	9,361,757	
C - RECLASS MALPRACTICE INSURANCE									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	505,998	ADMINISTRATIVE & GENERAL	5.00	0	505,998	1.00
	0		0	505,998	0		0	505,998	
D - RECLASS DENTAL I&R FROM A&G									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	374,458	105,241	DENTAL SRVS	98.06	374,458	105,241	1.00
	0		374,458	105,241	0		374,458	105,241	
F - RECLASS SAL/BEN FOR MED SUPP STAFF									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,811,811	660,499	CENTRAL SERVICES & SUPPLY	14.00	1,811,811	660,499	1.00
	0		1,811,811	660,499	0		1,811,811	660,499	
G - RECLASS RENTAL COSTS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,279,581	GREENFIELD CLINIC	90.26	0	124,009	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,583,798	RADIOLOGY-DIAGNOSTIC	54.00	0	34,978	2.00
3.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	59,702	3.00
4.00		0.00	0	0	GREENFIELD ENT/ENT CLINIC	90.35	0	25,061	4.00
5.00		0.00	0	0	GENETICS CENTER	98.02	0	51,116	5.00
6.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	248,982	6.00
7.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	70,134	7.00
8.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	120,054	8.00
9.00		0.00	0	0	GREENFIELD ENT/ENT CLINIC	90.35	0	54,617	9.00
10.00		0.00	0	0	TRANSPORT	98.01	0	49,791	10.00
11.00		0.00	0	0	RESEARCH	191.00	0	380	11.00
12.00		0.00	0	0	GENETICS CENTER	98.02	0	26,048	12.00
13.00		0.00	0	0	CHILD DEVELOPMENT	98.04	0	182,544	13.00
14.00		0.00	0	0	OTHER OFF SITE CLINICS	194.07	0	3,836	14.00
15.00		0.00	0	0	DENTAL SRVS	98.06	0	54,054	15.00
16.00		0.00	0	0	RESEARCH	191.00	0	13,251	16.00
17.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	583	17.00
18.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	870,891	18.00
19.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	321,680	19.00
20.00		0.00	0	0	LABORATORY	60.00	0	41,191	20.00
21.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	355,322	21.00
22.00		0.00	0	0	DENTAL SRVS	98.06	0	87,037	22.00
23.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	185,772	23.00
24.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	85,734	24.00
25.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	584,550	25.00
26.00		0.00	0	0	RESEARCH	191.00	0	8,184	26.00
27.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	646,112	27.00
28.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	187,581	28.00
29.00		0.00	0	0	LABORATORY	60.00	0	20,842	29.00
30.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	17,994	30.00
31.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	30,925	31.00
32.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	60,665	32.00
33.00		0.00	0	0	LABORATORY	60.00	0	25,999	33.00
34.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	112,663	34.00
35.00		0.00	0	0	OTHER OFF SITE CLINICS	194.07	0	2,546	35.00
36.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	65,046	36.00
37.00		0.00	0	0	RESEARCH	191.00	0	33,505	37.00
	0		0	4,863,379	0		0	4,863,379	
H - RECLASS EQUIPMENT RENTAL COSTS									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	314,799	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	58,469	1.00
2.00		0.00	0	0	RESEARCH	191.00	0	124	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	19,000	3.00

RECLASSIFICATIONS

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Period:
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To 12/31/2020Worksheet A-6
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
4.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	5,649	4.00
5.00		0.00	0	0	RESEARCH	191.00	0	207	5.00
6.00		0.00	0	0	DIETARY	10.00	0	1,978	6.00
7.00		0.00	0	0	OPERATION OF PLANT	7.00	0	6,797	7.00
8.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	634	8.00
9.00		0.00	0	0	RENAL DIALYSIS	74.00	0	31,720	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	2,000	10.00
11.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	8,100	11.00
12.00		0.00	0	0	HOUSEKEEPING	9.00	0	180,121	12.00
0				314,799	0			314,799	
J - RECLASS MCW PURCHASED SERVICES									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,148,070	ADMINISTRATIVE & GENERAL	5.00	0	8,679,941	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,818,939		0.00	0	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	307,913		0.00	0	0	3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	29,053		0.00	0	0	4.00
5.00	TRANSPORT	98.01	0	150,120		0.00	0	0	5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,000		0.00	0	0	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	160,846		0.00	0	0	7.00
0			0	8,679,941	0		0	8,679,941	
K - RECLASS TRANSPLANT EXPENSES									
1.00	KIDNEY ACQUISITION	105.00	54,883	34,505	HEART ACQUISITION	106.00	163,103	128,274	1.00
2.00	LIVER ACQUISITION	107.00	54,110	44,164		0.00	0	0	2.00
3.00	HEART ACQUISITION	106.00	54,110	49,605		0.00	0	0	3.00
0			163,103	128,274	0		163,103	128,274	
P - RECLASS SAL & BEN TO RENAL DIALYSIS									
1.00	RENAL DIALYSIS	74.00	12,786	3,595	SOCIAL SERVICE	17.00	12,980	3,649	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	17,838	5,013	DIETARY	10.00	17,644	4,959	2.00
0			30,624	8,608	0		30,624	8,608	
Q - RECLASS CHHS SALARY TO OTHER EXP									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	57,697	ADMINISTRATIVE & GENERAL	5.00	0	13,085,470	1.00
2.00	PUBLIC RELATIONS	194.02	0	1,866,250		0.00	0	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,480,088		0.00	0	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,681,435		0.00	0	0	4.00
0			0	13,085,470	0		0	13,085,470	
R - RECLASS AMBULATORY ADMINISTRATION									
1.00	INTENSIVE CARE UNIT	31.00	297,717	84,034	CLINIC ADMINISTRATION	90.18	3,646,968	2,416,623	1.00
2.00	OTHER SPECIAL CARE HOT UNIT	35.00	142,128	40,117		0.00	0	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	95,936	170,550		0.00	0	0	3.00
4.00	LABORATORY	60.00	41,187	73,220		0.00	0	0	4.00
5.00	RESPIRATORY THERAPY	65.00	244,584	72,833		0.00	0	0	5.00
6.00	PHYSICAL THERAPY	66.00	916,584	813,870		0.00	0	0	6.00
7.00	SPEECH PATHOLOGY	68.00	587,924	479,650		0.00	0	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	14,268	14,884		0.00	0	0	8.00
9.00	ELECTROENCEPHALOGRAPH Y	70.00	1,545	2,746		0.00	0	0	9.00
10.00	INFECTIOUS DISEASES	90.01	31,186	8,767		0.00	0	0	10.00
11.00	PAIN/PALLIATIVE CARE	90.02	27,048	7,604		0.00	0	0	11.00
12.00	DIABETIC CLINIC	90.03	54,631	15,358		0.00	0	0	12.00
13.00	GI CLINIC	90.04	114,201	32,105		0.00	0	0	13.00
14.00	CLINIC FOR SPECIAL NEEDS	90.05	101,182	28,445		0.00	0	0	14.00
15.00	INFUSION ROOM	90.07	9,220	2,603		0.00	0	0	15.00
16.00	PULMONARY CLINIC	90.09	45,869	12,895		0.00	0	0	16.00
17.00	ENT CLINIC	90.10	51,287	14,418		0.00	0	0	17.00
18.00	EYE CLINIC	90.12	44,066	12,388		0.00	0	0	18.00
19.00	ONCOLOGY CLINIC	90.13	54,977	15,518		0.00	0	0	19.00
20.00	SURGICAL SPECIALTIES	90.14	42,863	12,050		0.00	0	0	20.00
21.00	ALLERGY CLINIC	90.15	63,339	17,806		0.00	0	0	21.00
22.00	DERMATOLOGY CLINIC	90.17	53,798	15,124		0.00	0	0	22.00
23.00	CRANIOFACIAL CENTER	90.19	11,301	3,177		0.00	0	0	23.00
24.00	HEMATOLOGY CLINIC	90.20	8,422	2,377		0.00	0	0	24.00
25.00	SPINA BIFIDA	90.21	7,670	2,156		0.00	0	0	25.00
26.00	RHEUMATOLOGY CLINIC	90.23	18,396	5,172		0.00	0	0	26.00

RECLASSIFICATIONS

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Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
27.00	ENDOCRINE CLINIC	90.24	24,550	6,902		0.00	0	0	27.00
28.00	RENAL CLINIC	90.25	16,176	4,548		0.00	0	0	28.00
29.00	GREENFIELD CLINIC	90.26	63,162	101,185		0.00	0	0	29.00
30.00	NEW BERLIN CLINIC	90.27	129,784	36,486		0.00	0	0	30.00
31.00	DELAFIELD CLINIC	90.29	4,555	1,281		0.00	0	0	31.00
32.00	MEQUON CLINIC	90.30	128,562	196,733		0.00	0	0	32.00
33.00	WEST DEPERE CLINIC	90.32	13,101	28,378		0.00	0	0	33.00
34.00	UROLOGY CLINIC	90.34	49,359	13,876		0.00	0	0	34.00
35.00	GREENFIELD ENT/ENT CLINIC	90.35	12,362	3,475		0.00	0	0	35.00
36.00	KENOSHA CLINIC (KNO)	90.36	14,797	14,906		0.00	0	0	36.00
37.00	ADOLESCENT MEDICINE	90.37	12,156	3,417		0.00	0	0	37.00
38.00	TRANSPORT	98.01	53,828	15,193		0.00	0	0	38.00
39.00	GENETICS CENTER	98.02	18,760	5,274		0.00	0	0	39.00
40.00	CHILD DEVELOPMENT	98.04	14,457	4,064		0.00	0	0	40.00
41.00	RESEARCH	191.00	10,030	2,827		0.00	0	0	41.00
42.00	APPLETON CLINIC	90.33	0	18,211		0.00	0	0	42.00
0			3,646,968	2,416,623			3,646,968	2,416,623	
S - RECLASS SUPPLY EX CHARGED TO PTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,960,683	INTENSIVE CARE UNIT	31.00	0	925,606	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	365,145	2.00
3.00		0.00	0	0	OTHER OFFSITE CLINICS	98.08	0	1,307	3.00
4.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,195,207	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,012,217	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	218	6.00
7.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	187,883	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,670,892	8.00
9.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	863,104	9.00
10.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	35,408	10.00
11.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	269,459	11.00
12.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,327,076	12.00
13.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	113,219	13.00
14.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	968,194	14.00
15.00		0.00	0	0	GI CLINIC	90.04	0	470,528	15.00
16.00		0.00	0	0	INFUSION ROOM	90.07	0	46,359	16.00
17.00		0.00	0	0	CARDIOLOGY CLINIC	90.08	0	56,641	17.00
18.00		0.00	0	0	PULMONARY CLINIC	90.09	0	30,752	18.00
19.00		0.00	0	0	ENT CLINIC	90.10	0	20,089	19.00
20.00		0.00	0	0	ORTHOPEDIC CLINIC	90.11	0	26,956	20.00
21.00		0.00	0	0	EYE CLINIC	90.12	0	7,247	21.00
22.00		0.00	0	0	ONCOLOGY CLINIC	90.13	0	226,962	22.00
23.00		0.00	0	0	SURGICAL SPECIALTIES	90.14	0	23,134	23.00
24.00		0.00	0	0	ALLERGY CLINIC	90.15	0	100,370	24.00
25.00		0.00	0	0	CRANIOFACIAL CENTER	90.19	0	8,635	25.00
26.00		0.00	0	0	SPINA BIFIDA	90.21	0	7,629	26.00
27.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	139,284	27.00
28.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	250,038	28.00
29.00		0.00	0	0	DELAFIELD CLINIC	90.29	0	1,708	29.00
30.00		0.00	0	0	DERMATOLOGY CLINIC	90.17	0	15,956	30.00
31.00		0.00	0	0	UROLOGY CLINIC	90.34	0	73,046	31.00
32.00		0.00	0	0	TRANSPORT	98.01	0	87,029	32.00
33.00		0.00	0	0	NUCLEAR MEDICINE	98.03	0	308,555	33.00
34.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	11,952	34.00
35.00		0.00	0	0	ADOLESCENT MEDICINE	90.37	0	3,723	35.00
36.00		0.00	0	0	LABORATORY	60.00	0	107,483	36.00
37.00		0.00	0	0	KENOSHA CLINIC (KNO)	90.36	0	1,672	37.00
0			0	11,960,683			0	11,960,683	
T - RECLASS COST OF EPO TO DIALYSIS									
1.00	RENAL DIALYSIS	74.00	0	137,392	DRUGS CHARGED TO PATIENTS	73.00	0	137,392	1.00
0			0	137,392			0	137,392	
U - RECLASS DEPREC. FOR CLINIC ADMIN DEP									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,279,899	OPERATION OF PLANT	7.00	0	2,558,364	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,946,929	RADIOLOGY-DIAGNOSTIC	54.00	0	129,915	2.00
3.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	4,448	3.00
4.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	0	2,178,345	4.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
5.00		0.00	0	0	0 GREENFIELD CLINIC	90.26	0	68,038	5.00
6.00		0.00	0	0	0 NEW BERLIN CLINIC	90.27	0	1,102,951	6.00
7.00		0.00	0	0	0 CHILD PROTECTION CENTER	98.05	0	135,896	7.00
8.00		0.00	0	0	0 DENTAL SRVS	98.06	0	21,036	8.00
9.00		0.00	0	0	0 RESEARCH	191.00	0	23,787	9.00
10.00		0.00	0	0	0 OTHER OFF SITE CLINICS	194.07	0	4,048	10.00
0			0	6,226,828	0		0	6,226,828	
V - RECLASS CLINICAL TRIAL COST									
1.00	RESEARCH	191.00	0	37,123	0 ANESTHESIOLOGY	53.00	0	195	1.00
2.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	1,624	2.00
3.00		0.00	0	0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,776	3.00
4.00		0.00	0	0	0 LABORATORY	60.00	0	8,143	4.00
5.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	5,880	5.00
6.00		0.00	0	0	0 PHYSICAL THERAPY	66.00	0	1,774	6.00
7.00		0.00	0	0	0 SPEECH PATHOLOGY	68.00	0	25	7.00
8.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	2,625	8.00
9.00		0.00	0	0	0 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,262	9.00
10.00		0.00	0	0	0 DRUGS CHARGED TO PATIENTS	73.00	0	7,255	10.00
11.00		0.00	0	0	0 ONCOLOGY CLINIC	90.13	0	1,415	11.00
12.00		0.00	0	0	0 SURGICAL SPECIALTIES	90.14	0	150	12.00
13.00		0.00	0	0	0 GREENFIELD CLINIC	90.26	0	149	13.00
14.00		0.00	0	0	0 GENETICS CENTER	98.02	0	1,477	14.00
15.00		0.00	0	0	0 NUCLEAR MEDICINE	98.03	0	2,373	15.00
0			0	37,123	0		0	37,123	
W - RECLASS RESEARCH GRANT EXPENSE									
1.00	RESEARCH	191.00	208,875	182,258	0 RADIOLOGY-DIAGNOSTIC	54.00	953	236	1.00
2.00		0.00	0	0	0 CLINIC FOR SPECIAL NEEDS	90.05	0	119,226	2.00
3.00		0.00	0	0	0 CLINIC ADMINISTRATION	90.18	10,467	2,350	3.00
4.00		0.00	0	0	0 DIETARY	10.00	31,840	11,339	4.00
5.00		0.00	0	0	0 HEMATOLOGY CLINIC	90.20	89,912	27,229	5.00
6.00		0.00	0	0	0 SOCIAL SERVICE	17.00	75,703	21,878	6.00
0			208,875	182,258	0		208,875	182,258	
X - RECLASS TRANSPLANT SALARY									
1.00	ADMINISTRATIVE & GENERAL	5.00	49,421	13,889	0 KIDNEY ACQUISITION	105.00	49,421	13,889	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	33,596	9,442	0 LIVER ACQUISITION	107.00	33,596	9,442	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	31,485	8,849	0 HEART ACQUISITION	106.00	31,485	8,849	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	22,292	6,265	0 SOCIAL SERVICE	17.00	22,292	6,265	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	15,641	4,396	0 DIETARY	10.00	15,641	4,396	5.00
6.00	KIDNEY ACQUISITION	105.00	4,539	1,276	0 DIETARY	10.00	4,539	1,276	6.00
7.00	LIVER ACQUISITION	107.00	18,500	5,199	0 SOCIAL SERVICE	17.00	18,500	5,199	7.00
0			175,474	49,316	0		175,474	49,316	
Y - RECLASS SAL AND OTHER EXPENSES									
1.00	INTENSIVE CARE UNIT	31.00	303,799	109,030	0 ADULTS & PEDIATRICS	30.00	303,799	109,030	1.00
	TOTALS		303,799	109,030	TOTALS		303,799	109,030	
Z - RECLASS SAL AND EXP FROM PREP RECOV									
1.00	RECOVERY ROOM	51.00	569,011	135,912	0 RADIOLOGY-DIAGNOSTIC	54.00	812,873	194,160	1.00
2.00	ANESTHESIOLOGY	53.00	243,862	58,248	0	0.00	0	0	2.00
	TOTALS		812,873	194,160	TOTALS		812,873	194,160	
AA - RECLASS IMPLANTABLE DEVICES									
1.00	CARDIAC CATHETERIZATION	59.00	0	1,189,821	0 OPERATING ROOM	50.00	0	1,342,941	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	153,120	0	0.00	0	0	2.00
	TOTALS		0	1,342,941	TOTALS		0	1,342,941	
500.00	Grand Total: Increases		7,527,985	61,242,586	Grand Total: Decreases		7,527,985	61,242,586	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet 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	0	0	0	0	0	1.00	
2.00	Land Improvements	13,485,887	1,194	0	1,194	0	2.00	
3.00	Buildings and Fixtures	381,675,854	7,746,512	0	7,746,512	0	3.00	
4.00	Building Improvements	295,234,361	145,634,584	0	145,634,584	40,818,172	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	230,919,470	12,606,163	0	12,606,163	22,171,059	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	921,315,572	165,988,453	0	165,988,453	62,989,231	8.00	
9.00	Reconciling Items	71,889,299	124,665,321	0	124,665,321	35,473,692	9.00	
10.00	Total (line 8 minus line 9)	849,426,273	41,323,132	0	41,323,132	27,515,539	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0					1.00
2.00	Land Improvements	13,487,081	0					
3.00	Buildings and Fixtures	389,422,366	0					
4.00	Building Improvements	400,050,773	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	221,354,574	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	1,024,314,794	0					
9.00	Reconciling Items	161,080,928	0					
10.00	Total (line 8 minus line 9)	863,233,866	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
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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	16,490,742	8,699,421	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,714,129	3,577,849	0	0	0	2.00
3.00	Total (sum of lines 1-2)	35,204,871	12,277,270	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	25,190,163				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	22,291,978				2.00
3.00	Total (sum of lines 1-2)	0	47,482,141				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
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	406,818,972	0	406,818,972	0.471268	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	456,424,894	0	456,424,894	0.528732	0	2.00
3.00	Total (sum of lines 1-2)	863,243,866	0	863,243,866	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	19,378,923	8,699,421	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,975,857	3,577,849	2.00
3.00	Total (sum of lines 1-2)	0	0	0	41,354,780	12,277,270	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	-286,102	556,144	0	0	28,348,386	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	316,122	0	0	25,869,828	2.00
3.00	Total (sum of lines 1-2)	-286,102	872,266	0	0	54,218,214	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	RETAIL PHARMACY	B	0		0.00	0	33.01
33.02	ADDBACK SITE SELECTION COSTS	A	125,840	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03	ADDBACK BUILDER'S RISK INSURANCE CRC	A	1,161	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04	1989 CAPITALIZED INTEREST	A	105,865	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05	INTEREST OFF-SET 1998 REVENUE BONDS	A	-286,102	CAP REL COSTS-BLDG & FIXT	1.00	11	33.05
33.06	DEDUCT PRESIDENT ADMINISTRATION	A	-3,423,473	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	SALE OF DRUGS OTHER THAN PATIENTS	B	-4,818,971	PHARMACY	15.00	11	33.07
33.08	CHW-ANESTHESIOLOGY	B	0	ANESTHESIOLOGY	53.00	0	33.08
33.09	CHW- ANESTHESIOLOGY	B	-54,972	DIETARY	10.00	0	33.09
33.10	CHW- NUTRITIONAL SERVICES	B	-815,131	NURSING ADMINISTRATION	13.00	0	33.10
33.11	MISC REVENUE - ADMINISTRATIVE	B	-149,513	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	CLINICAL ENGINEERING	B	-631,931	OPERATION OF PLANT	7.00	10	33.12
33.13	OTHER SUPPORT	B	-353,598	INTENSIVE CARE UNIT	31.00	0	33.13
33.14	LAB REVENUE	B	-334,278	LABORATORY	60.00	0	33.14
33.15	CARDIOVASCULAR SURGERY	B	-144,974	OPERATING ROOM	50.00	0	33.15
33.16	CHILD PROTECTION	B	-8,659	CHILD PROTECTION CENTER	98.05	0	33.16
33.17	CHILD LIFE - MISC REVENUE	B	-1,659,810	ADULTS & PEDIATRICS	30.00	0	33.17
33.18	MISC REVENUE - OUTREACH	B	0	INFECTIOUS DISEASES	90.01	0	33.18
33.19	ALLERGY REVENUE	B	-195,080	ALLERGY CLINIC	90.15	0	33.19
33.20	MISCELLANEOUS REVENUE - EKG	B	-157,445	ELECTROCARDIOLOGY	69.00	0	33.20
33.21	MISC REVENUE - EMERGENCY ROOM	B	-2,950	EMERGENCY	91.00	0	33.21
33.22	MISC REVENUE - HEART TRANSPLANT	B	-142,353	HEART ACQUISITION	106.00	0	33.22
33.23	MISC REVENUE - POISON CENTER	B	-14,814	TRANSPORT	98.01	0	33.23
33.24	MISC REVENUE - RADIOLOGY	B	-21,314	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	MISC REVENUE/OUTSIDE SALARY SUPPORT	B	-12,368	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	MISC REVENUE - RESP THERAPY	B	-124,115	RESPIRATORY THERAPY	65.00	0	33.26
33.27	PSYCHIATRY - MISC REVENUE	B	-72,814	PSYCHIATRY - OFFICE BLDG	98.00	0	33.27
33.28	FAMILY SERVICES - MISC REVENUE	B	-20,696	SOCIAL SERVICE	17.00	0	33.28
33.29	CHW-DIAGNOSTIC NEUROLOGY	B	-7,550	ELECTROENCEPHALOGRAPHY	70.00	0	33.29
33.30	ONCOLOGY - MISC REVENUE	B	-116,880	OTHER SPECIAL CARE HOT UNIT	35.00	0	33.30
33.31	MISC REVENUE - AMBULATORY ADMIN	B	-33,796	CLINIC ADMINISTRATION	90.18	0	33.31
33.32	OUTSIDE SUPPORT - ORTHOPEDIC CLINIC	B	-217,613	ORTHOPEDIC CLINIC	90.11	0	33.32
33.33	OUTSIDE SUPPORT - MEDICAL EDUCATION	B	-37,631	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.33
33.34	OUTSIDE REVENUE - PALLATIVE CARE	B	-82,982	PAIN/PALLATIVE CARE	90.02	0	33.34
33.35	AHA GUIDELINE	A	11,802	CAP REL COSTS-BLDG & FIXT	1.00	9	33.35
33.36	MISC REVENUE - CHILD DEVELOPMENT	B	-5,299	CHILD DEVELOPMENT	98.04	0	33.36
33.37	MISC REVENUE - EYE CLINIC	B	0	EYE CLINIC	90.12	0	33.37
33.38	MISC REVENUE - NEUROSCIENCES CLINIC	B	-197,485	NEUROSCIENCES CLINIC	90.22	0	33.38
33.39	MISC REVENUE - GREENFIELD CLINIC	B	-73,912	GREENFIELD CLINIC	90.26	0	33.39
33.40	MISC REVENUE -CHW- NEW BERLIC CLINIC	B	-35,950	NEW BERLIN CLINIC	90.27	0	33.40
33.41	MISC REVENUE -CHW - SURG SPECIALTIES	B	-18,070	SURGICAL SPECIALTIES	90.14	9	33.41
33.42	MISC REVENUE - CLINICAL NUTRITION	B	-2,395	DIETARY	10.00	9	33.42
33.43	MISC REVENUE - CHW-ENT CLINIC	B	-261,182	ENT CLINIC	90.10	0	33.43
33.44	MISC REVENUE DENTAL CTR CLINICS BLDG	B	-12,219	DENTAL SRVS	98.06	0	33.44
33.45	MISC REVENUE - CHRONIC DIALYSIS	B	-24,506	RENAL DIALYSIS	74.00	0	33.45
33.46	MISC REVENUE - PT/OT THERAPY	B	-30,599	MEQUON CLINIC	90.30	0	33.46
33.47	MISC REVENUE - CAPS ADMINISTRATION	B	-28,162	CHILD PROTECTION CENTER	98.05	0	33.47
33.48	GREENFIELD RADIOLOGY	B	-53,867	RADIOLOGY-DIAGNOSTIC	54.00	0	33.48
33.49	INTEREST EXPENSE TO 2017 BOND	A	68,924	CAP REL COSTS-BLDG & FIXT	1.00	9	33.49
33.50	INTEREST EXPENSE TO 2020 BOND	A	13,885	CAP REL COSTS-BLDG & FIXT	1.00	9	33.50
33.51	ALLOWABLE LOSS ON REFINANCING	A	541,553	CAP REL COSTS-BLDG & FIXT	1.00	9	33.51

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.52	CHW-CARDIOVASCULAR SURGERY	B	-284,475	CARDIOLOGY CLINIC	90.08	0	33.52
33.53	CHW-ENVIRONMENTAL SERVICES	B	-535	HOUSEKEEPING	9.00	0	33.53
33.54	CHS-INSURANCE EXPENSE	A	-4,696	ADMINISTRATIVE & GENERAL	5.00	0	33.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,860,901				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:15 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES	96,894,559	96,894,559	1.00
2.00	98.05	CHILD PROTECTION CENTER	PURCHASED SERVICES	178,843	178,843	2.00
3.00	69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES	14,253	14,253	3.00
3.01	194.07	OTHER OFF SITE CLINICS	PURCHASED SERVICES	56,808	56,808	3.01
4.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY RENT	544,904	544,904	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			97,689,367	97,689,367	5.00

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

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

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

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

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

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

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

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/29/2021 1:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
4.00	0	9		4.00
5.00	0			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	5,884,103	0	5,884,103	169,700	143,680	1.00
2.00	30.00	ADULTS & PEDIATRICS	339,919	0	339,919	169,700	12,316	2.00
3.00	31.00	INTENSIVE CARE UNIT	154,386	0	154,386	169,700	5,881	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	146,236	0	146,236	169,700	4,374	4.00
5.00	50.00	OPERATING ROOM	553,040	0	553,040	169,700	15,316	5.00
6.00	53.00	ANESTHESIOLOGY	308,308	0	308,308	239,400	10,755	6.00
7.00	60.00	LABORATORY	240,679	0	240,679	260,300	9,509	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	118,848	0	118,848	271,900	1,728	8.00
9.00	90.09	PULMONARY CLINIC	31,190	0	28,806	169,700	1,728	9.00
10.00	69.00	ELECTROCARDIOLOGY	76,385	0	70,545	169,700	2,910	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	34,815	0	34,815	169,700	1,088	11.00
12.00	74.00	RENAL DIALYSIS	44,549	0	41,143	169,700	1,697	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	30,988	0	30,988	181,300	1,781	13.00
14.00	98.02	GENETICS CENTER	29,114	0	26,588	169,700	1,109	14.00
15.00	98.04	CHILD DEVELOPMENT	8,966	0	8,280	169,700	342	15.00
16.00	98.05	CHILD PROTECTION CENTER	57,610	0	53,206	169,700	2,194	16.00
17.00	90.01	INFECTIOUS DISEASES	95,964	0	88,628	169,700	3,655	17.00
18.00	90.02	PAIN/PALLATIVE CARE	8,515	0	7,864	169,700	324	18.00
19.00	90.04	GI CLINIC	52,892	0	48,849	169,700	2,105	19.00
20.00	90.15	ALLERGY CLINIC	30,798	0	28,444	169,700	1,173	20.00
21.00	90.10	ENT CLINIC	94,364	0	94,364	169,700	2,847	21.00
22.00	90.12	EYE CLINIC	49,202	0	49,202	169,700	1,290	22.00
23.00	90.17	DERMATOLOGY CLINIC	28,474	0	28,474	169,700	1,494	23.00
24.00	66.00	PHYSICAL THERAPY	55,366	0	55,366	169,700	6,992	24.00
25.00	90.22	NEUROSCIENCES CLINIC	34,815	0	34,815	169,700	1,088	25.00
26.00	90.23	RHEUMATOLOGY CLINIC	35,371	0	32,667	169,700	1,347	26.00
27.00	90.24	ENDOCRINE CLINIC	24,761	0	22,868	169,700	943	27.00
28.00	91.00	EMERGENCY	78,266	0	72,283	169,700	2,981	28.00
29.00	90.37	ADOLESCENT MEDICINE	32,018	0	29,570	169,700	1,220	29.00
200.00			8,679,942	0	8,633,284		243,867	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	11,722,354	586,118	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,004,820	50,241	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	479,810	23,991	0	0	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	356,860	17,843	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,249,580	62,479	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,237,859	61,893	0	0	0	6.00
7.00	60.00	LABORATORY	1,189,997	59,500	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	225,886	11,294	0	0	0	8.00
9.00	90.09	PULMONARY CLINIC	140,981	7,049	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	237,417	11,871	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	88,766	4,438	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	138,452	6,923	0	0	0	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	155,238	7,762	0	0	0	13.00
14.00	98.02	GENETICS CENTER	90,479	4,524	0	0	0	14.00
15.00	98.04	CHILD DEVELOPMENT	27,903	1,395	0	0	0	15.00
16.00	98.05	CHILD PROTECTION CENTER	179,001	8,950	0	0	0	16.00
17.00	90.01	INFECTIOUS DISEASES	298,199	14,910	0	0	0	17.00
18.00	90.02	PAIN/PALLATIVE CARE	26,434	1,322	0	0	0	18.00
19.00	90.04	GI CLINIC	171,740	8,587	0	0	0	19.00
20.00	90.15	ALLERGY CLINIC	95,701	4,785	0	0	0	20.00
21.00	90.10	ENT CLINIC	232,277	11,614	0	0	0	21.00
22.00	90.12	EYE CLINIC	105,247	5,262	0	0	0	22.00
23.00	90.17	DERMATOLOGY CLINIC	121,890	6,095	0	0	0	23.00
24.00	66.00	PHYSICAL THERAPY	570,453	28,523	0	0	0	24.00
25.00	90.22	NEUROSCIENCES CLINIC	88,766	4,438	0	0	0	25.00
26.00	90.23	RHEUMATOLOGY CLINIC	109,897	5,495	0	0	0	26.00
27.00	90.24	ENDOCRINE CLINIC	76,936	3,847	0	0	0	27.00
28.00	91.00	EMERGENCY	243,209	12,160	0	0	0	28.00
29.00	90.37	ADOLESCENT MEDICINE	99,535	4,977	0	0	0	29.00
200.00			20,765,687	1,038,286	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet A-8-2
Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,722,354	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	1,004,820	0	0		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	479,810	0	0		3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	0	356,860	0	0		4.00
5.00	50.00	OPERATING ROOM	0	1,249,580	0	0		5.00
6.00	53.00	ANESTHESIOLOGY	0	1,237,859	0	0		6.00
7.00	60.00	LABORATORY	0	1,189,997	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	225,886	0	0		8.00
9.00	90.09	PULMONARY CLINIC	0	140,981	0	2,384		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	237,417	0	5,840		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	88,766	0	0		11.00
12.00	74.00	RENAL DIALYSIS	0	138,452	0	3,406		12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	0	155,238	0	0		13.00
14.00	98.02	GENETICS CENTER	0	90,479	0	2,526		14.00
15.00	98.04	CHILD DEVELOPMENT	0	27,903	0	686		15.00
16.00	98.05	CHILD PROTECTION CENTER	0	179,001	0	4,404		16.00
17.00	90.01	INFECTIOUS DISEASES	0	298,199	0	7,336		17.00
18.00	90.02	PAIN/PALLATIVE CARE	0	26,434	0	651		18.00
19.00	90.04	GI CLINIC	0	171,740	0	4,043		19.00
20.00	90.15	ALLERGY CLINIC	0	95,701	0	2,354		20.00
21.00	90.10	ENT CLINIC	0	232,277	0	0		21.00
22.00	90.12	EYE CLINIC	0	105,247	0	0		22.00
23.00	90.17	DERMATOLOGY CLINIC	0	121,890	0	0		23.00
24.00	66.00	PHYSICAL THERAPY	0	570,453	0	0		24.00
25.00	90.22	NEUROSCIENCES CLINIC	0	88,766	0	0		25.00
26.00	90.23	RHEUMATOLOGY CLINIC	0	109,897	0	2,704		26.00
27.00	90.24	ENDOCRINE CLINIC	0	76,936	0	1,893		27.00
28.00	91.00	EMERGENCY	0	243,209	0	5,983		28.00
29.00	90.37	ADOLESCENT MEDICINE	0	99,535	0	2,448		29.00
200.00			0	20,765,687	0	46,658		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	28,348,386	28,348,386			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	25,869,828		25,869,828		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,681,435	240,455	24,885	7,946,775	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	142,778,070	3,037,663	8,855,668	155,086,429	5.00
7.00	00700	OPERATION OF PLANT	23,036,475	839,832	324,882	24,386,762	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,161,652	0	5,167	1,166,819	8.00
9.00	00900	HOUSEKEEPING	8,315,960	170,306	335,955	8,967,976	9.00
10.00	01000	DIETARY	5,589,419	552,360	268,520	6,482,252	10.00
11.00	01100	CAFETERIA	0	116,358	0	116,358	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,776,453	218,449	293,643	11,605,080	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,009,618	190,175	55,949	2,264,818	14.00
15.00	01500	PHARMACY	270,375	25,790	3,637	309,082	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,480,088	0	0	3,480,088	16.00
17.00	01700	SOCIAL SERVICE	3,291,122	210,680	11,824	3,614,679	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,863,140	44,100	136	25,911,568	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	505,998	0	0	505,998	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,947,206	3,953,277	1,009,373	31,744,367	30.00
31.00	03100	INTENSIVE CARE UNIT	46,380,453	4,223,163	2,322,411	54,248,488	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	8,937,785	594,929	191,219	9,922,516	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,416,666	1,651,362	2,538,799	19,976,017	50.00
51.00	05100	RECOVERY ROOM	3,238,253	148,241	86,319	3,572,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,303,026	145,325	29,080	1,498,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,132,896	1,148,531	726,465	12,269,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,183,184	278,519	402,970	1,890,341	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,651,044	0	1,644,825	4,361,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,260,737	122,451	672,774	3,083,615	59.00
60.00	06000	LABORATORY	26,398,940	754,752	686,193	28,131,622	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,192,242	0	19,478	4,211,720	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,056,627	510,195	281,671	11,105,665	65.00
66.00	06600	PHYSICAL THERAPY	8,221,394	846,504	27,924	9,333,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,406,729	665,281	26,906	6,214,715	68.00
69.00	06900	ELECTROCARDIOLOGY	4,695,137	551,032	233,708	5,591,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,427,978	36,995	337,906	1,838,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,990,719	390,834	703,142	19,259,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,546,860	0	0	6,546,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,169,938	357,766	1,062,924	47,932,078	73.00
74.00	07400	RENAL DIALYSIS	1,117,312	111,188	61,956	1,304,842	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	689,754	1,993	0	712,285	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.02	09002	PAIN/PALLATIVE CARE	522,746	20,418	6,055	18,652	567,871	90.02
90.03	09003	DIABETIC CLINIC	1,089,584	118,899	18,748	31,761	1,258,992	90.03
90.04	09004	GI CLINIC	2,083,252	46,988	123,644	62,848	2,316,732	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,479,974	71,738	22,256	53,233	3,627,201	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	449,015	100,676	23,003	13,034	585,728	90.07
90.08	09008	CARDIOLOGY CLINIC	2,369,464	28,418	15,165	83,981	2,497,028	90.08
90.09	09009	PULMONARY CLINIC	754,289	76,157	24,498	22,331	877,275	90.09
90.10	09010	ENT CLINIC	678,557	0	66,283	28,222	773,062	90.10
90.11	09011	ORTHOPEDIC CLINIC	548,086	342,720	15,125	22,857	928,788	90.11
90.12	09012	EYE CLINIC	774,343	78,063	117,885	22,948	993,239	90.12
90.13	09013	ONCOLOGY CLINIC	2,691,046	513,343	165,100	83,294	3,452,783	90.13
90.14	09014	SURGICAL SPECIALTIES	848,710	84,301	4,836	26,978	964,825	90.14
90.15	09015	ALLERGY CLINIC	996,858	106,798	44,374	34,849	1,182,879	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	933,487	113,094	49,011	25,958	1,121,550	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	233,450	42,020	364	7,340	283,174	90.19
90.20	09020	HEMATOLOGY CLINIC	342,769	84,850	0	14,630	442,249	90.20
90.21	09021	SPINA BIFIDA	252,450	71,796	0	7,962	332,208	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,575,368	184,515	30,100	55,155	1,845,138	90.22
90.23	09023	RHEUMATOLOGY CLINIC	326,264	216,196	21,549	9,728	573,737	90.23
90.24	09024	ENDOCRINE CLINIC	346,627	61,255	0	10,146	418,028	90.24
90.25	09025	RENAL CLINIC	299,851	70,929	1,214	8,818	380,812	90.25
90.26	09026	GREENFIELD CLINIC	1,830,055	610,929	303,493	52,528	2,797,005	90.26
90.27	09027	NEW BERLIN CLINIC	2,391,503	375,903	377,828	59,593	3,204,827	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	491,616	195,749	258,490	13,277	959,132	90.29
90.30	09030	MEQUON CLINIC	1,001,843	292,757	0	24,052	1,318,652	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	2	2	90.31
90.32	09032	WEST DEPERE CLINIC	45,710	31,826	7,939	556	86,031	90.32
90.33	09033	APPLETON CLINIC	17,771	41,096	17,868	0	76,735	90.33
90.34	09034	UROLOGY CLINIC	794,771	111,188	45,178	24,720	975,857	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	186,642	76,908	0	3,900	267,450	90.35
90.36	09036	KENOSHA CLINIC (KNO)	44,685	189,136	346,002	942	580,765	90.36
90.37	09037	ADOLESCENT MEDICINE	194,285	0	13,365	5,854	213,504	90.37
91.00	09100	EMERGENCY	9,835,067	613,066	180,991	261,247	10,890,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	380,082	0	0	511	380,593	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,700,645	334,836	14,067	87,421	3,136,969	98.00
98.01	09851	TRANSPORT	3,374,851	4,823	78,378	95,269	3,553,321	98.01
98.02	09852	GENETICS CENTER	1,167,626	0	7,243	10,551	1,185,420	98.02
98.03	09853	NUCLEAR MEDICINE	942,014	4,043	6,785	13,882	966,724	98.03
98.04	09854	CHILD DEVELOPMENT	318,795	0	5,893	5,154	329,842	98.04
98.05	09855	CHILD PROTECTION CENTER	2,128,915	125,571	115,548	60,478	2,430,512	98.05
98.06	09856	DENTAL SRVS	4,907,979	147,924	61,021	143,185	5,260,109	98.06
98.07	09857	OTHER	0	75,983	0	0	75,983	98.07
98.08	09858	OTHER OFFSITE CLINICS	82,417	0	0	2,554	84,971	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	768,427	7,018	552	12,198	788,195	105.00
106.00	10600	HEART ACQUISITION	613,486	7,018	995	1,026	622,525	106.00
107.00	10700	LIVER ACQUISITION	952,428	7,018	479	1,202	961,127	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	596,110,702	27,824,472	25,837,634	7,609,668	595,217,487	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	206,352	42,396	311	0	249,059	190.00
191.00	19100	RESEARCH	7,519,964	245,365	11,264	156,603	7,933,196	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	165,171	0	0	4,747	169,918	194.00
194.01	07951	POISON CONTROL	2,722,437	86,496	3,044	64,986	2,876,963	194.01
194.02	07952	PUBLIC RELATIONS	1,866,250	133,513	1,396	0	2,001,159	194.02
194.03	07953	OUTREACH	183,151	0	0	14,927	198,078	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	298,231	16,144	9,697	4,486	328,558	194.04
194.05	07955	RETAIL PHARMACY	3,063,983	0	0	89,730	3,153,713	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	131,664	0	6,482	1,628	139,774	194.07
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)	612,267,905	28,348,386	25,869,828	7,946,775	612,267,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	155,086,429					5.00
7.00	00700	OPERATION OF PLANT	8,272,551	32,659,313				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	395,812		1,562,631			8.00
9.00	00900	HOUSEKEEPING	3,042,144	229,549	21,002	12,260,671		9.00
10.00	01000	DIETARY	2,198,929	744,506		294,233	9,719,920	10.00
11.00	01100	CAFETERIA	39,471	156,834		61,752		11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	3,936,710	294,439		177,810		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	768,278	256,330		103,058		14.00
15.00	01500	PHARMACY	104,848	34,761		14,808		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,180,526					16.00
17.00	01700	SOCIAL SERVICE	1,226,182	283,968		120,967		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,789,800	59,441		23,829		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	171,646					22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)						23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,768,419	5,328,477	325,592	2,290,505	6,434,025	30.00
31.00	03100	INTENSIVE CARE UNIT	18,402,294	5,692,242	200,033	2,454,852	1,603,973	31.00
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,365,946	801,883	69,753	341,592	1,411,547	35.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,776,324	2,225,811	222,877	930,489	22,252	50.00
51.00	05100	RECOVERY ROOM	1,211,772	199,809	28,546	187,395		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY	508,486	195,878		83,806		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,162,019	1,548,063	48,104	637,665	10,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN	641,247	375,406		29,931		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,479,383		24,947	59,447		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,046,033	165,048		65,317		59.00
60.00	06000	LABORATORY	9,542,893	1,017,302		426,359		60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,428,712					63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY	3,767,297	687,673	15,145	165,622	3,602	65.00
66.00	06600	PHYSICAL THERAPY	3,166,123	1,140,971	12,063	388,187		66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY	2,108,174	896,708	128,282	84,254		68.00
69.00	06900	ELECTROCARDIOLOGY	1,896,852	742,715	13,590	309,970		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	623,633	49,865	33,095	20,462		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,533,219	526,791	10,579	220,559		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,220,845					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,259,663	482,220	412	202,915		73.00
74.00	07400	RENAL DIALYSIS	442,632	149,867	3,965	34,093	52,094	74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	INFECTIOUS DISEASES	241,623	2,686		1,426		90.01
90.02	09002	PAIN/PALLIATIVE CARE	192,635	27,521	3,928	17,328		90.02
90.03	09003	DIABETIC CLINIC	427,079	160,260		68,633	15,564	90.03
90.04	09004	GI CLINIC	785,889	63,333	120,830	26,979	3,859	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,230,430	96,693		44,589		90.05
90.06	09006	OTHER						90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.07	09007	INFUSION ROOM	198,692	135,697	2,808	56,960	94,155	90.07
90.08	09008	CARDIOLOGY CLINIC	847,049	38,304	0	16,300	0	90.08
90.09	09009	PULMONARY CLINIC	297,592	102,649	0	37,675	0	90.09
90.10	09010	ENT CLINIC	262,240	0	4,276	51,371	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	315,066	461,939	15,432	192,286	0	90.11
90.12	09012	EYE CLINIC	336,930	105,218	0	39,582	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,171,263	691,916	0	269,675	0	90.13
90.14	09014	SURGICAL SPECIALTIES	327,291	113,626	0	46,364	0	90.14
90.15	09015	ALLERGY CLINIC	401,260	143,950	5,110	66,942	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	380,456	152,436	9,702	54,854	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	96,059	56,638	0	54,854	0	90.19
90.20	09020	HEMATOLOGY CLINIC	150,021	114,366	0	78,118	0	90.20
90.21	09021	SPINA BIFIDA	112,693	96,771	0	38,106	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	625,913	248,701	0	111,946	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	194,625	291,403	5,115	59,828	0	90.23
90.24	09024	ENDOCRINE CLINIC	141,805	82,563	0	34,706	0	90.24
90.25	09025	RENAL CLINIC	129,180	95,603	0	39,747	0	90.25
90.26	09026	GREENFIELD CLINIC	948,808	823,449	6,118	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,087,151	506,666	0	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	325,360	263,843	0	0	0	90.29
90.30	09030	MEQUON CLINIC	447,317	394,597	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	1	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	29,184	42,897	0	0	0	90.32
90.33	09033	APPLETON CLINIC	26,030	55,392	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	331,033	149,867	0	66,047	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	90,725	103,661	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	197,009	254,929	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	72,425	0	0	39,797	0	90.37
91.00	09100	EMERGENCY	3,694,264	826,329	95,265	345,439	66,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	129,106	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,064,132	451,312	0	70,955	0	98.00
98.01	09851	TRANSPORT	1,205,368	6,501	121,318	2,653	0	98.01
98.02	09852	GENETICS CENTER	402,122	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	327,935	5,450	9,067	26,631	0	98.03
98.04	09854	CHILD DEVELOPMENT	111,890	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	824,486	169,252	0	0	0	98.05
98.06	09856	DENTAL SRVS	1,784,350	199,381	5,677	142,523	0	98.06
98.07	09857	OTHER	25,775	102,415	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	28,824	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	267,374	9,459	0	4,029	0	105.00
106.00	10600	HEART ACQUISITION	211,175	9,459	0	4,029	0	106.00
107.00	10700	LIVER ACQUISITION	326,036	9,459	0	4,029	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,302,534	31,953,148	1,562,631	11,844,278	9,718,376	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,487	57,144	0	23,464	0	190.00
191.00	19100	RESEARCH	2,691,123	330,719	0	266,607	1,544	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	57,640	0	0	0	0	194.00
194.01	07951	POISON CONTROL	975,932	116,585	0	49,663	0	194.01
194.02	07952	PUBLIC RELATIONS	678,839	179,957	0	76,659	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07953	OUTREACH	67,193	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	111,454	21,760	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	1,069,812	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	47,415	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	155,086,429	32,659,313	1,562,631	12,260,671	9,719,920	202.00

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	374,415					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	16,783	0	16,030,822			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,392,484		14.00
15.00	01500	PHARMACY	546	0	0	0	464,045	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,811	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,137	0	0	1,429	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,638	0	0	2,315	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,529	0	3,510,043	75,355	30,790	30.00
31.00	03100	INTENSIVE CARE UNIT	71,247	0	6,609,770	168,637	43	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	11,625	0	1,052,200	61,372	43	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,073	0	0	58,466	2,322	50.00
51.00	05100	RECOVERY ROOM	5,041	0	0	3,756	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,675	0	0	21,801	96,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,988	0	0	207,380	15,356	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,316	0	0	137	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,145	0	0	2,657	37,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,292	0	117,814	528	0	59.00
60.00	06000	LABORATORY	16,909	0	0	122,266	7,822	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	13,785	0	1,015,637	94,973	0	65.00
66.00	06600	PHYSICAL THERAPY	4,975	0	0	973,159	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,188	0	0	554,482	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,500	0	422,505	17,679	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,257	0	0	3,516	1,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,205	0	0	98,568	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	15,660	0	0	91,967	252,468	73.00
74.00	07400	RENAL DIALYSIS	813	0	0	445	193	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,003	0	0	10,104	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	957	0	8,125	9,026	0	90.02
90.03	09003	DIABETIC CLINIC	1,756	0	0	18,316	21	90.03
90.04	09004	GI CLINIC	3,671	0	0	38,228	135	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,609	0	32,500	34,209	0	90.05

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	753	0	69,063	4,173	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3,896	0	361,567	3,061	22	90.08
90.09	09009	PULMONARY CLINIC	1,475	0	0	15,963	0	90.09
90.10	09010	ENT CLINIC	1,649	0	0	26,446	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,551	0	0	1,169	0	90.11
90.12	09012	EYE CLINIC	1,416	0	0	16,341	0	90.12
90.13	09013	ONCOLOGY CLINIC	4,497	0	406,255	21,000	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,378	0	0	14,575	0	90.14
90.15	09015	ALLERGY CLINIC	2,036	0	0	21,208	40	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,729	0	0	18,395	342	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	363	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	689	0	60,938	2,838	0	90.20
90.21	09021	SPINA BIFIDA	390	0	0	0	470	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,999	0	0	433	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	591	0	0	5,999	0	90.23
90.24	09024	ENDOCRINE CLINIC	789	0	0	7,943	0	90.24
90.25	09025	RENAL CLINIC	520	0	0	5,527	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	126,413	21	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	4,063	54,430	107	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	1,677	43	90.29
90.30	09030	MEQUON CLINIC	0	0	0	228,099	128	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	32,658	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	1,587	0	0	17,597	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	8,689	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	17,250	0	90.36
90.37	09037	ADOLESCENT MEDICINE	390	0	0	4,366	0	90.37
91.00	09100	EMERGENCY	14,899	0	1,312,204	18,687	1,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	3,146	0	0	1,076	0	98.00
98.01	09851	TRANSPORT	4,403	0	398,130	20,283	0	98.01
98.02	09852	GENETICS CENTER	604	0	0	6,287	0	98.02
98.03	09853	NUCLEAR MEDICINE	611	0	0	1,033	43	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	6,311	0	98.04
98.05	09855	CHILD PROTECTION CENTER	387	0	0	277	1,443	98.05
98.06	09856	DENTAL SRVS	4,913	0	0	6,608	651	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	76	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	465	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	304	0	16,250	0	0	106.00
107.00	10700	LIVER ACQUISITION	616	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,180	0	15,397,064	3,387,659	448,994	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	5,108	0	300,629	3,741	15,051	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
194.01	07951	POISON CONTROL	2,872	0	264,066	30	0	194.01
194.02	07952	PUBLIC RELATIONS	525	0	0	0	0	194.02
194.03	07953	OUTREACH	730	0	69,063	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	654	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	400	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	374,415	0	16,030,822	3,392,484	464,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,662,425					16.00
17.00	01700	SOCIAL SERVICE	0	5,253,362				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	388,882	1,404,604	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,018,087	912,342	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	158,498	178,682	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,832	76,916	0	0	0	50.00
51.00	05100	RECOVERY ROOM	61,044	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	34,559	1,183	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,418	1,183	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	54,405	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	120,572	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,988	0	0	0	0	59.00
60.00	06000	LABORATORY	474,613	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.	41,861	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	117,995	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	86,585	3,550	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	54,480	3,550	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	109,978	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,648	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	278,528	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,145	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	809,799	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	23,860	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	61	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	335	5,917	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	2,229	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.04	09004	GI CLINIC	10,896	9,467	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	622	49,700	0	0	0	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	11,133	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2,977	5,917	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	1,734	0	0	0	0	90.09
90.10	09010	ENT CLINIC	3,728	2,367	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	4,101	5,917	0	0	0	90.11
90.12	09012	EYE CLINIC	2,885	2,367	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	21,250	632,486	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,494	78,099	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	2,550	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,709	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	872	2,367	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,000	3,550	0	0	0	90.20
90.21	09021	SPINA BIFIDA	2,568	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,894	23,666	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	521	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	735	1,183	0	0	0	90.24
90.25	09025	RENAL CLINIC	564	1,183	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	8,709	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	12,031	0	0	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	3,623	4,733	0	0	0	90.29
90.30	09030	MEQUON CLINIC	7,999	7,100	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	658	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	352	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	3,594	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1,408	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	5,234	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	1,141	0	0	0	0	90.37
91.00	09100	EMERGENCY	167,238	1,823,501	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	4,554	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	12,759	1,183	0	0	0	98.00
98.01	09851	TRANSPORT	8,197	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	1,364	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	14,289	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	240	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	5,236	1,183	0	0	0	98.05
98.06	09856	DENTAL SRVS	29,948	0	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	257	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,583	4,733	0	0	0	105.00
106.00	10600	HEART ACQUISITION	5,260	4,733	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,816	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,657,185	5,253,362	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
					16.00			
191.00	19100	RESEARCH	561	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	4,305	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	3	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	371	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,662,425	5,253,362	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,822,591					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		677,644				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,329,581	259,391	0	75,935,560	-13,588,972	30.00
31.00	03100	INTENSIVE CARE UNIT	3,737,079	72,723	0	95,191,810	-3,809,802	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	968,482	18,847	0	18,362,986	-987,329	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,314,979	45,049	0	32,779,407	-2,360,028	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,269,562	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,543,086	49,488	0	5,035,641	-2,592,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,309,750	25,488	0	20,460,491	-1,335,238	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	2,992,783	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,088,449	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,499,635	0	59.00
60.00	06000	LABORATORY	0	0	0	39,739,786	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	5,682,293	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,034	273	0	17,001,701	-14,307	65.00
66.00	06600	PHYSICAL THERAPY	370,228	7,205	0	15,486,502	-377,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,048,833	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,063	371	0	9,128,977	-19,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354,085	6,890	0	2,972,248	-360,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26,928,811	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,829,850	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,047,182	0	73.00
74.00	07400	RENAL DIALYSIS	111,620	2,172	0	2,126,596	-251,184	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	141,228	2,748	0	1,113,164	-143,976	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
90.02	09002	PAIN/PALLATIVE CARE	18,657	363	0	852,663	-19,020	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	1,952,850	0	90.03
90.04	09004	GI CLINIC	853,049	16,600	0	4,249,668	-869,649	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	5,119,553	0	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	1,159,162	0	90.07
90.08	09008	CARDIOLOGY CLINIC	740,780	14,416	0	4,531,317	-755,196	90.08
90.09	09009	PULMONARY CLINIC	166,132	3,233	0	1,503,728	-169,365	90.09
90.10	09010	ENT CLINIC	590,061	11,483	0	1,726,683	-601,544	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	1,926,249	0	90.11
90.12	09012	EYE CLINIC	279,618	5,441	0	1,783,037	-285,059	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	6,671,125	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	1,547,652	0	90.14
90.15	09015	ALLERGY CLINIC	20,604	401	0	1,846,980	-21,005	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	681,482	13,262	0	2,437,917	-694,744	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	494,327	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	853,829	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	583,206	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	2,861,690	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	306,144	5,958	0	1,443,921	-312,102	90.23
90.24	09024	ENDOCRINE CLINIC	125,329	2,439	0	815,520	-127,768	90.24
90.25	09025	RENAL CLINIC	0	0	0	653,136	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	4,710,523	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	4,869,275	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	1,558,411	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	2,403,892	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	3	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	191,428	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	158,509	0	90.33
90.34	09034	UROLOGY CLINIC	560,209	10,902	0	2,116,693	-571,111	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	471,933	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	1,055,187	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	331,623	0	90.37
91.00	09100	EMERGENCY	2,606,359	50,719	0	21,912,975	-2,657,078	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	514,253	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	920,621	17,915	0	5,680,068	-938,536	98.00
98.01	09851	TRANSPORT	0	0	0	5,320,174	0	98.01
98.02	09852	GENETICS CENTER	231,757	4,510	0	1,832,064	-236,267	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	1,351,783	0	98.03
98.04	09854	CHILD DEVELOPMENT	46,157	898	0	495,338	-47,055	98.04
98.05	09855	CHILD PROTECTION CENTER	69,195	1,347	0	3,503,318	-70,542	98.05
98.06	09856	DENTAL SRVS	1,324,514	25,775	0	8,784,449	-1,350,289	98.06
98.07	09857	OTHER	0	0	0	204,173	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	114,052	0	98.08
98.09	09859	OTHER	0	0	0	76	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	1,076,838	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	873,735	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,304,083	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,753,883	676,307	0	587,571,336	-35,567,582	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	414,154	0	190.00
191.00	19100	RESEARCH	68,708	1,337	0	11,618,324	-70,045	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	231,863	0	194.00
194.01	07951	POISON CONTROL	0	0	0	4,286,111	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	2,937,139	0	194.02
194.03	07953	OUTREACH	0	0	0	335,064	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	462,429	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	4,223,925	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	187,560	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,822,591	677,644	0	612,267,905	-35,637,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	62,346,588	30.00
31.00	03100	INTENSIVE CARE UNIT	91,382,008	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	17,375,657	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	30,419,379	50.00
51.00	05100	RECOVERY ROOM	5,269,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	2,443,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,125,253	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	2,992,783	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,088,449	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,499,635	59.00
60.00	06000	LABORATORY	39,739,786	60.00
60.01	06001	BLOOD LABORATORY	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	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,682,293	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,987,394	65.00
66.00	06600	PHYSICAL THERAPY	15,109,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,048,833	68.00
69.00	06900	ELECTROCARDIOLOGY	9,109,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,611,273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,928,811	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,829,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,047,182	73.00
74.00	07400	RENAL DIALYSIS	1,875,412	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	INFECTIOUS DISEASES	969,188	90.01
90.02	09002	PAIN/PALLIATIVE CARE	833,643	90.02
90.03	09003	DIABETIC CLINIC	1,952,850	90.03
90.04	09004	GI CLINIC	3,380,019	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,119,553	90.05
90.06	09006	OTHER	0	90.06
90.07	09007	INFUSION ROOM	1,159,162	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description			Total	
			26.00	
90.08	09008	CARDIOLOGY CLINIC	3,776,121	90.08
90.09	09009	PULMONARY CLINIC	1,334,363	90.09
90.10	09010	ENT CLINIC	1,125,139	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,926,249	90.11
90.12	09012	EYE CLINIC	1,497,978	90.12
90.13	09013	ONCOLOGY CLINIC	6,671,125	90.13
90.14	09014	SURGICAL SPECIALTIES	1,547,652	90.14
90.15	09015	ALLERGY CLINIC	1,825,975	90.15
90.16	09016	LASER CLINIC	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,743,173	90.17
90.18	09018	CLINIC ADMINISTRATION	0	90.18
90.19	09019	CRANIOFACIAL CENTER	494,327	90.19
90.20	09020	HEMATOLOGY CLINIC	853,829	90.20
90.21	09021	SPINA BIFIDA	583,206	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,861,690	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,131,819	90.23
90.24	09024	ENDOCRINE CLINIC	687,752	90.24
90.25	09025	RENAL CLINIC	653,136	90.25
90.26	09026	GREENFIELD CLINIC	4,710,523	90.26
90.27	09027	NEW BERLIN CLINIC	4,869,275	90.27
90.28	09028	NOT USED	0	90.28
90.29	09029	DELAFIELD CLINIC	1,558,411	90.29
90.30	09030	MEQUON CLINIC	2,403,892	90.30
90.31	09031	KENOSHA CLINIC	3	90.31
90.32	09032	WEST DEPERE CLINIC	191,428	90.32
90.33	09033	APPLETON CLINIC	158,509	90.33
90.34	09034	UROLOGY CLINIC	1,545,582	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	471,933	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1,055,187	90.36
90.37	09037	ADOLESCENT MEDICINE	331,623	90.37
91.00	09100	EMERGENCY	19,255,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	514,253	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,741,532	98.00
98.01	09851	TRANSPORT	5,320,174	98.01
98.02	09852	GENETICS CENTER	1,595,797	98.02
98.03	09853	NUCLEAR MEDICINE	1,351,783	98.03
98.04	09854	CHILD DEVELOPMENT	448,283	98.04
98.05	09855	CHILD PROTECTION CENTER	3,432,776	98.05
98.06	09856	DENTAL SRVS	7,434,160	98.06
98.07	09857	OTHER	204,173	98.07
98.08	09858	OTHER OFFSITE CLINICS	114,052	98.08
98.09	09859	OTHER	76	98.09
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	1,076,838	105.00
106.00	10600	HEART ACQUISITION	873,735	106.00
107.00	10700	LIVER ACQUISITION	1,304,083	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	552,003,754	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	414,154	190.00
191.00	19100	RESEARCH	11,548,279	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DENTAL - SURGICENTER	231,863	194.00
194.01	07951	POISON CONTROL	4,286,111	194.01
194.02	07952	PUBLIC RELATIONS	2,937,139	194.02
194.03	07953	OUTREACH	335,064	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	462,429	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.05	07955	RETAIL PHARMACY	4,223,925	194.05
194.06	07956	FLIGHT FOR LIFE	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	187,560	194.07
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	576,630,278	202.00

COST ALLOCATION STATISTICS

Provider CCN: 52-3300

Period:

From 01/01/2020

To 12/31/2020

Worksheet Non-CMS W

Date/Time Prepared:

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	240,455	24,885	265,340	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,037,663	8,855,668	11,893,331	5.00
7.00	00700	OPERATION OF PLANT	0	839,832	324,882	1,164,714	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,167	5,167	8.00
9.00	00900	HOUSEKEEPING	0	170,306	335,955	506,261	9.00
10.00	01000	DIETARY	0	552,360	268,520	820,880	10.00
11.00	01100	CAFETERIA	0	116,358	0	116,358	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	218,449	293,643	512,092	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,623	190,175	55,949	283,747	14.00
15.00	01500	PHARMACY	0	25,790	3,637	29,427	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	210,680	11,824	222,504	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	44,100	136	44,236	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,953,277	1,009,373	4,962,650	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,223,163	2,322,411	6,545,574	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	594,929	191,219	786,148	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,651,362	2,538,799	4,190,161	50.00
51.00	05100	RECOVERY ROOM	0	148,241	86,319	234,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	145,325	29,080	174,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	439,090	1,148,531	726,465	2,314,086	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	278,519	402,970	681,489	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,644,825	1,644,825	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	122,451	672,774	795,225	59.00
60.00	06000	LABORATORY	46,841	754,752	686,193	1,487,786	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	19,478	19,478	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	510,195	281,671	791,866	65.00
66.00	06600	PHYSICAL THERAPY	179,756	846,504	27,924	1,054,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	665,281	26,906	692,187	68.00
69.00	06900	ELECTROCARDIOLOGY	0	551,032	233,708	784,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,995	337,906	374,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,196	390,834	703,142	1,307,172	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	357,766	1,062,924	1,420,690	73.00
74.00	07400	RENAL DIALYSIS	0	111,188	61,956	173,144	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	1,993	0	1,993	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	20,418	6,055	26,473	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.03	09003	DIABETIC CLINIC	0	118,899	18,748	137,647	1,060	90.03
90.04	09004	GI CLINIC	0	46,988	123,644	170,632	2,098	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	71,738	22,256	93,994	1,777	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	100,676	23,003	123,679	435	90.07
90.08	09008	CARDIOLOGY CLINIC	0	28,418	15,165	43,583	2,804	90.08
90.09	09009	PULMONARY CLINIC	0	76,157	24,498	100,655	746	90.09
90.10	09010	ENT CLINIC	0	0	66,283	66,283	942	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	342,720	15,125	357,845	763	90.11
90.12	09012	EYE CLINIC	0	78,063	117,885	195,948	766	90.12
90.13	09013	ONCOLOGY CLINIC	0	513,343	165,100	678,443	2,781	90.13
90.14	09014	SURGICAL SPECIALTIES	0	84,301	4,836	89,137	901	90.14
90.15	09015	ALLERGY CLINIC	0	106,798	44,374	151,172	1,163	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	113,094	49,011	162,105	867	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	42,020	364	42,384	245	90.19
90.20	09020	HEMATOLOGY CLINIC	0	84,850	0	84,850	488	90.20
90.21	09021	SPINA BIFIDA	0	71,796	0	71,796	266	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	184,515	30,100	214,615	1,841	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	216,196	21,549	237,745	325	90.23
90.24	09024	ENDOCRINE CLINIC	0	61,255	0	61,255	339	90.24
90.25	09025	RENAL CLINIC	0	70,929	1,214	72,143	294	90.25
90.26	09026	GREENFIELD CLINIC	372,991	610,929	303,493	1,287,413	1,754	90.26
90.27	09027	NEW BERLIN CLINIC	0	375,903	377,828	753,731	1,990	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	195,749	258,490	454,239	443	90.29
90.30	09030	MEQUON CLINIC	0	292,757	0	292,757	803	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	31,826	7,939	39,765	19	90.32
90.33	09033	APPLETON CLINIC	0	41,096	17,868	58,964	0	90.33
90.34	09034	UROLOGY CLINIC	0	111,188	45,178	156,366	825	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	79,678	76,908	0	156,586	130	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	189,136	346,002	535,138	31	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	13,365	13,365	195	90.37
91.00	09100	EMERGENCY	0	613,066	180,991	794,057	8,722	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	17	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	334,836	14,067	348,903	2,919	98.00
98.01	09851	TRANSPORT	49,791	4,823	78,378	132,992	3,181	98.01
98.02	09852	GENETICS CENTER	77,164	0	7,243	84,407	352	98.02
98.03	09853	NUCLEAR MEDICINE	0	4,043	6,785	10,828	463	98.03
98.04	09854	CHILD DEVELOPMENT	182,544	0	5,893	188,437	172	98.04
98.05	09855	CHILD PROTECTION CENTER	0	125,571	115,548	241,119	2,019	98.05
98.06	09856	DENTAL SRVS	141,091	147,924	61,021	350,036	4,780	98.06
98.07	09857	OTHER	0	75,983	0	75,983	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	85	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	7,018	552	7,570	407	105.00
106.00	10600	HEART ACQUISITION	0	7,018	995	8,013	34	106.00
107.00	10700	LIVER ACQUISITION	0	7,018	479	7,497	40	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,819,765	27,824,472	25,837,634	55,481,871	254,086	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,396	311	42,707	0 190.00
191.00	19100	RESEARCH	33,505	245,365	11,264	290,134	5,228 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	158 194.00
194.01	07951	POISON CONTROL	0	86,496	3,044	89,540	2,170 194.01
194.02	07952	PUBLIC RELATIONS	0	133,513	1,396	134,909	0 194.02
194.03	07953	OUTREACH	0	0	0	0	498 194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	16,144	9,697	25,841	150 194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	2,996 194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0 194.06
194.07	07957	OTHER OFF SITE CLINICS	6,382	0	6,482	12,864	54 194.07
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,859,652	28,348,386	25,869,828	56,077,866	265,340 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,907,187					5.00
7.00	00700	OPERATION OF PLANT	635,153	1,806,063				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,390	0	35,557			8.00
9.00	00900	HOUSEKEEPING	233,571	12,694	478	757,870		9.00
10.00	01000	DIETARY	168,830	41,171	0	18,187	1,051,470	10.00
11.00	01100	CAFETERIA	3,031	8,673	0	3,817	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	302,254	16,283	0	10,991	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,987	14,175	0	6,370	0	14.00
15.00	01500	PHARMACY	8,050	1,922	0	915	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90,639	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	94,144	15,703	0	7,477	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	674,867	3,287	0	1,473	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,179	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	826,782	294,665	7,410	141,583	696,012	30.00
31.00	03100	INTENSIVE CARE UNIT	1,412,796	314,782	4,552	151,743	173,513	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	258,432	44,344	1,587	21,115	152,697	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	520,275	123,088	5,071	57,516	2,407	50.00
51.00	05100	RECOVERY ROOM	93,038	11,049	650	11,583	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	39,041	10,832	0	5,180	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	319,553	85,608	1,095	39,416	1,169	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	49,234	20,760	0	1,850	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	113,585	0	568	3,675	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	80,313	9,127	0	4,037	0	59.00
60.00	06000	LABORATORY	732,688	56,257	0	26,355	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.	109,694	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	289,247	38,028	345	10,238	390	65.00
66.00	06600	PHYSICAL THERAPY	243,090	63,096	274	23,995	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	161,862	49,588	2,919	5,208	0	68.00
69.00	06900	ELECTROCARDIOLOGY	145,637	41,072	309	19,160	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,882	2,758	753	1,265	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	501,610	29,132	241	13,633	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	170,513	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,248,391	26,667	9	12,543	0	73.00
74.00	07400	RENAL DIALYSIS	33,985	8,288	90	2,107	5,635	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	18,551	149	0	88	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	14,790	1,522	89	1,071	0	90.02
90.03	09003	DIABETIC CLINIC	32,790	8,862	0	4,242	1,684	90.03
90.04	09004	GI CLINIC	60,339	3,502	2,749	1,668	417	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	94,470	5,347	0	2,756	0	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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7/29/2021 1:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.07	09007	INFUSION ROOM	15,255	7,504	64	3,521	10,185	90.07
90.08	09008	CARDIOLOGY CLINIC	65,035	2,118	0	1,008	0	90.08
90.09	09009	PULMONARY CLINIC	22,849	5,676	0	2,329	0	90.09
90.10	09010	ENT CLINIC	20,134	0	97	3,175	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	24,190	25,545	351	11,886	0	90.11
90.12	09012	EYE CLINIC	25,869	5,819	0	2,447	0	90.12
90.13	09013	ONCOLOGY CLINIC	89,928	38,263	0	16,669	0	90.13
90.14	09014	SURGICAL SPECIALTIES	25,129	6,284	0	2,866	0	90.14
90.15	09015	ALLERGY CLINIC	30,808	7,960	116	4,138	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	29,211	8,430	221	3,391	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	7,375	3,132	0	3,391	0	90.19
90.20	09020	HEMATOLOGY CLINIC	11,518	6,324	0	4,829	0	90.20
90.21	09021	SPINA BIFIDA	8,652	5,351	0	2,355	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	48,057	13,753	0	6,920	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	14,943	16,115	116	3,698	0	90.23
90.24	09024	ENDOCRINE CLINIC	10,888	4,566	0	2,145	0	90.24
90.25	09025	RENAL CLINIC	9,918	5,287	0	2,457	0	90.25
90.26	09026	GREENFIELD CLINIC	72,848	45,537	139	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	83,470	28,019	0	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	24,981	14,591	0	0	0	90.29
90.30	09030	MEQUON CLINIC	34,344	21,821	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	2,241	2,372	0	0	0	90.32
90.33	09033	APPLETON CLINIC	1,999	3,063	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	25,416	8,288	0	4,083	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	6,966	5,732	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	15,126	14,098	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	5,561	0	0	2,460	0	90.37
91.00	09100	EMERGENCY	283,640	45,696	2,168	21,353	7,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	9,913	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	81,702	24,958	0	4,386	0	98.00
98.01	09851	TRANSPORT	92,546	359	2,761	164	0	98.01
98.02	09852	GENETICS CENTER	30,874	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	25,178	301	206	1,646	0	98.03
98.04	09854	CHILD DEVELOPMENT	8,591	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	63,303	9,360	0	0	0	98.05
98.06	09856	DENTAL SRVS	137,000	11,026	129	8,810	0	98.06
98.07	09857	OTHER	1,979	5,664	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	2,213	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	20,529	523	0	249	0	105.00
106.00	10600	HEART ACQUISITION	16,214	523	0	249	0	106.00
107.00	10700	LIVER ACQUISITION	25,033	523	0	249	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,463,109	1,767,012	35,557	732,131	1,051,303	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,487	3,160	0	1,450	0	190.00
191.00	19100	RESEARCH	206,620	18,289	0	16,480	167	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	4,426	0	0	0	0	194.00
194.01	07951	POISON CONTROL	74,931	6,447	0	3,070	0	194.01
194.02	07952	PUBLIC RELATIONS	52,120	9,952	0	4,739	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07953	OUTREACH	5,159	0	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	8,557	1,203	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	82,138	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	3,640	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,907,187	1,806,063	35,557	757,870	1,051,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	131,879					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,911	0	858,099			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	363,582		14.00
15.00	01500	PHARMACY	192	0	0	0	40,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	638	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,162	0	0	153	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,553	0	0	248	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,037	0	187,886	8,076	2,708	30.00
31.00	03100	INTENSIVE CARE UNIT	25,099	0	353,808	18,073	4	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	4,095	0	56,322	6,577	4	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,718	0	0	6,266	204	50.00
51.00	05100	RECOVERY ROOM	1,775	0	0	403	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	590	0	0	2,336	8,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,518	0	0	22,226	1,351	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	463	0	0	15	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,108	0	0	285	3,273	58.00
59.00	05900	CARDIAC CATHETERIZATION	455	0	6,306	57	0	59.00
60.00	06000	LABORATORY	5,956	0	0	13,104	688	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	4,855	0	54,365	10,179	0	65.00
66.00	06600	PHYSICAL THERAPY	1,752	0	0	104,297	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,475	0	0	59,425	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,585	0	22,616	1,895	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	795	0	0	377	121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	425	0	0	10,564	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,516	0	0	9,856	22,206	73.00
74.00	07400	RENAL DIALYSIS	286	0	0	48	17	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	353	0	0	1,083	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	337	0	435	967	0	90.02
90.03	09003	DIABETIC CLINIC	619	0	0	1,963	2	90.03
90.04	09004	GI CLINIC	1,293	0	0	4,097	12	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,271	0	1,740	3,666	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	265	0	3,697	447	0	90.07
90.08	09008	CARDIOLOGY CLINIC	1,372	0	19,354	328	2	90.08
90.09	09009	PULMONARY CLINIC	519	0	0	1,711	0	90.09
90.10	09010	ENT CLINIC	581	0	0	2,834	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	546	0	0	125	0	90.11
90.12	09012	EYE CLINIC	499	0	0	1,751	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,584	0	21,746	2,251	0	90.13
90.14	09014	SURGICAL SPECIALTIES	485	0	0	1,562	0	90.14
90.15	09015	ALLERGY CLINIC	717	0	0	2,273	3	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	609	0	0	1,971	30	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	128	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	243	0	3,262	304	0	90.20
90.21	09021	SPINA BIFIDA	137	0	0	0	41	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,056	0	0	46	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	208	0	0	643	0	90.23
90.24	09024	ENDOCRINE CLINIC	278	0	0	851	0	90.24
90.25	09025	RENAL CLINIC	183	0	0	592	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	13,548	2	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	217	5,833	9	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	180	4	90.29
90.30	09030	MEQUON CLINIC	0	0	0	24,446	11	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	3,500	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	559	0	0	1,886	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	931	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	1,849	0	90.36
90.37	09037	ADOLESCENT MEDICINE	137	0	0	468	0	90.37
91.00	09100	EMERGENCY	5,248	0	70,240	2,003	106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,108	0	0	115	0	98.00
98.01	09851	TRANSPORT	1,551	0	21,311	2,174	0	98.01
98.02	09852	GENETICS CENTER	213	0	0	674	0	98.02
98.03	09853	NUCLEAR MEDICINE	215	0	0	111	4	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	676	0	98.04
98.05	09855	CHILD PROTECTION CENTER	136	0	0	30	127	98.05
98.06	09856	DENTAL SRVS	1,730	0	0	708	57	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	8	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	164	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	107	0	870	0	0	106.00
107.00	10700	LIVER ACQUISITION	217	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,627	0	824,175	363,065	39,492	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,799	0	16,092	401	1,324	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
194.01	07951	POISON CONTROL	1,011	0	14,135	3	0	194.01
194.02	07952	PUBLIC RELATIONS	185	0	0	0	0	194.02
194.03	07953	OUTREACH	257	0	3,697	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	70	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	43	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	131,879	0	858,099	363,582	40,816	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	91,277					16.00
17.00	01700	SOCIAL SERVICE	0	345,517				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,581	92,382	0			30.00
31.00	03100	INTENSIVE CARE UNIT	20,231	60,005	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,090	11,752	0			35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,122	5,059	0			50.00
51.00	05100	RECOVERY ROOM	1,190	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	674	78	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,199	78	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	1,061	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,351	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	390	0	0			59.00
60.00	06000	LABORATORY	9,252	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	816	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	2,300	0	0			65.00
66.00	06600	PHYSICAL THERAPY	1,688	233	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	1,062	233	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,144	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	753	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,430	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,211	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,787	0	0			73.00
74.00	07400	RENAL DIALYSIS	465	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	INFECTIOUS DISEASES	1	0	0			90.01
90.02	09002	PAIN/PALLIATIVE CARE	7	389	0			90.02
90.03	09003	DIABETIC CLINIC	43	0	0			90.03

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.04	09004	GI CLINIC	212	623	0			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	12	3,269	0			90.05
90.06	09006	OTHER	0	0	0			90.06
90.07	09007	INFUSION ROOM	217	0	0			90.07
90.08	09008	CARDIOLOGY CLINIC	58	389	0			90.08
90.09	09009	PULMONARY CLINIC	34	0	0			90.09
90.10	09010	ENT CLINIC	73	156	0			90.10
90.11	09011	ORTHOPEDIC CLINIC	80	389	0			90.11
90.12	09012	EYE CLINIC	56	156	0			90.12
90.13	09013	ONCOLOGY CLINIC	414	41,599	0			90.13
90.14	09014	SURGICAL SPECIALTIES	29	5,137	0			90.14
90.15	09015	ALLERGY CLINIC	50	0	0			90.15
90.16	09016	LASER CLINIC	0	0	0			90.16
90.17	09017	DERMATOLOGY CLINIC	72	0	0			90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0			90.18
90.19	09019	CRANIOFACIAL CENTER	17	156	0			90.19
90.20	09020	HEMATOLOGY CLINIC	21	233	0			90.20
90.21	09021	SPINA BIFIDA	50	0	0			90.21
90.22	09022	NEUROSCIENCES CLINIC	56	1,557	0			90.22
90.23	09023	RHEUMATOLOGY CLINIC	10	0	0			90.23
90.24	09024	ENDOCRINE CLINIC	14	78	0			90.24
90.25	09025	RENAL CLINIC	11	78	0			90.25
90.26	09026	GREENFIELD CLINIC	170	0	0			90.26
90.27	09027	NEW BERLIN CLINIC	235	0	0			90.27
90.28	09028	NOT USED	0	0	0			90.28
90.29	09029	DELAFIELD CLINIC	71	311	0			90.29
90.30	09030	MEQUON CLINIC	156	467	0			90.30
90.31	09031	KENOSHA CLINIC	0	0	0			90.31
90.32	09032	WEST DEPERE CLINIC	13	0	0			90.32
90.33	09033	APPLETON CLINIC	7	0	0			90.33
90.34	09034	UROLOGY CLINIC	70	0	0			90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	27	0	0			90.35
90.36	09036	KENOSHA CLINIC (KNO)	102	0	0			90.36
90.37	09037	ADOLESCENT MEDICINE	22	0	0			90.37
91.00	09100	EMERGENCY	3,260	119,932	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	89	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	249	78	0			98.00
98.01	09851	TRANSPORT	160	0	0			98.01
98.02	09852	GENETICS CENTER	27	0	0			98.02
98.03	09853	NUCLEAR MEDICINE	279	0	0			98.03
98.04	09854	CHILD DEVELOPMENT	5	0	0			98.04
98.05	09855	CHILD PROTECTION CENTER	102	78	0			98.05
98.06	09856	DENTAL SRVS	584	0	0			98.06
98.07	09857	OTHER	0	0	0			98.07
98.08	09858	OTHER OFFSITE CLINICS	5	0	0			98.08
98.09	09859	OTHER	0	0	0			98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	50	311	0			105.00
106.00	10600	HEART ACQUISITION	103	311	0			106.00
107.00	10700	LIVER ACQUISITION	55	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,175	345,517	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
					16.00			
191.00	19100	RESEARCH	11	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DENTAL - SURGICENTER	84	0	0			194.00
194.01	07951	POISON CONTROL	0	0	0			194.01
194.02	07952	PUBLIC RELATIONS	0	0	0			194.02
194.03	07953	OUTREACH	0	0	0			194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0			194.04
194.05	07955	RETAIL PHARMACY	0	0	0			194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0			194.06
194.07	07957	OTHER OFF SITE CLINICS	7	0	0			194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	91,277	345,517	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	736,804					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		13,179				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				7,271,633	0	30.00
31.00	03100	INTENSIVE CARE UNIT				9,124,364	0	31.00
32.00	03200	CORONARY CARE UNIT				0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				1,352,793	0	35.00
40.00	04000	SUBPROVIDER - IPF				0	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				0	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,931,213	0	50.00
51.00	05100	RECOVERY ROOM				357,566	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				242,361	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,801,025	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				755,729	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				1,771,848	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				896,833	0	59.00
60.00	06000	LABORATORY				2,341,826	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.				129,988	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				1,210,399	0	65.00
66.00	06600	PHYSICAL THERAPY				1,500,543	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	0	67.00
68.00	06800	SPEECH PATHOLOGY				977,825	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,022,893	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				430,791	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,874,038	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				171,724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,773,065	0	73.00
74.00	07400	RENAL DIALYSIS				224,545	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC				0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	INFECTIOUS DISEASES				22,904	0	90.01

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
90.02	09002	PAIN/PALLATIVE CARE				46,703	0	90.02
90.03	09003	DIABETIC CLINIC				188,912	0	90.03
90.04	09004	GI CLINIC				247,642	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS				208,302	0	90.05
90.06	09006	OTHER				0	0	90.06
90.07	09007	INFUSION ROOM				165,269	0	90.07
90.08	09008	CARDIOLOGY CLINIC				136,051	0	90.08
90.09	09009	PULMONARY CLINIC				134,519	0	90.09
90.10	09010	ENT CLINIC				94,275	0	90.10
90.11	09011	ORTHOPEDIC CLINIC				421,720	0	90.11
90.12	09012	EYE CLINIC				233,311	0	90.12
90.13	09013	ONCOLOGY CLINIC				893,678	0	90.13
90.14	09014	SURGICAL SPECIALTIES				131,530	0	90.14
90.15	09015	ALLERGY CLINIC				198,400	0	90.15
90.16	09016	LASER CLINIC				0	0	90.16
90.17	09017	DERMATOLOGY CLINIC				206,907	0	90.17
90.18	09018	CLINIC ADMINISTRATION				0	0	90.18
90.19	09019	CRANIOFACIAL CENTER				56,828	0	90.19
90.20	09020	HEMATOLOGY CLINIC				112,072	0	90.20
90.21	09021	SPINA BIFIDA				88,648	0	90.21
90.22	09022	NEUROSCIENCES CLINIC				287,901	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC				273,803	0	90.23
90.24	09024	ENDOCRINE CLINIC				80,414	0	90.24
90.25	09025	RENAL CLINIC				90,963	0	90.25
90.26	09026	GREENFIELD CLINIC				1,421,411	0	90.26
90.27	09027	NEW BERLIN CLINIC				873,504	0	90.27
90.28	09028	NOT USED				0	0	90.28
90.29	09029	DELAFIELD CLINIC				494,820	0	90.29
90.30	09030	MEQUON CLINIC				374,805	0	90.30
90.31	09031	KENOSHA CLINIC				0	0	90.31
90.32	09032	WEST DEPERE CLINIC				47,910	0	90.32
90.33	09033	APPLETON CLINIC				64,033	0	90.33
90.34	09034	UROLOGY CLINIC				197,493	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC				170,372	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)				566,344	0	90.36
90.37	09037	ADOLESCENT MEDICINE				22,208	0	90.37
91.00	09100	EMERGENCY				1,363,619	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				10,019	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG				464,418	0	98.00
98.01	09851	TRANSPORT				257,199	0	98.01
98.02	09852	GENETICS CENTER				116,547	0	98.02
98.03	09853	NUCLEAR MEDICINE				39,231	0	98.03
98.04	09854	CHILD DEVELOPMENT				197,881	0	98.04
98.05	09855	CHILD PROTECTION CENTER				316,274	0	98.05
98.06	09856	DENTAL SRVS				514,860	0	98.06
98.07	09857	OTHER				83,626	0	98.07
98.08	09858	OTHER OFFSITE CLINICS				2,303	0	98.08
98.09	09859	OTHER				8	0	98.09
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				29,803	0	105.00
106.00	10600	HEART ACQUISITION				26,424	0	106.00
107.00	10700	LIVER ACQUISITION				33,614	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
117.00	06950	OTHER CAPITAL RELATED COSTS				0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	54,172,480	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				53,804	0	190.00
191.00	19100	RESEARCH				556,545	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	DENTAL - SURGICENTER				4,668	0	194.00
194.01	07951	POISON CONTROL				191,307	0	194.01
194.02	07952	PUBLIC RELATIONS				201,905	0	194.02
194.03	07953	OUTREACH				9,611	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT				35,821	0	194.04
194.05	07955	RETAIL PHARMACY				85,177	0	194.05
194.06	07956	FLIGHT FOR LIFE				0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS				16,565	0	194.07
200.00		Cross Foot Adjustments	736,804	13,179	0	749,983	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	736,804	13,179	0	56,077,866	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	7,271,633	30.00
31.00	03100	INTENSIVE CARE UNIT	9,124,364	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	1,352,793	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,931,213	50.00
51.00	05100	RECOVERY ROOM	357,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	242,361	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,801,025	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	755,729	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,771,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	896,833	59.00
60.00	06000	LABORATORY	2,341,826	60.00
60.01	06001	BLOOD LABORATORY	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	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	129,988	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,210,399	65.00
66.00	06600	PHYSICAL THERAPY	1,500,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	977,825	68.00
69.00	06900	ELECTROCARDIOLOGY	1,022,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	430,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,874,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	171,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,773,065	73.00
74.00	07400	RENAL DIALYSIS	224,545	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	INFECTIOUS DISEASES	22,904	90.01
90.02	09002	PAIN/PALLIATIVE CARE	46,703	90.02
90.03	09003	DIABETIC CLINIC	188,912	90.03
90.04	09004	GI CLINIC	247,642	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	208,302	90.05
90.06	09006	OTHER	0	90.06
90.07	09007	INFUSION ROOM	165,269	90.07

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
90.08	09008	CARDIOLOGY CLINIC	136,051	90.08
90.09	09009	PULMONARY CLINIC	134,519	90.09
90.10	09010	ENT CLINIC	94,275	90.10
90.11	09011	ORTHOPEDIC CLINIC	421,720	90.11
90.12	09012	EYE CLINIC	233,311	90.12
90.13	09013	ONCOLOGY CLINIC	893,678	90.13
90.14	09014	SURGICAL SPECIALTIES	131,530	90.14
90.15	09015	ALLERGY CLINIC	198,400	90.15
90.16	09016	LASER CLINIC	0	90.16
90.17	09017	DERMATOLOGY CLINIC	206,907	90.17
90.18	09018	CLINIC ADMINISTRATION	0	90.18
90.19	09019	CRANIOFACIAL CENTER	56,828	90.19
90.20	09020	HEMATOLOGY CLINIC	112,072	90.20
90.21	09021	SPINA BIFIDA	88,648	90.21
90.22	09022	NEUROSCIENCES CLINIC	287,901	90.22
90.23	09023	RHEUMATOLOGY CLINIC	273,803	90.23
90.24	09024	ENDOCRINE CLINIC	80,414	90.24
90.25	09025	RENAL CLINIC	90,963	90.25
90.26	09026	GREENFIELD CLINIC	1,421,411	90.26
90.27	09027	NEW BERLIN CLINIC	873,504	90.27
90.28	09028	NOT USED	0	90.28
90.29	09029	DELAFIELD CLINIC	494,820	90.29
90.30	09030	MEQUON CLINIC	374,805	90.30
90.31	09031	KENOSHA CLINIC	0	90.31
90.32	09032	WEST DEPERE CLINIC	47,910	90.32
90.33	09033	APPLETON CLINIC	64,033	90.33
90.34	09034	UROLOGY CLINIC	197,493	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	170,372	90.35
90.36	09036	KENOSHA CLINIC (KNO)	566,344	90.36
90.37	09037	ADOLESCENT MEDICINE	22,208	90.37
91.00	09100	EMERGENCY	1,363,619	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	10,019	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	464,418	98.00
98.01	09851	TRANSPORT	257,199	98.01
98.02	09852	GENETICS CENTER	116,547	98.02
98.03	09853	NUCLEAR MEDICINE	39,231	98.03
98.04	09854	CHILD DEVELOPMENT	197,881	98.04
98.05	09855	CHILD PROTECTION CENTER	316,274	98.05
98.06	09856	DENTAL SRVS	514,860	98.06
98.07	09857	OTHER	83,626	98.07
98.08	09858	OTHER OFFSITE CLINICS	2,303	98.08
98.09	09859	OTHER	8	98.09
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	29,803	105.00
106.00	10600	HEART ACQUISITION	26,424	106.00
107.00	10700	LIVER ACQUISITION	33,614	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,172,480	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,804	190.00
191.00	19100	RESEARCH	556,545	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DENTAL - SURGICENTER	4,668	194.00
194.01	07951	POISON CONTROL	191,307	194.01
194.02	07952	PUBLIC RELATIONS	201,905	194.02
194.03	07953	OUTREACH	9,611	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	35,821	194.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
194.05	07955	RETAIL PHARMACY	85,177	194.05
194.06	07956	FLIGHT FOR LIFE	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	16,565	194.07
200.00		Cross Foot Adjustments	749,983	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	56,077,866	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

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Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	981,590					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		23,653,428				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,326	22,753	199,483,564			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	105,182	8,096,957	10,418,143	-155,086,429	457,181,476	5.00
7.00	00700	OPERATION OF PLANT	29,080	297,048	4,658,317	0	24,386,762	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,724	0	0	1,166,819	8.00
9.00	00900	HOUSEKEEPING	5,897	307,172	3,658,793	0	8,967,976	9.00
10.00	01000	DIETARY	19,126	245,515	1,806,192	0	6,482,252	10.00
11.00	01100	CAFETERIA	4,029	0	0	0	116,358	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,564	268,485	7,945,759	0	11,605,080	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,585	51,156	227,824	0	2,264,818	14.00
15.00	01500	PHARMACY	893	3,325	232,956	0	309,082	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,480,088	16.00
17.00	01700	SOCIAL SERVICE	7,295	10,811	2,536,658	0	3,614,679	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,527	124	105,241	0	25,911,568	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	505,998	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	136,886	922,895	20,948,144	0	31,744,367	30.00
31.00	03100	INTENSIVE CARE UNIT	146,231	2,123,438	33,198,126	0	54,248,488	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	174,836	4,984,889	0	9,922,516	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,180	2,321,287	9,267,515	0	19,976,017	50.00
51.00	05100	RECOVERY ROOM	5,133	78,924	2,494,818	0	3,572,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,032	26,589	540,788	0	1,498,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,769	664,225	6,561,246	0	12,269,272	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	9,644	368,446	644,327	0	1,890,341	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,503,905	1,637,245	0	4,361,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,240	615,134	694,154	0	3,083,615	59.00
60.00	06000	LABORATORY	26,134	627,403	7,323,267	0	28,131,622	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,809	0	0	4,211,720	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,666	257,539	6,455,598	0	11,105,665	65.00
66.00	06600	PHYSICAL THERAPY	29,311	25,532	5,965,146	0	9,333,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,036	24,601	2,906,819	0	6,214,715	68.00
69.00	06900	ELECTROCARDIOLOGY	19,080	213,685	2,808,364	0	5,591,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281	308,956	892,077	0	1,838,417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,533	642,900	4,384,534	0	19,259,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,546,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,388	971,858	8,571,167	0	47,932,078	73.00
74.00	07400	RENAL DIALYSIS	3,850	56,648	361,133	0	1,304,842	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	69	0	515,543	0	712,285	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
90.02	09002	PAIN/PALLATIVE CARE	707	5,536	468,202	0	567,871	90.02
90.03	09003	DIABETIC CLINIC	4,117	17,142	797,267	0	1,258,992	90.03
90.04	09004	GI CLINIC	1,627	113,051	1,577,637	0	2,316,732	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,484	20,349	1,336,275	0	3,627,201	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,486	21,032	327,175	0	585,728	90.07
90.08	09008	CARDIOLOGY CLINIC	984	13,866	2,108,122	0	2,497,028	90.08
90.09	09009	PULMONARY CLINIC	2,637	22,399	560,564	0	877,275	90.09
90.10	09010	ENT CLINIC	0	60,604	708,427	0	773,062	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,867	13,829	573,757	0	928,788	90.11
90.12	09012	EYE CLINIC	2,703	107,785	576,043	0	993,239	90.12
90.13	09013	ONCOLOGY CLINIC	17,775	150,955	2,090,872	0	3,452,783	90.13
90.14	09014	SURGICAL SPECIALTIES	2,919	4,422	677,217	0	964,825	90.14
90.15	09015	ALLERGY CLINIC	3,698	40,572	874,801	0	1,182,879	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,916	44,812	651,605	0	1,121,550	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1,455	333	184,240	0	283,174	90.19
90.20	09020	HEMATOLOGY CLINIC	2,938	0	367,259	0	442,249	90.20
90.21	09021	SPINA BIFIDA	2,486	0	199,852	0	332,208	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,389	27,521	1,384,510	0	1,845,138	90.22
90.23	09023	RHEUMATOLOGY CLINIC	7,486	19,703	244,198	0	573,737	90.23
90.24	09024	ENDOCRINE CLINIC	2,121	0	254,697	0	418,028	90.24
90.25	09025	RENAL CLINIC	2,456	1,110	221,343	0	380,812	90.25
90.26	09026	GREENFIELD CLINIC	21,154	277,491	1,318,561	0	2,797,005	90.26
90.27	09027	NEW BERLIN CLINIC	13,016	345,458	1,495,930	0	3,204,827	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,778	236,344	333,285	0	959,132	90.29
90.30	09030	MEQUON CLINIC	10,137	0	603,769	0	1,318,652	90.30
90.31	09031	KENOSHA CLINIC	0	0	55	0	2	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	7,259	13,946	0	86,031	90.32
90.33	09033	APPLETON CLINIC	1,423	16,337	0	0	76,735	90.33
90.34	09034	UROLOGY CLINIC	3,850	41,307	620,535	0	975,857	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	2,663	0	97,891	0	267,450	90.35
90.36	09036	KENOSHA CLINIC (KNO)	6,549	316,358	23,647	0	580,765	90.36
90.37	09037	ADOLESCENT MEDICINE	0	12,220	146,951	0	213,504	90.37
91.00	09100	EMERGENCY	21,228	165,485	6,557,905	0	10,890,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	12,838	0	380,593	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	11,594	12,862	2,194,464	0	3,136,969	98.00
98.01	09851	TRANSPORT	167	71,663	2,391,464	0	3,553,321	98.01
98.02	09852	GENETICS CENTER	0	6,622	264,842	0	1,185,420	98.02
98.03	09853	NUCLEAR MEDICINE	140	6,204	348,464	0	966,724	98.03
98.04	09854	CHILD DEVELOPMENT	0	5,388	129,366	0	329,842	98.04
98.05	09855	CHILD PROTECTION CENTER	4,348	105,648	1,518,142	0	2,430,512	98.05
98.06	09856	DENTAL SRVS	5,122	55,793	3,594,279	0	5,260,109	98.06
98.07	09857	OTHER	2,631	0	0	0	75,983	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	64,105	0	84,971	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243	505	306,200	0	788,195	105.00
106.00	10600	HEART ACQUISITION	243	910	25,745	0	622,525	106.00
107.00	10700	LIVER ACQUISITION	243	438	30,181	0	961,127	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	963,449	23,623,993	191,021,411	-155,086,429	440,131,058	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,468	284	0	0	249,059	190.00
191.00	19100	RESEARCH	8,496	10,299	3,931,090	0	7,933,196	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	119,153	0	169,918	194.00
194.01	07951	POISON CONTROL	2,995	2,783	1,631,305	0	2,876,963	194.01
194.02	07952	PUBLIC RELATIONS	4,623	1,276	0	0	2,001,159	194.02
194.03	07953	OUTREACH	0	0	374,707	0	198,078	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	559	8,866	112,609	0	328,558	194.04
194.05	07955	RETAIL PHARMACY	0	0	2,252,428	0	3,153,713	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	5,927	40,861	0	139,774	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	28,348,386	25,869,828	7,946,775		155,086,429	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.880068	1.093703	0.039837		0.339223	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			265,340		11,907,187	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001330		0.026045	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	839,002				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,127,495			8.00
9.00	00900	HOUSEKEEPING	5,897	15,154	739,391		9.00
10.00	01000	DIETARY	19,126	0	17,744	75,567	10.00
11.00	01100	CAFETERIA	4,029	0	3,724	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,564	0	10,723	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,585	0	6,215	0	14.00
15.00	01500	PHARMACY	893	0	893	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,295	0	7,295	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,527	0	1,437	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	136,886	234,928	138,131	50,021	30.00
31.00	03100	INTENSIVE CARE UNIT	146,231	144,331	148,042	12,470	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	50,329	20,600	10,974	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,180	160,814	56,114	173	50.00
51.00	05100	RECOVERY ROOM	5,133	20,597	11,301	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,032	0	5,054	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,769	34,709	38,455	84	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	9,644	0	1,805	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,000	3,585	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,240	0	3,939	0	59.00
60.00	06000	LABORATORY	26,134	0	25,712	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	17,666	10,928	9,988	28	65.00
66.00	06600	PHYSICAL THERAPY	29,311	8,704	23,410	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,036	92,560	5,081	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,080	9,806	18,693	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,281	23,879	1,234	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,533	7,633	13,301	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,388	297	12,237	0	73.00
74.00	07400	RENAL DIALYSIS	3,850	2,861	2,056	405	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	69	0	86	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	707	2,834	1,045	0	90.02
90.03	09003	DIABETIC CLINIC	4,117	0	4,139	121	90.03
90.04	09004	GI CLINIC	1,627	87,183	1,627	30	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,484	0	2,689	0	2,090	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,486	2,026	3,435	732	436	90.07
90.08	09008	CARDIOLOGY CLINIC	984	0	983	0	2,256	90.08
90.09	09009	PULMONARY CLINIC	2,637	0	2,272	0	854	90.09
90.10	09010	ENT CLINIC	0	3,085	3,098	0	955	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,867	11,135	11,596	0	898	90.11
90.12	09012	EYE CLINIC	2,703	0	2,387	0	820	90.12
90.13	09013	ONCOLOGY CLINIC	17,775	0	16,263	0	2,604	90.13
90.14	09014	SURGICAL SPECIALTIES	2,919	0	2,796	0	798	90.14
90.15	09015	ALLERGY CLINIC	3,698	3,687	4,037	0	1,179	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,916	7,000	3,308	0	1,001	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1,455	0	3,308	0	210	90.19
90.20	09020	HEMATOLOGY CLINIC	2,938	0	4,711	0	399	90.20
90.21	09021	SPINA BIFIDA	2,486	0	2,298	0	226	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,389	0	6,751	0	1,737	90.22
90.23	09023	RHEUMATOLOGY CLINIC	7,486	3,691	3,608	0	342	90.23
90.24	09024	ENDOCRINE CLINIC	2,121	0	2,093	0	457	90.24
90.25	09025	RENAL CLINIC	2,456	0	2,397	0	301	90.25
90.26	09026	GREENFIELD CLINIC	21,154	4,414	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	13,016	0	0	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,778	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	10,137	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	1,423	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	3,850	0	3,983	0	919	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	2,663	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	6,549	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	2,400	0	226	90.37
91.00	09100	EMERGENCY	21,228	68,737	20,832	517	8,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	11,594	0	4,279	0	1,822	98.00
98.01	09851	TRANSPORT	167	87,535	160	0	2,550	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	350	98.02
98.03	09853	NUCLEAR MEDICINE	140	6,542	1,606	0	354	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	4,348	0	0	0	224	98.05
98.06	09856	DENTAL SRVS	5,122	4,096	8,595	0	2,845	98.06
98.07	09857	OTHER	2,631	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243	0	243	0	269	105.00
106.00	10600	HEART ACQUISITION	243	0	243	0	176	106.00
107.00	10700	LIVER ACQUISITION	243	0	243	0	357	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	820,861	1,127,495	714,280	75,555	211,477	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,468	0	1,415	0	0	190.00
191.00	19100	RESEARCH	8,496	0	16,078	12	2,958	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,995	0	2,995	0	1,663	194.01
194.02	07952	PUBLIC RELATIONS	4,623	0	4,623	0	304	194.02
194.03	07953	OUTREACH	0	0	0	0	423	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	559	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	32,659,313	1,562,631	12,260,671	9,719,920	374,415	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.926383	1.385932	16.582121	128.626517	1.726807	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,806,063	35,557	757,870	1,051,470	131,879	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.152633	0.031536	1.024992	13.914407	0.608228	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	3,946				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,947,878			14.00
15.00	01500	PHARMACY	0	0	0	586,252		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,122,125,992	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,242	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,012	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	864	65,479	38,898	93,593,860	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,627	146,536	54	245,028,425	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	259	53,329	54	38,146,379	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	50,804	2,934	26,193,031	50.00
51.00	05100	RECOVERY ROOM	0	0	3,264	0	14,691,769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,944	122,172	8,317,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	180,202	19,400	51,845,378	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	119	0	13,093,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,309	47,004	29,018,643	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	29	459	0	4,810,578	59.00
60.00	06000	LABORATORY	0	0	106,242	9,882	114,226,964	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10,074,942	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	250	82,526	0	28,398,234	65.00
66.00	06600	PHYSICAL THERAPY	0	0	845,616	0	20,838,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	481,814	0	13,111,919	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104	15,362	0	26,468,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,055	1,744	9,301,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	85,650	0	67,034,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,956,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	79,914	318,956	194,897,562	73.00
74.00	07400	RENAL DIALYSIS	0	0	387	244	5,742,586	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	8,780	0	14,662	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	2	7,843	0	80,708	90.02
90.03	09003	DIABETIC CLINIC	0	0	15,916	27	536,370	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
90.04	09004	GI CLINIC	0	0	33,218	171	2,622,488	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	8	29,726	0	149,809	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	17	3,626	0	2,679,472	90.07
90.08	09008	CARDIOLOGY CLINIC	0	89	2,660	28	716,397	90.08
90.09	09009	PULMONARY CLINIC	0	0	13,871	0	417,396	90.09
90.10	09010	ENT CLINIC	0	0	22,980	0	897,174	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	1,016	0	987,116	90.11
90.12	09012	EYE CLINIC	0	0	14,199	0	694,345	90.12
90.13	09013	ONCOLOGY CLINIC	0	100	18,248	0	5,114,423	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	12,665	0	359,622	90.14
90.15	09015	ALLERGY CLINIC	0	0	18,429	50	613,689	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	15,984	432	892,564	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	209,814	90.19
90.20	09020	HEMATOLOGY CLINIC	0	15	2,466	0	255,007	90.20
90.21	09021	SPINA BIFIDA	0	0	0	594	618,042	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	376	0	696,436	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	5,213	0	125,390	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	6,902	0	176,824	90.24
90.25	09025	RENAL CLINIC	0	0	4,803	0	135,803	90.25
90.26	09026	GREENFIELD CLINIC	0	0	109,846	27	2,095,992	90.26
90.27	09027	NEW BERLIN CLINIC	0	1	47,297	135	2,895,459	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	1,457	54	871,900	90.29
90.30	09030	MEQUON CLINIC	0	0	198,205	162	1,925,142	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	28,378	0	158,329	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	84,653	90.33
90.34	09034	UROLOGY CLINIC	0	0	15,291	0	865,004	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	7,550	0	338,827	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	14,989	0	1,259,694	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	3,794	0	274,720	90.37
91.00	09100	EMERGENCY	0	323	16,238	1,516	40,249,736	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	1,096,103	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	935	0	3,070,650	98.00
98.01	09851	TRANSPORT	0	98	17,625	0	1,972,891	98.01
98.02	09852	GENETICS CENTER	0	0	5,463	0	328,338	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	898	54	3,439,102	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	5,484	0	57,763	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	241	1,823	1,260,154	98.05
98.06	09856	DENTAL SRVS	0	0	5,742	822	7,207,725	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	61,929	98.08
98.09	09859	OTHER	0	0	66	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	621,770	105.00
106.00	10600	HEART ACQUISITION	0	4	0	0	1,265,905	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	677,727	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,790	2,943,685	567,237	1,120,864,862	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
191.00	19100	RESEARCH	0	74	3,251	19,015	135,061	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	1,036,183	194.00
194.01	07951	POISON CONTROL	0	65	26	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	17	0	0	0	194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	568	0	682	194.04
194.05	07955	RETAIL PHARMACY	0	0	348	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	0	89,204	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	16,030,822	3,392,484	464,045	4,662,425	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,062.549924	1.150822	0.791545	0.004155	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	858,099	363,582	40,816	91,277	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	217.460466	0.123337	0.069622	0.000081	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	8,879					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			429,277	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,374	0	0	0	164,321	30.00
31.00	03100	INTENSIVE CARE UNIT	1,542	0	0	0	46,069	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	302	0	0	0	11,939	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	130	0	0	0	28,538	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	0	0	0	31,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2	0	0	0	16,146	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	173	65.00
66.00	06600	PHYSICAL THERAPY	6	0	0	0	4,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	4,365	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	1,376	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	1,741	90.01
90.02	09002	PAIN/PALLIATIVE CARE	10	0	0	0	230	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

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To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
90.03	09003	DIABETIC CLINIC	0	0	0	0	0	90.03
90.04	09004	GI CLINIC	16	0	0	0	10,516	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	84	0	0	0	0	90.05
90.06	09006	OTHER	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	10	0	0	0	9,132	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	2,048	90.09
90.10	09010	ENT CLINIC	4	0	0	0	7,274	90.10
90.11	09011	ORTHOPEDIC CLINIC	10	0	0	0	0	90.11
90.12	09012	EYE CLINIC	4	0	0	0	3,447	90.12
90.13	09013	ONCOLOGY CLINIC	1,069	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	132	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	254	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	8,401	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	4	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	6	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	40	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	3,774	90.23
90.24	09024	ENDOCRINE CLINIC	2	0	0	0	1,545	90.24
90.25	09025	RENAL CLINIC	2	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	8	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	12	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	0	0	0	0	6,906	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0	0	90.37
91.00	09100	EMERGENCY	3,082	0	0	0	32,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2	0	0	0	11,349	98.00
98.01	09851	TRANSPORT	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	2,857	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	569	98.04
98.05	09855	CHILD PROTECTION CENTER	2	0	0	0	853	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	16,328	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	8	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
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,879	0	0	0	428,430	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				(SPECIFY)			SERVICES-SALARY & FRINGES		
				(TIME SPENT)			(ASSIGNED TIME)		
			17.00	18.00	19.00	20.00	21.00		
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	847	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	0	194.00	
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01	
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02	
194.03	07953	OUTREACH	0	0	0	0	0	194.03	
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0	0	0	0	194.04	
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05	
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06	
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	0	0	194.07	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers						201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	5,253,362	0	0	0	34,822,591	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	591.661448	0.000000	0.000000	0.000000	81.119163	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	345,517	0	0	0	736,804	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	38.913954	0.000000	0.000000	0.000000	1.716384	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B-1
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			22.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	429,277		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	164,321	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,069	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	11,939	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	28,538	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	31,350	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,146	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	173	0	65.00
66.00	06600	PHYSICAL THERAPY	4,564	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	235	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,365	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,376	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,741	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	230	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B-1
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			22.00			
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	10,516	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	OTHER	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	9,132	0		90.08
90.09	09009	PULMONARY CLINIC	2,048	0		90.09
90.10	09010	ENT CLINIC	7,274	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	3,447	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	254	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	8,401	0		90.17
90.18	09018	CLINIC ADMINISTRATION	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,774	0		90.23
90.24	09024	ENDOCRINE CLINIC	1,545	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	NOT USED	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	UROLOGY CLINIC	6,906	0		90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0		90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0		90.36
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
91.00	09100	EMERGENCY	32,130	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	11,349	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	2,857	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	569	0		98.04
98.05	09855	CHILD PROTECTION CENTER	853	0		98.05
98.06	09856	DENTAL SRVS	16,328	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE		0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	428,430	0		118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet B-1
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			22.00			
			23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	847	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	DENTAL - SURGICENTER	0	0		194.00
194.01	07951	POISON CONTROL	0	0		194.01
194.02	07952	PUBLIC RELATIONS	0	0		194.02
194.03	07953	OUTREACH	0	0		194.03
194.04	07954	MED STAFF/PROVIDER SUPPORT	0	0		194.04
194.05	07955	RETAIL PHARMACY	0	0		194.05
194.06	07956	FLIGHT FOR LIFE	0	0		194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0		194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	677,644	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.578570	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,179	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.030700	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-2

Date/Time Prepared:
7/29/2021 1:15 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	-137,392 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII	Hospital	TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,346,588		62,346,588	0
31.00	03100	INTENSIVE CARE UNIT	91,382,008		91,382,008	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	17,375,657		17,375,657	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	0		0	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,419,379		30,419,379	0
51.00	05100	RECOVERY ROOM	5,269,562		5,269,562	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0
53.00	05300	ANESTHESIOLOGY	2,443,067		2,443,067	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,125,253		19,125,253	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	2,992,783		2,992,783	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,088,449		6,088,449	0
59.00	05900	CARDIAC CATHETERIZATION	4,499,635		4,499,635	0
60.00	06000	LABORATORY	39,739,786		39,739,786	0
60.01	06001	BLOOD LABORATORY	0		0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,682,293		5,682,293	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	16,987,394	0	16,987,394	0
66.00	06600	PHYSICAL THERAPY	15,109,069	0	15,109,069	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	10,048,833	0	10,048,833	0
69.00	06900	ELECTROCARDIOLOGY	9,109,543		9,109,543	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,611,273		2,611,273	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,928,811		26,928,811	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,829,850		8,829,850	0
73.00	07300	DRUGS CHARGED TO PATIENTS	66,047,182		66,047,182	0
74.00	07400	RENAL DIALYSIS	1,875,412		1,875,412	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	09001	INFECTIOUS DISEASES	969,188		969,188	0
90.02	09002	PAIN/PALLIATIVE CARE	833,643		833,643	0
90.03	09003	DIABETIC CLINIC	1,952,850		1,952,850	0
90.04	09004	GI CLINIC	3,380,019		3,380,019	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,119,553		5,119,553	0
90.06	09006	OTHER	0		0	0
90.07	09007	INFUSION ROOM	1,159,162		1,159,162	0
90.08	09008	CARDIOLOGY CLINIC	3,776,121		3,776,121	0
90.09	09009	PULMONARY CLINIC	1,334,363		1,334,363	0
90.10	09010	ENT CLINIC	1,125,139		1,125,139	0
90.11	09011	ORTHOPEDIC CLINIC	1,926,249		1,926,249	0
90.12	09012	EYE CLINIC	1,497,978		1,497,978	0
90.13	09013	ONCOLOGY CLINIC	6,671,125		6,671,125	0
90.14	09014	SURGICAL SPECIALTIES	1,547,652		1,547,652	0
90.15	09015	ALLERGY CLINIC	1,825,975		1,825,975	0
90.16	09016	LASER CLINIC	0		0	0
90.17	09017	DERMATOLOGY CLINIC	1,743,173		1,743,173	0
90.18	09018	CLINIC ADMINISTRATION	0		0	0
90.19	09019	CRANIOFACIAL CENTER	494,327		494,327	0
90.20	09020	HEMATOLOGY CLINIC	853,829		853,829	0
90.21	09021	SPINA BIFIDA	583,206		583,206	0
90.22	09022	NEUROSCIENCES CLINIC	2,861,690		2,861,690	0
90.23	09023	RHEUMATOLOGY CLINIC	1,131,819		1,131,819	0
90.24	09024	ENDOCRINE CLINIC	687,752		687,752	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.25	09025	RENAL CLINIC	653,136		653,136	0	0	90.25
90.26	09026	GREENFIELD CLINIC	4,710,523		4,710,523	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	4,869,275		4,869,275	0	0	90.27
90.28	09028	NOT USED	0		0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1,558,411		1,558,411	0	0	90.29
90.30	09030	MEQUON CLINIC	2,403,892		2,403,892	0	0	90.30
90.31	09031	KENOSHA CLINIC	3		3	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	191,428		191,428	0	0	90.32
90.33	09033	APPLETON CLINIC	158,509		158,509	0	0	90.33
90.34	09034	UROLOGY CLINIC	1,545,582		1,545,582	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	471,933		471,933	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1,055,187		1,055,187	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	331,623		331,623	0	0	90.37
91.00	09100	EMERGENCY	19,255,897		19,255,897	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,387,389		9,387,389	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	514,253		514,253	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,741,532		4,741,532	0	0	98.00
98.01	09851	TRANSPORT	5,320,174		5,320,174	0	0	98.01
98.02	09852	GENETICS CENTER	1,595,797		1,595,797	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	1,351,783		1,351,783	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	448,283		448,283	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,432,776		3,432,776	0	0	98.05
98.06	09856	DENTAL SRVS	7,434,160		7,434,160	0	0	98.06
98.07	09857	OTHER	204,173		204,173	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	114,052		114,052	0	0	98.08
98.09	09859	OTHER	76		76	0	0	98.09
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,076,838		1,076,838	0	0	105.00
106.00	10600	HEART ACQUISITION	873,735		873,735	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,304,083		1,304,083	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0	0	0	117.00
200.00		Subtotal (see instructions)	561,391,143	0	561,391,143	0	0	200.00
201.00		Less Observation Beds	9,387,389		9,387,389			201.00
202.00		Total (see instructions)	552,003,754	0	552,003,754	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,593,860		93,593,860			30.00
31.00	03100	INTENSIVE CARE UNIT	245,028,425		245,028,425			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	38,146,379		38,146,379			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,787,392	9,405,640	26,193,032	1.161354	1.161354	50.00
51.00	05100	RECOVERY ROOM	2,801,014	11,890,755	14,691,769	0.358674	0.358674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,043,036	5,274,347	8,317,383	0.293730	0.293730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,596,165	39,249,213	51,845,378	0.368890	0.368890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	4,805,254	8,288,681	13,093,935	0.228563	0.228563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,156,965	21,861,678	29,018,643	0.209812	0.209812	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,696,661	3,113,917	4,810,578	0.935363	0.935363	59.00
60.00	06000	LABORATORY	47,094,115	67,132,848	114,226,963	0.347902	0.347902	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,080,889	2,994,054	10,074,943	0.564002	0.564002	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	21,312,440	7,085,794	28,398,234	0.598185	0.598185	65.00
66.00	06600	PHYSICAL THERAPY	5,384,697	15,454,026	20,838,723	0.725048	0.725048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,389,343	10,722,575	13,111,918	0.766389	0.766389	68.00
69.00	06900	ELECTROCARDIOLOGY	8,065,238	18,403,663	26,468,901	0.344160	0.344160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,866,585	2,434,906	9,301,491	0.280737	0.280737	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,670,252	40,364,212	67,034,464	0.401716	0.401716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,956,633	0	14,956,633	0.590363	0.590363	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,269,918	88,627,643	194,897,561	0.338882	0.338882	73.00
74.00	07400	RENAL DIALYSIS	1,041,983	4,700,603	5,742,586	0.326580	0.326580	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	14,662	14,662	66.102032	66.102032	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	80,708	80,708	10.329125	10.329125	90.02
90.03	09003	DIABETIC CLINIC	3,875	532,496	536,371	3.640857	3.640857	90.03
90.04	09004	GI CLINIC	103,839	2,518,650	2,622,489	1.288859	1.288859	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	318	149,491	149,809	34.173868	34.173868	90.05
90.06	09006	OTHER	0	0	0	0.000000	0.000000	90.06
90.07	09007	INFUSION ROOM	6,845	2,672,628	2,679,473	0.432608	0.432608	90.07
90.08	09008	CARDIOLOGY CLINIC	5,389	711,009	716,398	5.270982	5.270982	90.08
90.09	09009	PULMONARY CLINIC	5,482	411,914	417,396	3.196875	3.196875	90.09
90.10	09010	ENT CLINIC	2,059	825,115	827,174	1.360220	1.360220	90.10
90.11	09011	ORTHOPEDIC CLINIC	885	986,231	987,116	1.951391	1.951391	90.11
90.12	09012	EYE CLINIC	67	694,279	694,346	2.157394	2.157394	90.12
90.13	09013	ONCOLOGY CLINIC	225,004	4,889,419	5,114,423	1.304375	1.304375	90.13
90.14	09014	SURGICAL SPECIALTIES	0	359,622	359,622	4.303552	4.303552	90.14
90.15	09015	ALLERGY CLINIC	0	613,689	613,689	2.975408	2.975408	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	892,564	892,564	1.952995	1.952995	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0.000000	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	209,814	209,814	2.356025	2.356025	90.19
90.20	09020	HEMATOLOGY CLINIC	0	255,007	255,007	3.348257	3.348257	90.20
90.21	09021	SPINA BIFIDA	0	618,042	618,042	0.943635	0.943635	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,789	694,648	696,437	4.109044	4.109044	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	125,390	125,390	9.026390	9.026390	90.23
90.24	09024	ENDOCRINE CLINIC	0	176,824	176,824	3.889472	3.889472	90.24
90.25	09025	RENAL CLINIC	0	135,803	135,803	4.809437	4.809437	90.25

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
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To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.26	09026	GREENFIELD CLINIC	0	2,095,992	2,095,992	2.247396	2.247396	90.26
90.27	09027	NEW BERLIN CLINIC	0	2,895,459	2,895,459	1.681694	1.681694	90.27
90.28	09028	NOT USED	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	871,900	871,900	1.787374	1.787374	90.29
90.30	09030	MEQUON CLINIC	0	1,925,142	1,925,142	1.248683	1.248683	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0.000000	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	158,329	158,329	1.209052	1.209052	90.32
90.33	09033	APPLETON CLINIC	0	84,653	84,653	1.872456	1.872456	90.33
90.34	09034	UROLOGY CLINIC	0	865,004	865,004	1.786792	1.786792	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	338,827	338,827	1.392844	1.392844	90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	617,362	617,362	1.709187	1.709187	90.36
90.37	09037	ADOLESCENT MEDICINE	1,349	273,371	274,720	1.207131	1.207131	90.37
91.00	09100	EMERGENCY	6,945,876	33,303,860	40,249,736	0.478411	0.478411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,853,547	13,655,216	16,508,763	0.568631	0.568631	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	1,096,103	1,096,103	0.469165	0.469165	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	208,733	2,861,918	3,070,651	1.544146	1.544146	98.00
98.01	09851	TRANSPORT	1,748,746	224,145	1,972,891	2.696639	2.696639	98.01
98.02	09852	GENETICS CENTER	34,551	293,787	328,338	4.860226	4.860226	98.02
98.03	09853	NUCLEAR MEDICINE	567,242	2,871,860	3,439,102	0.393063	0.393063	98.03
98.04	09854	CHILD DEVELOPMENT	0	57,763	57,763	7.760729	7.760729	98.04
98.05	09855	CHILD PROTECTION CENTER	0	1,260,665	1,260,665	2.722988	2.722988	98.05
98.06	09856	DENTAL SRVS	0	7,207,725	7,207,725	1.031416	1.031416	98.06
98.07	09857	OTHER	0	0	0	0.000000	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	61,929	61,929	1.841657	1.841657	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	621,770	0	621,770			105.00
106.00	10600	HEART ACQUISITION	1,265,905	0	1,265,905			106.00
107.00	10700	LIVER ACQUISITION	677,727	0	677,727			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	688,068,242	448,593,570	1,136,661,812			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	688,068,242	448,593,570	1,136,661,812			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	TEFRA
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	OTHER	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	75,935,560		75,935,560	0	75,935,560
31.00	03100	INTENSIVE CARE UNIT	95,191,810		95,191,810	0	95,191,810
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
35.00	02040	OTHER SPECIAL CARE HOT UNIT	18,362,986		18,362,986	0	18,362,986
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	0		0	0	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,779,407		32,779,407	0	32,779,407
51.00	05100	RECOVERY ROOM	5,269,562		5,269,562	0	5,269,562
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	5,035,641		5,035,641	0	5,035,641
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,460,491		20,460,491	0	20,460,491
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	2,992,783		2,992,783	0	2,992,783
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,088,449		6,088,449	0	6,088,449
59.00	05900	CARDIAC CATHETERIZATION	4,499,635		4,499,635	0	4,499,635
60.00	06000	LABORATORY	39,739,786		39,739,786	0	39,739,786
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,682,293		5,682,293	0	5,682,293
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	17,001,701	0	17,001,701	0	17,001,701
66.00	06600	PHYSICAL THERAPY	15,486,502	0	15,486,502	0	15,486,502
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	10,048,833	0	10,048,833	0	10,048,833
69.00	06900	ELECTROCARDIOLOGY	9,128,977		9,128,977	0	9,128,977
70.00	07000	ELECTROENCEPHALOGRAPHY	2,972,248		2,972,248	0	2,972,248
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,928,811		26,928,811	0	26,928,811
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,829,850		8,829,850	0	8,829,850
73.00	07300	DRUGS CHARGED TO PATIENTS	66,047,182		66,047,182	0	66,047,182
74.00	07400	RENAL DIALYSIS	1,989,204		1,989,204	0	1,989,204
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	09001	INFECTIOUS DISEASES	1,113,164		1,113,164	0	1,113,164
90.02	09002	PAIN/PALLIATIVE CARE	852,663		852,663	0	852,663
90.03	09003	DIABETIC CLINIC	1,952,850		1,952,850	0	1,952,850
90.04	09004	GI CLINIC	4,249,668		4,249,668	0	4,249,668
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,119,553		5,119,553	0	5,119,553
90.06	09006	OTHER	0		0	0	0
90.07	09007	INFUSION ROOM	1,159,162		1,159,162	0	1,159,162
90.08	09008	CARDIOLOGY CLINIC	4,531,317		4,531,317	0	4,531,317
90.09	09009	PULMONARY CLINIC	1,503,728		1,503,728	0	1,503,728
90.10	09010	ENT CLINIC	1,726,683		1,726,683	0	1,726,683
90.11	09011	ORTHOPEDIC CLINIC	1,926,249		1,926,249	0	1,926,249
90.12	09012	EYE CLINIC	1,783,037		1,783,037	0	1,783,037
90.13	09013	ONCOLOGY CLINIC	6,671,125		6,671,125	0	6,671,125
90.14	09014	SURGICAL SPECIALTIES	1,547,652		1,547,652	0	1,547,652
90.15	09015	ALLERGY CLINIC	1,846,980		1,846,980	0	1,846,980
90.16	09016	LASER CLINIC	0		0	0	0
90.17	09017	DERMATOLOGY CLINIC	2,437,917		2,437,917	0	2,437,917
90.18	09018	CLINIC ADMINISTRATION	0		0	0	0
90.19	09019	CRANIOFACIAL CENTER	494,327		494,327	0	494,327
90.20	09020	HEMATOLOGY CLINIC	853,829		853,829	0	853,829
90.21	09021	SPINA BIFIDA	583,206		583,206	0	583,206
90.22	09022	NEUROSCIENCES CLINIC	2,861,690		2,861,690	0	2,861,690
90.23	09023	RHEUMATOLOGY CLINIC	1,443,921		1,443,921	0	1,443,921
90.24	09024	ENDOCRINE CLINIC	815,520		815,520	0	815,520

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
90.25	09025	RENAL CLINIC	653,136		653,136	0	653,136	90.25
90.26	09026	GREENFIELD CLINIC	4,710,523		4,710,523	0	4,710,523	90.26
90.27	09027	NEW BERLIN CLINIC	4,869,275		4,869,275	0	4,869,275	90.27
90.28	09028	NOT USED	0		0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1,558,411		1,558,411	0	1,558,411	90.29
90.30	09030	MEQUON CLINIC	2,403,892		2,403,892	0	2,403,892	90.30
90.31	09031	KENOSHA CLINIC	3		3	0	3	90.31
90.32	09032	WEST DEPERE CLINIC	191,428		191,428	0	191,428	90.32
90.33	09033	APPLETON CLINIC	158,509		158,509	0	158,509	90.33
90.34	09034	UROLOGY CLINIC	2,116,693		2,116,693	0	2,116,693	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	471,933		471,933	0	471,933	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1,055,187		1,055,187	0	1,055,187	90.36
90.37	09037	ADOLESCENT MEDICINE	331,623		331,623	0	331,623	90.37
91.00	09100	EMERGENCY	21,912,975		21,912,975	0	21,912,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,387,389		9,387,389		9,387,389	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	514,253		514,253	0	514,253	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,680,068		5,680,068	0	5,680,068	98.00
98.01	09851	TRANSPORT	5,320,174		5,320,174	0	5,320,174	98.01
98.02	09852	GENETICS CENTER	1,832,064		1,832,064	0	1,832,064	98.02
98.03	09853	NUCLEAR MEDICINE	1,351,783		1,351,783	0	1,351,783	98.03
98.04	09854	CHILD DEVELOPMENT	495,338		495,338	0	495,338	98.04
98.05	09855	CHILD PROTECTION CENTER	3,503,318		3,503,318	0	3,503,318	98.05
98.06	09856	DENTAL SRVS	8,784,449		8,784,449	0	8,784,449	98.06
98.07	09857	OTHER	204,173		204,173	0	204,173	98.07
98.08	09858	OTHER OFFSITE CLINICS	114,052		114,052	0	114,052	98.08
98.09	09859	OTHER	76		76	0	76	98.09
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,076,838		1,076,838		1,076,838	105.00
106.00	10600	HEART ACQUISITION	873,735		873,735		873,735	106.00
107.00	10700	LIVER ACQUISITION	1,304,083		1,304,083		1,304,083	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0		0	117.00
200.00		Subtotal (see instructions)	596,821,333	0	596,821,333	0	596,821,333	200.00
201.00		Less Observation Beds	9,387,389		9,387,389		9,387,389	201.00
202.00		Total (see instructions)	587,433,944	0	587,433,944	0	587,433,944	202.00

Worksheet C
Part I
Date/Time Prepared:

MCRIF32 - 16.10.172.3

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 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
90.26	09026	GREENFIELD CLINIC	0	2,095,992	2,095,992	2.247396	0.000000
90.27	09027	NEW BERLIN CLINIC	0	2,895,459	2,895,459	1.681694	0.000000
90.28	09028	NOT USED	0	0	0	0.000000	0.000000
90.29	09029	DELAFIELD CLINIC	0	871,900	871,900	1.787374	0.000000
90.30	09030	MEQUON CLINIC	0	1,925,142	1,925,142	1.248683	0.000000
90.31	09031	KENOSHA CLINIC	0	0	0	0.000000	0.000000
90.32	09032	WEST DEPERE CLINIC	0	158,329	158,329	1.209052	0.000000
90.33	09033	APPLETON CLINIC	0	84,653	84,653	1.872456	0.000000
90.34	09034	UROLOGY CLINIC	0	865,004	865,004	2.447033	0.000000
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	338,827	338,827	1.392844	0.000000
90.36	09036	KENOSHA CLINIC (KNO)	0	617,362	617,362	1.709187	0.000000
90.37	09037	ADOLESCENT MEDICINE	1,349	273,371	274,720	1.207131	0.000000
91.00	09100	EMERGENCY	6,945,876	33,303,860	40,249,736	0.544425	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,853,547	13,655,216	16,508,763	0.568631	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	1,096,103	1,096,103	0.469165	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
98.00	09850	PSYCHIATRY - OFFICE BLDG	208,733	2,861,918	3,070,651	1.849793	0.000000
98.01	09851	TRANSPORT	1,748,746	224,145	1,972,891	2.696639	0.000000
98.02	09852	GENETICS CENTER	34,551	293,787	328,338	5.579811	0.000000
98.03	09853	NUCLEAR MEDICINE	567,242	2,871,860	3,439,102	0.393063	0.000000
98.04	09854	CHILD DEVELOPMENT	0	57,763	57,763	8.575351	0.000000
98.05	09855	CHILD PROTECTION CENTER	0	1,260,665	1,260,665	2.778944	0.000000
98.06	09856	DENTAL SRVS	0	7,207,725	7,207,725	1.218755	0.000000
98.07	09857	OTHER	0	0	0	0.000000	0.000000
98.08	09858	OTHER OFFSITE CLINICS	0	61,929	61,929	1.841657	0.000000
98.09	09859	OTHER	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		
99.10	09910	CORF	0	0	0		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		
101.00	10100	HOME HEALTH AGENCY	0	0	0		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	621,770	0	621,770		
106.00	10600	HEART ACQUISITION	1,265,905	0	1,265,905		
107.00	10700	LIVER ACQUISITION	677,727	0	677,727		
108.00	10800	LUNG ACQUISITION	0	0	0		
109.00	10900	PANCREAS ACQUISITION	0	0	0		
110.00	11000	INTESTINAL ACQUISITION	0	0	0		
111.00	11100	ISLET ACQUISITION	0	0	0		
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		
116.00	11600	HOSPICE	0	0	0		
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0		
200.00		Subtotal (see instructions)	688,068,242	448,593,570	1,136,661,812		
201.00		Less Observation Beds					
202.00		Total (see instructions)	688,068,242	448,593,570	1,136,661,812		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	INFECTIOUS DISEASES	0.000000			90.01
90.02	09002	PAIN/PALLIATIVE CARE	0.000000			90.02
90.03	09003	DIABETIC CLINIC	0.000000			90.03
90.04	09004	GI CLINIC	0.000000			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000			90.05
90.06	09006	OTHER	0.000000			90.06
90.07	09007	INFUSION ROOM	0.000000			90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000			90.08
90.09	09009	PULMONARY CLINIC	0.000000			90.09
90.10	09010	ENT CLINIC	0.000000			90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000			90.11
90.12	09012	EYE CLINIC	0.000000			90.12
90.13	09013	ONCOLOGY CLINIC	0.000000			90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	LASER CLINIC	0.000000			90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000			90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000			90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000			90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000			90.20
90.21	09021	SPINA BIFIDA	0.000000			90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000			90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000			90.23
90.24	09024	ENDOCRINE CLINIC	0.000000			90.24
90.25	09025	RENAL CLINIC	0.000000			90.25
90.26	09026	GREENFIELD CLINIC	0.000000			90.26
90.27	09027	NEW BERLIN CLINIC	0.000000			90.27

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

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

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Title XIX		Hospital		Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,779,407	4,931,213	27,848,194	394,497	0
51.00	05100	RECOVERY ROOM	5,269,562	357,566	4,911,996	28,605	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	5,035,641	242,361	4,793,280	19,389	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,460,491	2,801,025	17,659,466	224,082	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	2,992,783	755,729	2,237,054	60,458	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,088,449	1,771,848	4,316,601	141,748	0
59.00	05900	CARDIAC CATHETERIZATION	4,499,635	896,833	3,602,802	71,747	0
60.00	06000	LABORATORY	39,739,786	2,341,826	37,397,960	187,346	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,682,293	129,988	5,552,305	10,399	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	17,001,701	1,210,399	15,791,302	96,832	0
66.00	06600	PHYSICAL THERAPY	15,486,502	1,500,543	13,985,959	120,043	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	10,048,833	977,825	9,071,008	78,226	0
69.00	06900	ELECTROCARDIOLOGY	9,128,977	1,022,893	8,106,084	81,831	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,972,248	430,791	2,541,457	34,463	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,928,811	1,874,038	25,054,773	149,923	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,829,850	171,724	8,658,126	13,738	0
73.00	07300	DRUGS CHARGED TO PATIENTS	66,047,182	2,773,065	63,274,117	221,845	0
74.00	07400	RENAL DIALYSIS	1,851,812	224,545	1,627,267	17,964	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	INFECTIOUS DISEASES	1,113,164	22,904	1,090,260	1,832	0
90.02	09002	PAIN/PALLIATIVE CARE	852,663	46,703	805,960	3,736	0
90.03	09003	DIABETIC CLINIC	1,952,850	188,912	1,763,938	15,113	0
90.04	09004	GI CLINIC	4,249,668	247,642	4,002,026	19,811	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,119,553	208,302	4,911,251	16,664	0
90.06	09006	OTHER	0	0	0	0	0
90.07	09007	INFUSION ROOM	1,159,162	165,269	993,893	13,222	0
90.08	09008	CARDIOLOGY CLINIC	4,531,317	136,051	4,395,266	10,884	0
90.09	09009	PULMONARY CLINIC	1,503,728	134,519	1,369,209	10,762	0
90.10	09010	ENT CLINIC	1,726,683	94,275	1,632,408	7,542	0
90.11	09011	ORTHOPEDIC CLINIC	1,926,249	421,720	1,504,529	33,738	0
90.12	09012	EYE CLINIC	1,783,037	233,311	1,549,726	18,665	0
90.13	09013	ONCOLOGY CLINIC	6,671,125	893,678	5,777,447	71,494	0
90.14	09014	SURGICAL SPECIALTIES	1,547,652	131,530	1,416,122	10,522	0
90.15	09015	ALLERGY CLINIC	1,846,980	198,400	1,648,580	15,872	0
90.16	09016	LASER CLINIC	0	0	0	0	0
90.17	09017	DERMATOLOGY CLINIC	2,437,917	206,907	2,231,010	16,553	0
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0
90.19	09019	CRANIOFACIAL CENTER	494,327	56,828	437,499	4,546	0
90.20	09020	HEMATOLOGY CLINIC	853,829	112,072	741,757	8,966	0
90.21	09021	SPINA BIFIDA	583,206	88,648	494,558	7,092	0
90.22	09022	NEUROSCIENCES CLINIC	2,861,690	287,901	2,573,789	23,032	0
90.23	09023	RHEUMATOLOGY CLINIC	1,443,921	273,803	1,170,118	21,904	0
90.24	09024	ENDOCRINE CLINIC	815,520	80,414	735,106	6,433	0
90.25	09025	RENAL CLINIC	653,136	90,963	562,173	7,277	0
90.26	09026	GREENFIELD CLINIC	4,710,523	1,421,411	3,289,112	113,713	0
90.27	09027	NEW BERLIN CLINIC	4,869,275	873,504	3,995,771	69,880	0
90.28	09028	NOT USED	0	0	0	0	0
90.29	09029	DELAFIELD CLINIC	1,558,411	494,820	1,063,591	39,586	0
90.30	09030	MEQUON CLINIC	2,403,892	374,805	2,029,087	29,984	0
90.31	09031	KENOSHA CLINIC	3	0	3	0	0
90.32	09032	WEST DEPERE CLINIC	191,428	47,910	143,518	3,833	0
90.33	09033	APPLETON CLINIC	158,509	64,033	94,476	5,123	0
90.34	09034	UROLOGY CLINIC	2,116,693	197,493	1,919,200	15,799	0
90.35	09035	GREENFIELD ENT/ENT CLINIC	471,933	170,372	301,561	13,630	0
90.36	09036	KENOSHA CLINIC (KNO)	1,055,187	566,344	488,843	45,308	0
90.37	09037	ADOLESCENT MEDICINE	331,623	22,208	309,415	1,777	0
91.00	09100	EMERGENCY	21,912,975	1,363,619	20,549,356	109,090	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,387,389	1,094,870	8,292,519	87,590	0

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	514,253	10,019	504,234	802	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,680,068	464,418	5,215,650	37,153	0	98.00
98.01	09851	TRANSPORT	5,320,174	257,199	5,062,975	20,576	0	98.01
98.02	09852	GENETICS CENTER	1,832,064	116,547	1,715,517	9,324	0	98.02
98.03	09853	NUCLEAR MEDICINE	1,351,783	39,231	1,312,552	3,138	0	98.03
98.04	09854	CHILD DEVELOPMENT	495,338	197,881	297,457	15,830	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,503,318	316,274	3,187,044	25,302	0	98.05
98.06	09856	DENTAL SRVS	8,784,449	514,860	8,269,589	41,189	0	98.06
98.07	09857	OTHER	204,173	83,626	120,547	6,690	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	114,052	2,303	111,749	184	0	98.08
98.09	09859	OTHER	76	8	68	1	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,076,838	29,803	1,047,035	2,384	0	105.00
106.00	10600	HEART ACQUISITION	873,735	26,424	847,311	2,114	0	106.00
107.00	10700	LIVER ACQUISITION	1,304,083	33,614	1,270,469	2,689	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
200.00		Subtotal (sum of lines 50 thru 199)	407,330,977	37,518,560	369,675,025	3,001,485	0	200.00
201.00		Less Observation Beds	9,387,389	1,094,870	8,292,519	87,590	0	201.00
202.00		Total (line 200 minus line 201)	397,943,588	36,423,690	361,382,506	2,913,895	0	202.00

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	32,384,910	26,193,032	1.236394		50.00
51.00	05100 RECOVERY ROOM	5,240,957	14,691,769	0.356727		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	5,016,252	8,317,383	0.603105		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,236,409	51,845,378	0.390322		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	2,932,325	13,093,935	0.223945		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,946,701	29,018,643	0.204927		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,427,888	4,810,578	0.920448		59.00
60.00	06000 LABORATORY	39,552,440	114,226,963	0.346262		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,671,894	10,074,943	0.562970		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	16,904,869	28,398,234	0.595279		65.00
66.00	06600 PHYSICAL THERAPY	15,366,459	20,838,723	0.737399		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	9,970,607	13,111,918	0.760423		68.00
69.00	06900 ELECTROCARDIOLOGY	9,047,146	26,468,901	0.341803		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,937,785	9,301,491	0.315840		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,778,888	67,034,464	0.399479		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,816,112	14,956,633	0.589445		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,825,337	194,897,561	0.337743		73.00
74.00	07400 RENAL DIALYSIS	1,833,848	5,742,586	0.319342		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 INFECTIOUS DISEASES	1,111,332	14,662	75.796754		90.01
90.02	09002 PAIN/PALLIATIVE CARE	848,927	80,708	10.518499		90.02
90.03	09003 DIABETIC CLINIC	1,937,737	536,371	3.612680		90.03
90.04	09004 GI CLINIC	4,229,857	2,622,489	1.612917		90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	5,102,889	149,809	34.062633		90.05
90.06	09006 OTHER	0	0	0.000000		90.06
90.07	09007 INFUSION ROOM	1,145,940	2,679,473	0.427674		90.07
90.08	09008 CARDIOLOGY CLINIC	4,520,433	716,398	6.309946		90.08
90.09	09009 PULMONARY CLINIC	1,492,966	417,396	3.576857		90.09
90.10	09010 ENT CLINIC	1,719,141	827,174	2.078331		90.10
90.11	09011 ORTHOPEDIC CLINIC	1,892,511	987,116	1.917212		90.11
90.12	09012 EYE CLINIC	1,764,372	694,346	2.541056		90.12
90.13	09013 ONCOLOGY CLINIC	6,599,631	5,114,423	1.290396		90.13
90.14	09014 SURGICAL SPECIALTIES	1,537,130	359,622	4.274294		90.14
90.15	09015 ALLERGY CLINIC	1,831,108	613,689	2.983772		90.15
90.16	09016 LASER CLINIC	0	0	0.000000		90.16
90.17	09017 DERMATOLOGY CLINIC	2,421,364	892,564	2.712818		90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0.000000		90.18
90.19	09019 CRANIOFACIAL CENTER	489,781	209,814	2.334358		90.19
90.20	09020 HEMATOLOGY CLINIC	844,863	255,007	3.313097		90.20
90.21	09021 SPINA BIFIDA	576,114	618,042	0.932160		90.21
90.22	09022 NEUROSCIENCES CLINIC	2,838,658	696,437	4.075972		90.22
90.23	09023 RHEUMATOLOGY CLINIC	1,422,017	125,390	11.340753		90.23
90.24	09024 ENDOCRINE CLINIC	809,087	176,824	4.575663		90.24
90.25	09025 RENAL CLINIC	645,859	135,803	4.755852		90.25
90.26	09026 GREENFIELD CLINIC	4,596,810	2,095,992	2.193143		90.26
90.27	09027 NEW BERLIN CLINIC	4,799,395	2,895,459	1.657559		90.27
90.28	09028 NOT USED	0	0	0.000000		90.28
90.29	09029 DELAFIELD CLINIC	1,518,825	871,900	1.741972		90.29
90.30	09030 MEQUON CLINIC	2,373,908	1,925,142	1.233108		90.30
90.31	09031 KENOSHA CLINIC	3	0	0.000000		90.31
90.32	09032 WEST DEPERE CLINIC	187,595	158,329	1.184843		90.32
90.33	09033 APPLETON CLINIC	153,386	84,653	1.811938		90.33
90.34	09034 UROLOGY CLINIC	2,100,894	865,004	2.428768		90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	458,303	338,827	1.352617		90.35
90.36	09036 KENOSHA CLINIC (KNO)	1,009,879	617,362	1.635797		90.36
90.37	09037 ADOLESCENT MEDICINE	329,846	274,720	1.200662		90.37
91.00	09100 EMERGENCY	21,803,885	40,249,736	0.541715		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,299,799	16,508,763	0.563325		92.00

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Title XIX		Hospital	Cost
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	513,451	1,096,103	0.468433	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	5,642,915	3,070,651	1.837693	98.00
98.01	09851	TRANSPORT	5,299,598	1,972,891	2.686209	98.01
98.02	09852	GENETICS CENTER	1,822,740	328,338	5.551413	98.02
98.03	09853	NUCLEAR MEDICINE	1,348,645	3,439,102	0.392150	98.03
98.04	09854	CHILD DEVELOPMENT	479,508	57,763	8.301300	98.04
98.05	09855	CHILD PROTECTION CENTER	3,478,016	1,260,665	2.758874	98.05
98.06	09856	DENTAL SRVS	8,743,260	7,207,725	1.213040	98.06
98.07	09857	OTHER	197,483	0	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	113,868	61,929	1.838686	98.08
98.09	09859	OTHER	75	0	0.000000	98.09
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,074,454	621,770	1.728057	105.00
106.00	10600	HEART ACQUISITION	871,621	1,265,905	0.688536	106.00
107.00	10700	LIVER ACQUISITION	1,301,394	677,727	1.920233	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0.000000	117.00
200.00		Subtotal (sum of lines 50 thru 199)	404,192,100	759,893,148		200.00
201.00		Less Observation Beds	9,299,799	0		201.00
202.00		Total (line 200 minus line 201)	394,892,301	759,893,148		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

		Title XVIII		Hospital		TEFRA		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,271,633	0	7,271,633	22,103	328.99	30.00	
31.00	INTENSIVE CARE UNIT	9,124,364		9,124,364	33,790	270.03	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	OTHER SPECIAL CARE HOT UNIT	1,352,793		1,352,793	6,535	207.01	35.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	17,748,790		17,748,790	62,428		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	154	50,664					30.00
31.00	INTENSIVE CARE UNIT	62	16,742					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00	OTHER SPECIAL CARE HOT UNIT	26	5,382					35.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	242	72,788					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/29/2021 1:15 pm	
			Title XVIII		Hospital	TEFRA	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,931,213	26,193,032	0.188264	51,090	9,618
51.00	05100	RECOVERY ROOM	357,566	14,691,769	0.024338	8,657	211
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	242,361	8,317,383	0.029139	15,016	438
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,801,025	51,845,378	0.054027	73,628	3,978
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
57.00	05700	CT SCAN	755,729	13,093,935	0.057716	27,604	1,593
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,771,848	29,018,643	0.061059	14,515	886
59.00	05900	CARDIAC CATHETERIZATION	896,833	4,810,578	0.186429	11,636	2,169
60.00	06000	LABORATORY	2,341,826	114,226,963	0.020502	304,226	6,237
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	129,988	10,074,943	0.012902	226,841	2,927
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	1,210,399	28,398,234	0.042622	117,871	5,024
66.00	06600	PHYSICAL THERAPY	1,500,543	20,838,723	0.072007	16,842	1,213
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	977,825	13,111,918	0.074575	3,488	260
69.00	06900	ELECTROCARDIOLOGY	1,022,893	26,468,901	0.038645	61,888	2,392
70.00	07000	ELECTROENCEPHALOGRAPHY	430,791	9,301,491	0.046314	46,163	2,138
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,874,038	67,034,464	0.027956	197,796	5,530
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	171,724	14,956,633	0.011481	6,181	71
73.00	07300	DRUGS CHARGED TO PATIENTS	2,773,065	194,897,561	0.014228	816,645	11,619
74.00	07400	RENAL DIALYSIS	224,545	5,742,586	0.039102	77,030	3,012
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	INFECTIOUS DISEASES	22,904	14,662	1.562133	0	0
90.02	09002	PAIN/PALLIATIVE CARE	46,703	80,708	0.578666	0	0
90.03	09003	DIABETIC CLINIC	188,912	536,371	0.352204	0	0
90.04	09004	GI CLINIC	247,642	2,622,489	0.094430	0	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	208,302	149,809	1.390451	0	0
90.06	09006	OTHER	0	0	0.000000	0	0
90.07	09007	INFUSION ROOM	165,269	2,679,473	0.061680	0	0
90.08	09008	CARDIOLOGY CLINIC	136,051	716,398	0.189910	235	45
90.09	09009	PULMONARY CLINIC	134,519	417,396	0.322281	0	0
90.10	09010	ENT CLINIC	94,275	827,174	0.113972	0	0
90.11	09011	ORTHOPEDIC CLINIC	421,720	987,116	0.427224	0	0
90.12	09012	EYE CLINIC	233,311	694,346	0.336015	0	0
90.13	09013	ONCOLOGY CLINIC	893,678	5,114,423	0.174737	1,136	199
90.14	09014	SURGICAL SPECIALTIES	131,530	359,622	0.365745	0	0
90.15	09015	ALLERGY CLINIC	198,400	613,689	0.323291	0	0
90.16	09016	LASER CLINIC	0	0	0.000000	0	0
90.17	09017	DERMATOLOGY CLINIC	206,907	892,564	0.231812	0	0
90.18	09018	CLINIC ADMINISTRATION	0	0	0.000000	0	0
90.19	09019	CRANIOFACIAL CENTER	56,828	209,814	0.270849	0	0
90.20	09020	HEMATOLOGY CLINIC	112,072	255,007	0.439486	0	0
90.21	09021	SPINA BIFIDA	88,648	618,042	0.143434	0	0
90.22	09022	NEUROSCIENCES CLINIC	287,901	696,437	0.413391	67	28
90.23	09023	RHEUMATOLOGY CLINIC	273,803	125,390	2.183611	0	0
90.24	09024	ENDOCRINE CLINIC	80,414	176,824	0.454769	0	0
90.25	09025	RENAL CLINIC	90,963	135,803	0.669816	0	0
90.26	09026	GREENFIELD CLINIC	1,421,411	2,095,992	0.678157	0	0
90.27	09027	NEW BERLIN CLINIC	873,504	2,895,459	0.301681	0	0
90.28	09028	NOT USED	0	0	0.000000	0	0
90.29	09029	DELAFIELD CLINIC	494,820	871,900	0.567519	0	0
90.30	09030	MEQUON CLINIC	374,805	1,925,142	0.194690	0	0
90.31	09031	KENOSHA CLINIC	0	0	0.000000	0	0
90.32	09032	WEST DEPERE CLINIC	47,910	158,329	0.302598	0	0
90.33	09033	APPLETON CLINIC	64,033	84,653	0.756417	0	0
90.34	09034	UROLOGY CLINIC	197,493	865,004	0.228315	0	0
90.35	09035	GREENFIELD ENT/ENT CLINIC	170,372	338,827	0.502829	0	0
90.36	09036	KENOSHA CLINIC (KNO)	566,344	617,362	0.917361	0	0
90.37	09037	ADOLESCENT MEDICINE	22,208	274,720	0.080839	0	0
91.00	09100	EMERGENCY	1,363,619	40,249,736	0.033879	7,599	257

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Title XVIII		Hospital		TEFRA	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,094,870	16,508,763	0.066321	10,699	710	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	10,019	1,096,103	0.009141	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	464,418	3,070,651	0.151244	167	25	98.00
98.01	09851	TRANSPORT	257,199	1,972,891	0.130367	7,834	1,021	98.01
98.02	09852	GENETICS CENTER	116,547	328,338	0.354960	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	39,231	3,439,102	0.011407	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	197,881	57,763	3.425740	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	316,274	1,260,665	0.250879	0	0	98.05
98.06	09856	DENTAL SRVS	514,860	7,207,725	0.071432	0	0	98.06
98.07	09857	OTHER	83,626	0	0.000000	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	2,303	61,929	0.037188	0	0	98.08
98.09	09859	OTHER	8	0	0.000000	0	0	98.09
200.00		Total (lines 50 through 199)	37,428,719	757,327,746		2,104,854	61,601	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/29/2021 1:15 pm	
					Title XVIII		Hospital		TEFRA	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	22,103	0.00	154		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	33,790	0.00	62		31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0		34.00	
35.00	02040	OTHER SPECIAL CARE HOT UNIT		0	6,535	0.00	26		35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00	
43.00	04300	NURSERY		0	0	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0		44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0		45.00	
200.00		Total (lines 30 through 199)		0	62,428		242		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00					
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00					
32.00	03200	CORONARY CARE UNIT	0	0	32.00					
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00					
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00					
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	35.00					
40.00	04000	SUBPROVIDER - IPF	0	0	40.00					
41.00	04100	SUBPROVIDER - IRF	0	0	41.00					
42.00	04200	SUBPROVIDER	0	0	42.00					
43.00	04300	NURSERY	0	0	43.00					
44.00	04400	SKILLED NURSING FACILITY	0		44.00					
45.00	04500	NURSING FACILITY	0		45.00					
200.00		Total (lines 30 through 199)	0	0	200.00					

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:15 pm
				Title XVIII		Hospital	TEFRA
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	0 90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	0	0	0 90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0 90.03
90.04	09004	GI CLINIC	0	0	0	0	0 90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	0 90.05
90.06	09006	OTHER	0	0	0	0	0 90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0 90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	0 90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	0 90.09
90.10	09010	ENT CLINIC	0	0	0	0	0 90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	0 90.11
90.12	09012	EYE CLINIC	0	0	0	0	0 90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0 90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0	0 90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	0 90.15
90.16	09016	LASER CLINIC	0	0	0	0	0 90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	0 90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0 90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	0 90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	0 90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0 90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	0 90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	0 90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	0 90.24
90.25	09025	RENAL CLINIC	0	0	0	0	0 90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0 90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0 90.27
90.28	09028	NOT USED	0	0	0	0	0 90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	0 90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0 90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0 90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0 90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0 90.33
90.34	09034	UROLOGY CLINIC	0	0	0	0	0 90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0	0	0	0 90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0	0	0	0 90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0	0 90.37
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:15 pm

				Title XVIII		Hospital	TEFRA	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0	98.00
98.01	09851	TRANSPORT	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:15 pm	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	26,193,032	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	14,691,769	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	8,317,383	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	51,845,378	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	13,093,935	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	29,018,643	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	4,810,578	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	114,226,963	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	10,074,943	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	28,398,234	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,838,723	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	13,111,918	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	26,468,901	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	9,301,491	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	67,034,464	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	14,956,633	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	194,897,561	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,742,586	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES		0	0	0	14,662	0.000000	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0	0	0	80,708	0.000000	90.02
90.03	09003	DIABETIC CLINIC		0	0	0	536,371	0.000000	90.03
90.04	09004	GI CLINIC		0	0	0	2,622,489	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0	0	0	149,809	0.000000	90.05
90.06	09006	OTHER		0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM		0	0	0	2,679,473	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC		0	0	0	716,398	0.000000	90.08
90.09	09009	PULMONARY CLINIC		0	0	0	417,396	0.000000	90.09
90.10	09010	ENT CLINIC		0	0	0	827,174	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC		0	0	0	987,116	0.000000	90.11
90.12	09012	EYE CLINIC		0	0	0	694,346	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	5,114,423	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES		0	0	0	359,622	0.000000	90.14
90.15	09015	ALLERGY CLINIC		0	0	0	613,689	0.000000	90.15
90.16	09016	LASER CLINIC		0	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC		0	0	0	892,564	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATION		0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER		0	0	0	209,814	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC		0	0	0	255,007	0.000000	90.20
90.21	09021	SPINA BIFIDA		0	0	0	618,042	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC		0	0	0	696,437	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0	0	0	125,390	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC		0	0	0	176,824	0.000000	90.24
90.25	09025	RENAL CLINIC		0	0	0	135,803	0.000000	90.25
90.26	09026	GREENFIELD CLINIC		0	0	0	2,095,992	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC		0	0	0	2,895,459	0.000000	90.27
90.28	09028	NOT USED		0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC		0	0	0	871,900	0.000000	90.29
90.30	09030	MEQUON CLINIC		0	0	0	1,925,142	0.000000	90.30
90.31	09031	KENOSHA CLINIC		0	0	0	0	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC		0	0	0	158,329	0.000000	90.32
90.33	09033	APPLETON CLINIC		0	0	0	84,653	0.000000	90.33
90.34	09034	UROLOGY CLINIC		0	0	0	865,004	0.000000	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0	0	0	338,827	0.000000	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0	0	0	617,362	0.000000	90.36
90.37	09037	ADOLESCENT MEDICINE		0	0	0	274,720	0.000000	90.37

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description			Title XVIII		Hospital	TEFRA	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
91.00	09100	EMERGENCY	0	0	0	40,249,736	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,508,763	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,096,103	0.000000
95.00	09500	AMBULANCE SERVICES					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	3,070,651	0.000000
98.01	09851	TRANSPORT	0	0	0	1,972,891	0.000000
98.02	09852	GENETICS CENTER	0	0	0	328,338	0.000000
98.03	09853	NUCLEAR MEDICINE	0	0	0	3,439,102	0.000000
98.04	09854	CHILD DEVELOPMENT	0	0	0	57,763	0.000000
98.05	09855	CHILD PROTECTION CENTER	0	0	0	1,260,665	0.000000
98.06	09856	DENTAL SRVS	0	0	0	7,207,725	0.000000
98.07	09857	OTHER	0	0	0	0	0.000000
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	61,929	0.000000
98.09	09859	OTHER	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	0	0	757,327,746	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:15 pm	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	51,090	0	3,284	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	8,657	0	12,821	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	15,016	0	3,918	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	73,628	0	78,213	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	27,604	0	35,595	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	14,515	0	37,147	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	11,636	0	19,728	0	59.00
60.00	06000	LABORATORY		0.000000	304,226	0	156,421	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	226,841	0	12,338	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	117,871	0	18,212	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	16,842	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	3,488	0	3,849	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	61,888	0	230,655	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	46,163	0	1,812	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	197,796	0	60,745	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	6,181	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	816,645	0	1,350,519	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	77,030	0	4,529	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES		0.000000	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE		0.000000	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	GI CLINIC		0.000000	0	0	1,675	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		0.000000	0	0	449	0	90.05
90.06	09006	OTHER		0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM		0.000000	0	0	89,438	0	90.07
90.08	09008	CARDIOLOGY CLINIC		0.000000	235	0	8,995	0	90.08
90.09	09009	PULMONARY CLINIC		0.000000	0	0	456	0	90.09
90.10	09010	ENT CLINIC		0.000000	0	0	715	0	90.10
90.11	09011	ORTHOPEDIC CLINIC		0.000000	0	0	119	0	90.11
90.12	09012	EYE CLINIC		0.000000	0	0	2,083	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	1,136	0	16,225	0	90.13
90.14	09014	SURGICAL SPECIALTIES		0.000000	0	0	939	0	90.14
90.15	09015	ALLERGY CLINIC		0.000000	0	0	22,862	0	90.15
90.16	09016	LASER CLINIC		0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC		0.000000	0	0	260	0	90.17
90.18	09018	CLINIC ADMINISTRATION		0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER		0.000000	0	0	297	0	90.19
90.20	09020	HEMATOLOGY CLINIC		0.000000	0	0	1,296	0	90.20
90.21	09021	SPINA BIFIDA		0.000000	0	0	1,548	0	90.21
90.22	09022	NEUROSCIENCES CLINIC		0.000000	67	0	237	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC		0.000000	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC		0.000000	0	0	59	0	90.24
90.25	09025	RENAL CLINIC		0.000000	0	0	119	0	90.25
90.26	09026	GREENFIELD CLINIC		0.000000	0	0	59	0	90.26
90.27	09027	NEW BERLIN CLINIC		0.000000	0	0	16,376	0	90.27
90.28	09028	NOT USED		0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC		0.000000	0	0	119	0	90.29
90.30	09030	MEQUON CLINIC		0.000000	0	0	3,582	0	90.30
90.31	09031	KENOSHA CLINIC		0.000000	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		0.000000	0	0	59	0	90.32
90.33	09033	APPLETON CLINIC		0.000000	0	0	119	0	90.33
90.34	09034	UROLOGY CLINIC		0.000000	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC		0.000000	0	0	90	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)		0.000000	0	0	59	0	90.36
90.37	09037	ADOLESCENT MEDICINE		0.000000	0	0	0	0	90.37
91.00	09100	EMERGENCY		0.000000	7,599	0	13,535	0	91.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/29/2021 1:15 pm

				Title XVIII		Hospital	TEFRA	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	10,699	0	37,035	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
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000	167	0	203	0	98.00
98.01	09851	TRANSPORT	0.000000	7,834	0	0	0	98.01
98.02	09852	GENETICS CENTER	0.000000	0	0	1,730	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.000000	0	0	122,368	0	98.03
98.04	09854	CHILD DEVELOPMENT	0.000000	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	0.000000	0	0	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Total (lines 50 through 199)		2,104,854	0	2,372,892	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:15 pm
				Title XVIII	Hospital	TEFRA
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
				21.00	24.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	0		90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	0	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	OTHER	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	0	0		90.08
90.09	09009	PULMONARY CLINIC	0	0		90.09
90.10	09010	ENT CLINIC	0	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	0	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	0		90.17
90.18	09018	CLINIC ADMINISTRATION	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024	ENDOCRINE CLINIC	0	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	NOT USED	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	UROLOGY CLINIC	0	0		90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	0		90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	0		90.36
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/29/2021 1:15 pm
				Title XVIII		Hospital	TEFRA
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
				21.00	24.00		
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG		0	0		98.00
98.01	09851	TRANSPORT		0	0		98.01
98.02	09852	GENETICS CENTER		0	0		98.02
98.03	09853	NUCLEAR MEDICINE		0	0		98.03
98.04	09854	CHILD DEVELOPMENT		0	0		98.04
98.05	09855	CHILD PROTECTION CENTER		0	0		98.05
98.06	09856	DENTAL SRVS		0	0		98.06
98.07	09857	OTHER		0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS		0	0		98.08
98.09	09859	OTHER		0	0		98.09
200.00		Total (lines 50 through 199)		0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1.161354	3,284	0	0	3,814	50.00
51.00	05100	RECOVERY ROOM	0.358674	12,821	0	0	4,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.293730	3,918	0	0	1,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.368890	78,213	0	0	28,852	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.228563	35,595	0	0	8,136	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.209812	37,147	0	0	7,794	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.935363	19,728	0	0	18,453	59.00
60.00	06000	LABORATORY	0.347902	156,421	1,076	0	54,419	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.	0.564002	12,338	0	0	6,959	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.598185	18,212	0	0	10,894	65.00
66.00	06600	PHYSICAL THERAPY	0.725048	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.766389	3,849	0	0	2,950	68.00
69.00	06900	ELECTROCARDIOLOGY	0.344160	230,655	0	0	79,382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280737	1,812	0	0	509	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.401716	60,745	0	0	24,402	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.590363	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.338882	1,350,519	0	1,619	457,667	73.00
74.00	07400	RENAL DIALYSIS	0.326580	4,529	0	0	1,479	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	66.102032	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	10.329125	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	3.640857	0	0	0	0	90.03
90.04	09004	GI CLINIC	1.288859	1,675	0	0	2,159	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	34.173868	449	0	0	15,344	90.05
90.06	09006	OTHER	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.432608	89,438	0	0	38,692	90.07
90.08	09008	CARDIOLOGY CLINIC	5.270982	8,995	0	0	47,412	90.08
90.09	09009	PULMONARY CLINIC	3.196875	456	0	0	1,458	90.09
90.10	09010	ENT CLINIC	1.360220	715	0	0	973	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.951391	119	0	0	232	90.11
90.12	09012	EYE CLINIC	2.157394	2,083	0	0	4,494	90.12
90.13	09013	ONCOLOGY CLINIC	1.304375	16,225	0	0	21,163	90.13
90.14	09014	SURGICAL SPECIALTIES	4.303552	939	0	0	4,041	90.14
90.15	09015	ALLERGY CLINIC	2.975408	22,862	0	0	68,024	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.952995	260	0	0	508	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.356025	297	0	0	700	90.19
90.20	09020	HEMATOLOGY CLINIC	3.348257	1,296	0	0	4,339	90.20
90.21	09021	SPINA BIFIDA	0.943635	1,548	0	0	1,461	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.109044	237	0	0	974	90.22
90.23	09023	RHEUMATOLOGY CLINIC	9.026390	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.889472	59	0	0	229	90.24
90.25	09025	RENAL CLINIC	4.809437	119	0	0	572	90.25
90.26	09026	GREENFIELD CLINIC	2.247396	59	0	0	133	90.26
90.27	09027	NEW BERLIN CLINIC	1.681694	16,376	0	0	27,539	90.27
90.28	09028	NOT USED	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.787374	119	0	0	213	90.29
90.30	09030	MEQUON CLINIC	1.248683	3,582	0	0	4,473	90.30
90.31	09031	KENOSHA CLINIC	0.000000	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1.209052	59	0	0	71	90.32
90.33	09033	APPLETON CLINIC	1.872456	119	0	0	223	90.33
90.34	09034	UROLOGY CLINIC	1.786792	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1.392844	90	0	0	125	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1.709187	59	0	0	101	90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII		Hospital		TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.37	09037	ADOLESCENT MEDICINE	1.207131	0	0	0	0	90.37
91.00	09100	EMERGENCY	0.478411	13,535	0	0	6,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.568631	37,035	0	0	21,059	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.469165		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.544146	203	0	0	313	98.00
98.01	09851	TRANSPORT	2.696639	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	4.860226	1,730	0	0	8,408	98.02
98.03	09853	NUCLEAR MEDICINE	0.393063	122,368	0	0	48,098	98.03
98.04	09854	CHILD DEVELOPMENT	7.760729	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.722988	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	1.031416	0	0	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	1.841657	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Subtotal (see instructions)		2,372,892	1,076	1,619	1,041,466	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,372,892	1,076	1,619	1,041,466	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII	Hospital	TEFRA
	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	374	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	549		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 INFECTIOUS DISEASES	0	0		90.01
90.02	09002 PAIN/PALLATIVE CARE	0	0		90.02
90.03	09003 DIABETIC CLINIC	0	0		90.03
90.04	09004 GI CLINIC	0	0		90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006 OTHER	0	0		90.06
90.07	09007 INFUSION ROOM	0	0		90.07
90.08	09008 CARDIOLOGY CLINIC	0	0		90.08
90.09	09009 PULMONARY CLINIC	0	0		90.09
90.10	09010 ENT CLINIC	0	0		90.10
90.11	09011 ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012 EYE CLINIC	0	0		90.12
90.13	09013 ONCOLOGY CLINIC	0	0		90.13
90.14	09014 SURGICAL SPECIALTIES	0	0		90.14
90.15	09015 ALLERGY CLINIC	0	0		90.15
90.16	09016 LASER CLINIC	0	0		90.16
90.17	09017 DERMATOLOGY CLINIC	0	0		90.17
90.18	09018 CLINIC ADMINISTRATION	0	0		90.18
90.19	09019 CRANIOFACIAL CENTER	0	0		90.19
90.20	09020 HEMATOLOGY CLINIC	0	0		90.20
90.21	09021 SPINA BIFIDA	0	0		90.21
90.22	09022 NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023 RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024 ENDOCRINE CLINIC	0	0		90.24
90.25	09025 RENAL CLINIC	0	0		90.25
90.26	09026 GREENFIELD CLINIC	0	0		90.26
90.27	09027 NEW BERLIN CLINIC	0	0		90.27
90.28	09028 NOT USED	0	0		90.28
90.29	09029 DELAFIELD CLINIC	0	0		90.29
90.30	09030 MEQUON CLINIC	0	0		90.30
90.31	09031 KENOSHA CLINIC	0	0		90.31
90.32	09032 WEST DEPERE CLINIC	0	0		90.32
90.33	09033 APPLETON CLINIC	0	0		90.33
90.34	09034 UROLOGY CLINIC	0	0		90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	0	0		90.35
90.36	09036 KENOSHA CLINIC (KNO)	0	0		90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII		Hospital	TEFRA
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	0	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	0	0		98.04
98.05	09855	CHILD PROTECTION CENTER	0	0		98.05
98.06	09856	DENTAL SRVS	0	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	374	549		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	374	549		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XIX	Hospital	Cost		
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1.236394	0	0	1,750,519	0	50.00
51.00	05100 RECOVERY ROOM	0.356727	0	0	2,140,028	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.603105	0	0	1,065,862	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.390322	0	0	5,302,855	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.223945	0	0	1,442,044	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.204927	0	0	4,979,981	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.920448	0	0	1,018,069	0	59.00
60.00	06000 LABORATORY	0.346262	0	0	13,545,844	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.	0.562970	0	0	1,391,588	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.595279	0	0	1,724,181	0	65.00
66.00	06600 PHYSICAL THERAPY	0.737399	0	0	1,885	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.760423	0	0	1,021,173	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.341803	0	0	3,098,532	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.315840	0	0	517,451	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399479	0	0	7,446,476	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.589445	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.337743	0	0	18,807,112	0	73.00
74.00	07400 RENAL DIALYSIS	0.319342	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 INFECTIOUS DISEASES	75.796754	0	0	12,707	0	90.01
90.02	09002 PAIN/PALLATIVE CARE	10.518499	0	0	15,045	0	90.02
90.03	09003 DIABETIC CLINIC	3.612680	0	0	63,922	0	90.03
90.04	09004 GI CLINIC	1.612917	0	0	468,640	0	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	34.062633	0	0	100,056	0	90.05
90.06	09006 OTHER	0.000000	0	0	0	0	90.06
90.07	09007 INFUSION ROOM	0.427674	0	0	538,958	0	90.07
90.08	09008 CARDIOLOGY CLINIC	6.309946	0	0	157,994	0	90.08
90.09	09009 PULMONARY CLINIC	3.576857	0	0	143,048	0	90.09
90.10	09010 ENT CLINIC	2.078331	0	0	148,018	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	1.917212	0	0	129,606	0	90.11
90.12	09012 EYE CLINIC	2.541056	0	0	192,432	0	90.12
90.13	09013 ONCOLOGY CLINIC	1.290396	0	0	1,774,539	0	90.13
90.14	09014 SURGICAL SPECIALTIES	4.274294	0	0	56,805	0	90.14
90.15	09015 ALLERGY CLINIC	2.983772	0	0	88,710	0	90.15
90.16	09016 LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	2.712818	0	0	88,791	0	90.17
90.18	09018 CLINIC ADMINISTRATION	0.000000	0	0	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	2.334358	0	0	27,796	0	90.19
90.20	09020 HEMATOLOGY CLINIC	3.313097	0	0	70,677	0	90.20
90.21	09021 SPINA BIFIDA	0.932160	0	0	297,258	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	4.075972	0	0	209,655	0	90.22
90.23	09023 RHEUMATOLOGY CLINIC	11.340753	0	0	17,994	0	90.23
90.24	09024 ENDOCRINE CLINIC	4.575663	0	0	33,130	0	90.24
90.25	09025 RENAL CLINIC	4.755852	0	0	285	0	90.25
90.26	09026 GREENFIELD CLINIC	2.193143	0	0	147,730	0	90.26
90.27	09027 NEW BERLIN CLINIC	1.657559	0	0	380,715	0	90.27
90.28	09028 NOT USED	0.000000	0	0	0	0	90.28
90.29	09029 DELAFIELD CLINIC	1.741972	0	0	93,099	0	90.29
90.30	09030 MEQUON CLINIC	1.233108	0	0	255,935	0	90.30
90.31	09031 KENOSHA CLINIC	0.000000	0	0	0	0	90.31
90.32	09032 WEST DEPERE CLINIC	1.184843	0	0	42,196	0	90.32
90.33	09033 APPLETON CLINIC	1.811938	0	0	27,215	0	90.33
90.34	09034 UROLOGY CLINIC	2.428768	0	0	216,743	0	90.34
90.35	09035 GREENFIELD ENT/ENT CLINIC	1.352617	0	0	38,612	0	90.35
90.36	09036 KENOSHA CLINIC (KNO)	1.635797	0	0	210,838	0	90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
90.37	09037	ADOLESCENT MEDICINE	1.200662	0	0	51,910	0	90.37	
91.00	09100	EMERGENCY	0.541715	0	0	4,910,321	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.563325	0	0	2,770,003	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.468433		0	0		94.00	
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.837693	0	0	111,459	0	98.00	
98.01	09851	TRANSPORT	2.686209	0	0	3	0	98.01	
98.02	09852	GENETICS CENTER	5.551413	0	0	87,293	0	98.02	
98.03	09853	NUCLEAR MEDICINE	0.392150	0	0	527,999	0	98.03	
98.04	09854	CHILD DEVELOPMENT	8.301300	0	0	21,011	0	98.04	
98.05	09855	CHILD PROTECTION CENTER	2.758874	0	0	110,209	0	98.05	
98.06	09856	DENTAL SRVS	1.213040	0	0	1,181,085	0	98.06	
98.07	09857	OTHER	0.000000	0	0	0	0	98.07	
98.08	09858	OTHER OFFSITE CLINICS	1.838686	0	0	3,361	0	98.08	
98.09	09859	OTHER	0.000000	0	0	0	0	98.09	
200.00		Subtotal (see instructions)		0	0	81,077,403	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		0	0	81,077,403	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/29/2021 1:15 pm	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	2,164,331					50.00
51.00	05100	RECOVERY ROOM	0	763,406					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	642,827					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,069,821					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	322,939					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,020,533					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	937,080					59.00
60.00	06000	LABORATORY	0	4,690,411					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	783,422					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	1,026,369					65.00
66.00	06600	PHYSICAL THERAPY	0	1,390					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	776,523					68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,059,088					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	163,432					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,974,711					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,351,970					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	INFECTIOUS DISEASES	0	963,149					90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	158,251					90.02
90.03	09003	DIABETIC CLINIC	0	230,930					90.03
90.04	09004	GI CLINIC	0	755,877					90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,408,171					90.05
90.06	09006	OTHER	0	0					90.06
90.07	09007	INFUSION ROOM	0	230,498					90.07
90.08	09008	CARDIOLOGY CLINIC	0	996,934					90.08
90.09	09009	PULMONARY CLINIC	0	511,662					90.09
90.10	09010	ENT CLINIC	0	307,630					90.10
90.11	09011	ORTHOPEDIC CLINIC	0	248,482					90.11
90.12	09012	EYE CLINIC	0	488,980					90.12
90.13	09013	ONCOLOGY CLINIC	0	2,289,858					90.13
90.14	09014	SURGICAL SPECIALTIES	0	242,801					90.14
90.15	09015	ALLERGY CLINIC	0	264,690					90.15
90.16	09016	LASER CLINIC	0	0					90.16
90.17	09017	DERMATOLOGY CLINIC	0	240,874					90.17
90.18	09018	CLINIC ADMINISTRATION	0	0					90.18
90.19	09019	CRANIOFACIAL CENTER	0	64,886					90.19
90.20	09020	HEMATOLOGY CLINIC	0	234,160					90.20
90.21	09021	SPINA BIFIDA	0	277,092					90.21
90.22	09022	NEUROSCIENCES CLINIC	0	854,548					90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	204,066					90.23
90.24	09024	ENDOCRINE CLINIC	0	151,592					90.24
90.25	09025	RENAL CLINIC	0	1,355					90.25
90.26	09026	GREENFIELD CLINIC	0	323,993					90.26
90.27	09027	NEW BERLIN CLINIC	0	631,058					90.27
90.28	09028	NOT USED	0	0					90.28
90.29	09029	DELAFIELD CLINIC	0	162,176					90.29
90.30	09030	MEQUON CLINIC	0	315,595					90.30
90.31	09031	KENOSHA CLINIC	0	0					90.31
90.32	09032	WEST DEPERE CLINIC	0	49,996					90.32
90.33	09033	APPLETON CLINIC	0	49,312					90.33
90.34	09034	UROLOGY CLINIC	0	526,418					90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	0	52,227					90.35
90.36	09036	KENOSHA CLINIC (KNO)	0	344,888					90.36

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/29/2021 1:15 pm

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.37	09037	ADOLESCENT MEDICINE	0	62,326		90.37
91.00	09100	EMERGENCY	0	2,659,995		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,560,412		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	204,827		98.00
98.01	09851	TRANSPORT	0	8		98.01
98.02	09852	GENETICS CENTER	0	484,599		98.02
98.03	09853	NUCLEAR MEDICINE	0	207,055		98.03
98.04	09854	CHILD DEVELOPMENT	0	174,419		98.04
98.05	09855	CHILD PROTECTION CENTER	0	304,053		98.05
98.06	09856	DENTAL SRVS	0	1,432,703		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	6,180		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	0	48,426,979		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	48,426,979		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:15 pm	
		Title XVIII	Hospital	TEFRA	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,103	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,103	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)		18,775	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)		154	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)		62,346,588	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)		62,346,588	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)		62,346,588	37.00	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,820.73	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		434,392	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)		434,392	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 1:15 pm

			Title XVIII		Hospital	TEFRA	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	91,382,008	33,790	2,704.41	62	167,673	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	17,375,657	6,535	2,658.86	26	69,130	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					886,788	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,557,983	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)					72,788	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					61,601	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					134,389	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,423,594	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					23	54.00
55.00	Target amount per discharge					12,878.54	55.00
56.00	Target amount (line 54 x line 55)					296,206	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-1,127,388	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)					29,621	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					460,216	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)					3,328	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,820.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,387,389	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Title XVIII		Hospital		TEFRA	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,271,633	62,346,588	0.116632	9,387,389	1,094,870	90.00
91.00	Nursing School cost	0	62,346,588	0.000000	9,387,389	0	91.00
92.00	Allied health cost	0	62,346,588	0.000000	9,387,389	0	92.00
93.00	All other Medical Education	0	62,346,588	0.000000	9,387,389	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/29/2021 1:15 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,103	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,103	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)		18,775	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		7,225	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)		75,935,560	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)		75,935,560	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)		75,935,560	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)		3,435.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,821,704	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)		24,821,704	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/29/2021 1:15 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	95,191,810	33,790	2,817.16	9,942	28,008,205	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	18,362,986	6,535	2,809.94	2,986	8,390,481	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,789,873	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					102,010,263	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,328	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					3,435.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,433,444	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		Cost
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,271,633	75,935,560	0.095761	11,433,444	1,094,878
91.00	Nursing School cost	0	75,935,560	0.000000	11,433,444	0
92.00	Allied health cost	0	75,935,560	0.000000	11,433,444	0
93.00	All other Medical Education	0	75,935,560	0.000000	11,433,444	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:15 pm
Title XVIII			Hospital		TEFRA
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		528,428	30.00
31.00	03100	INTENSIVE CARE UNIT		699,571	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		143,224	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.161354	51,090	59,334 50.00
51.00	05100	RECOVERY ROOM	0.358674	8,657	3,105 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.293730	15,016	4,411 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.368890	73,628	27,161 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.228563	27,604	6,309 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.209812	14,515	3,045 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.935363	11,636	10,884 59.00
60.00	06000	LABORATORY	0.347902	304,226	105,841 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.	0.564002	226,841	127,939 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.598185	117,871	70,509 65.00
66.00	06600	PHYSICAL THERAPY	0.725048	16,842	12,211 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.766389	3,488	2,673 68.00
69.00	06900	ELECTROCARDIOLOGY	0.344160	61,888	21,299 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280737	46,163	12,960 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.401716	197,796	79,458 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.590363	6,181	3,649 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.338882	816,645	276,746 73.00
74.00	07400	RENAL DIALYSIS	0.326580	77,030	25,156 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	INFECTIOUS DISEASES	66.102032	0	0 90.01
90.02	09002	PAIN/PALLIATIVE CARE	10.329125	0	0 90.02
90.03	09003	DIABETIC CLINIC	3.640857	0	0 90.03
90.04	09004	GI CLINIC	1.288859	0	0 90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	34.173868	0	0 90.05
90.06	09006	OTHER	0.000000	0	0 90.06
90.07	09007	INFUSION ROOM	0.432608	0	0 90.07
90.08	09008	CARDIOLOGY CLINIC	5.270982	235	1,239 90.08
90.09	09009	PULMONARY CLINIC	3.196875	0	0 90.09
90.10	09010	ENT CLINIC	1.360220	0	0 90.10
90.11	09011	ORTHOPEDIC CLINIC	1.951391	0	0 90.11
90.12	09012	EYE CLINIC	2.157394	0	0 90.12
90.13	09013	ONCOLOGY CLINIC	1.304375	1,136	1,482 90.13
90.14	09014	SURGICAL SPECIALTIES	4.303552	0	0 90.14
90.15	09015	ALLERGY CLINIC	2.975408	0	0 90.15
90.16	09016	LASER CLINIC	0.000000	0	0 90.16
90.17	09017	DERMATOLOGY CLINIC	1.952995	0	0 90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0 90.18
90.19	09019	CRANIOFACIAL CENTER	2.356025	0	0 90.19
90.20	09020	HEMATOLOGY CLINIC	3.348257	0	0 90.20
90.21	09021	SPINA BIFIDA	0.943635	0	0 90.21
90.22	09022	NEUROSCIENCES CLINIC	4.109044	67	275 90.22
90.23	09023	RHEUMATOLOGY CLINIC	9.026390	0	0 90.23
90.24	09024	ENDOCRINE CLINIC	3.889472	0	0 90.24
90.25	09025	RENAL CLINIC	4.809437	0	0 90.25
90.26	09026	GREENFIELD CLINIC	2.247396	0	0 90.26
90.27	09027	NEW BERLIN CLINIC	1.681694	0	0 90.27
90.28	09028	NOT USED	0.000000	0	0 90.28

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:15 pm	
			Title XVIII	Hospital	TEFRA	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.29	09029	DELAFIELD CLINIC	1.787374	0	0	90.29
90.30	09030	MEQUON CLINIC	1.248683	0	0	90.30
90.31	09031	KENOSHA CLINIC	0.000000	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1.209052	0	0	90.32
90.33	09033	APPLETON CLINIC	1.872456	0	0	90.33
90.34	09034	UROLOGY CLINIC	1.786792	0	0	90.34
90.35	09035	GREENFIELD ENT/ENT CLINIC	1.392844	0	0	90.35
90.36	09036	KENOSHA CLINIC (KNO)	1.709187	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	1.207131	0	0	90.37
91.00	09100	EMERGENCY	0.478411	7,599	3,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.568631	10,699	6,084	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.469165	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.544146	167	258	98.00
98.01	09851	TRANSPORT	2.696639	7,834	21,125	98.01
98.02	09852	GENETICS CENTER	4.860226	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.393063	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	7.760729	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.722988	0	0	98.05
98.06	09856	DENTAL SRVS	1.031416	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	1.841657	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	98.09
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,104,854	886,788	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,104,854		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/29/2021 1:15 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		23,770,096	30.00
31.00	03100	INTENSIVE CARE UNIT		86,672,205	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		17,243,193	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.251455	3,594,045	50.00
51.00	05100	RECOVERY ROOM	0.358674	644,506	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.605436	751,555	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.394644	4,119,486	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.228563	1,328,482	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.209812	1,476,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.935363	515,839	59.00
60.00	06000	LABORATORY	0.347902	15,031,005	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.	0.564002	2,092,055	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.598689	8,857,776	65.00
66.00	06600	PHYSICAL THERAPY	0.743160	1,669,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.766389	643,980	68.00
69.00	06900	ELECTROCARDIOLOGY	0.344894	1,930,731	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319545	2,191,289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.401716	10,175,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.590363	169,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.338882	35,365,582	73.00
74.00	07400	RENAL DIALYSIS	0.346395	379,149	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	INFECTIOUS DISEASES	75.921702	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	10.564789	0	90.02
90.03	09003	DIABETIC CLINIC	3.640857	0	90.03
90.04	09004	GI CLINIC	1.620471	30,051	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	34.173868	251	90.05
90.06	09006	OTHER	0.000000	0	90.06
90.07	09007	INFUSION ROOM	0.432608	550	90.07
90.08	09008	CARDIOLOGY CLINIC	6.325139	2,971	90.08
90.09	09009	PULMONARY CLINIC	3.602641	1,874	90.09
90.10	09010	ENT CLINIC	2.087448	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.951391	605	90.11
90.12	09012	EYE CLINIC	2.567937	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.304375	63,858	90.13
90.14	09014	SURGICAL SPECIALTIES	4.303552	0	90.14
90.15	09015	ALLERGY CLINIC	3.009635	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2.731364	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.356025	0	90.19
90.20	09020	HEMATOLOGY CLINIC	3.348257	0	90.20
90.21	09021	SPINA BIFIDA	0.943635	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	4.109044	508	90.22
90.23	09023	RHEUMATOLOGY CLINIC	11.515440	0	90.23
90.24	09024	ENDOCRINE CLINIC	4.612044	0	90.24
90.25	09025	RENAL CLINIC	4.809437	0	90.25
90.26	09026	GREENFIELD CLINIC	2.247396	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.681694	0	90.27
90.28	09028	NOT USED	0.000000	0	90.28

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet D-3 Date/Time Prepared: 7/29/2021 1:15 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Ratio of Cost To Charges		Inpatient Program Charges		Inpatient Program Costs (col. 1 x col. 2)	
				1.00		2.00		3.00	
90.29	09029	DELAFIELD CLINIC		1.787374		0		0	
90.30	09030	MEQUON CLINIC		1.248683		0		0	
90.31	09031	KENOSHA CLINIC		0.000000		0		0	
90.32	09032	WEST DEPERE CLINIC		1.209052		0		0	
90.33	09033	APPLETON CLINIC		1.872456		0		0	
90.34	09034	UROLOGY CLINIC		2.447033		0		0	
90.35	09035	GREENFIELD ENT/ENT CLINIC		1.392844		0		0	
90.36	09036	KENOSHA CLINIC (KNO)		1.709187		0		0	
90.37	09037	ADOLESCENT MEDICINE		1.207131		0		0	
91.00	09100	EMERGENCY		0.544425		1,716,572		934,545	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.568631		712,402		405,094	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.469165		0		0	
95.00	09500	AMBULANCE SERVICES							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000		0		0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000		0		0	
98.00	09850	PSYCHIATRY - OFFICE BLDG		1.849793		47,323		87,538	
98.01	09851	TRANSPORT		2.696639		27,483		74,112	
98.02	09852	GENETICS CENTER		5.579811		6,902		38,512	
98.03	09853	NUCLEAR MEDICINE		0.393063		149,162		58,630	
98.04	09854	CHILD DEVELOPMENT		8.575351		0		0	
98.05	09855	CHILD PROTECTION CENTER		2.778944		0		0	
98.06	09856	DENTAL SRVS		1.218755		0		0	
98.07	09857	OTHER		0.000000		0		0	
98.08	09858	OTHER OFFSITE CLINICS		1.841657		0		0	
98.09	09859	OTHER		0.000000		0		0	
200.00		Total (sum of lines 50 through 94 and 96 through 98)				93,696,840		40,789,873	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)				0			
202.00		Net charges (line 200 minus line 201)				93,696,840			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/29/2021 1:15 pm	
				Kidney		Hospital	TEFRA
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,820.73	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,704.41	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,658.86	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	1.161354	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.358674	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.293730	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.368890	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.228563	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.209812	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.935363	0	0	17.00
18.00	LABORATORY		60.00	0.347902	0	0	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.564002	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.598185	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.725048	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.766389	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.344160	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.280737	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.401716	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.590363	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.338882	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.326580	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	66.102032	0	0	37.01
37.02	PAIN/PALLATIVE CARE		90.02	10.329125	0	0	37.02
37.03	DIABETIC CLINIC		90.03	3.640857	0	0	37.03
37.04	GI CLINIC		90.04	1.288859	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	34.173868	0	0	37.05
37.06	OTHER		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.432608	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	5.270982	0	0	37.08
37.09	PULMONARY CLINIC		90.09	3.196875	0	0	37.09
37.10	ENT CLINIC		90.10	1.360220	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	1.951391	0	0	37.11
37.12	EYE CLINIC		90.12	2.157394	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.304375	0	0	37.13
37.14	SURGICAL SPECIALTIES		90.14	4.303552	0	0	37.14
37.15	ALLERGY CLINIC		90.15	2.975408	0	0	37.15
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	1.952995	0	0	37.17
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.356025	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	3.348257	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.943635	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	4.109044	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	9.026390	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	3.889472	0	0	37.24
37.25	RENAL CLINIC		90.25	4.809437	0	0	37.25
37.26	GREENFIELD CLINIC		90.26	2.247396	0	0	37.26

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

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

Provider CCN: 52-3300

Period:

From 01/01/2020

To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:

7/29/2021 1:15 pm

Cost Center Description		Kidney		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.27	NEW BERLIN CLINIC	90.27	1.681694	0	0	0	37.27
37.28	NOT USED	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.787374	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.248683	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	0.000000	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	1.209052	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.872456	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.786792	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	1.392844	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	1.709187	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	1.207131	0	0	0	37.37
38.00	EMERGENCY	91.00	0.478411	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.568631	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	OTHER	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	NOT USED	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	0	51.30
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	0	51.31

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

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

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

Provider CCN: 52-3300
Component CCN:

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-4
Date/Time Prepared:
7/29/2021 1:15 pm

		Kidney		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
	PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,076,838		915,553		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,076,838		915,553		61.00	
62.00	Total Usable Organs (see instructions)		5			62.00	
63.00	Medicare Usable Organs (see instructions)		0			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	0		0		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	5		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	5		74.00	
75.00	Organs Transplanted		0	5	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	5		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: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4 Date/Time Prepared: 7/29/2021 1:15 pm	
				Component CCN:	Liver	Hospital	TEFRA
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,820.73	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,704.41	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,658.86	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	1.161354	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.358674	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.293730	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.368890	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.228563	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.209812	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.935363	0	0	17.00
18.00	LABORATORY		60.00	0.347902	0	0	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.564002	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.598185	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.725048	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.766389	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.344160	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.280737	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.401716	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.590363	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.338882	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.326580	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	66.102032	0	0	37.01
37.02	PAIN/PALLATIVE CARE		90.02	10.329125	0	0	37.02
37.03	DIABETIC CLINIC		90.03	3.640857	0	0	37.03
37.04	GI CLINIC		90.04	1.288859	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	34.173868	0	0	37.05
37.06	OTHER		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.432608	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	5.270982	0	0	37.08
37.09	PULMONARY CLINIC		90.09	3.196875	0	0	37.09
37.10	ENT CLINIC		90.10	1.360220	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	1.951391	0	0	37.11
37.12	EYE CLINIC		90.12	2.157394	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.304375	0	0	37.13
37.14	SURGICAL SPECIALTIES		90.14	4.303552	0	0	37.14
37.15	ALLERGY CLINIC		90.15	2.975408	0	0	37.15
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	1.952995	0	0	37.17
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.356025	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	3.348257	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.943635	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	4.109044	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	9.026390	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	3.889472	0	0	37.24
37.25	RENAL CLINIC		90.25	4.809437	0	0	37.25
37.26	GREENFIELD CLINIC		90.26	2.247396	0	0	37.26

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

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Liver		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.27	NEW BERLIN CLINIC	90.27	1.681694	0	0	0	37.27
37.28	NOT USED	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.787374	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.248683	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	0.000000	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	1.209052	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.872456	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.786792	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	1.392844	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	1.709187	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	1.207131	0	0	0	37.37
38.00	EMERGENCY	91.00	0.478411	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.568631	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	OTHER	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	NOT USED	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	0	51.30
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	0	51.31

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Provider CCN: 52-3300 Period: From 01/01/2020 To 12/31/2020 Worksheet D-4 Date/Time Prepared: 7/29/2021 1:15 pm

		Component CCN:		To 12/31/2020	Date/Time Prepared: 7/29/2021 1:15 pm		
		Liver		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,304,083		1,171,706		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,304,083		1,171,706		61.00	
62.00	Total Usable Organs (see instructions)		3			62.00	
63.00	Medicare Usable Organs (see instructions)		0			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	0		0		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	3		74.00	
75.00	Organs Transplanted		0	3	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	3		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/29/2021 1:15 pm	
				Heart	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,820.73	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,704.41	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,658.86	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	1.161354	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.358674	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.293730	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.368890	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.228563	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.209812	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.935363	0	0	17.00
18.00	LABORATORY		60.00	0.347902	0	0	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.564002	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.598185	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.725048	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.766389	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.344160	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.280737	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.401716	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.590363	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.338882	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.326580	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	66.102032	0	0	37.01
37.02	PAIN/PALLATIVE CARE		90.02	10.329125	0	0	37.02
37.03	DIABETIC CLINIC		90.03	3.640857	0	0	37.03
37.04	GI CLINIC		90.04	1.288859	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	34.173868	0	0	37.05
37.06	OTHER		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.432608	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	5.270982	0	0	37.08
37.09	PULMONARY CLINIC		90.09	3.196875	0	0	37.09
37.10	ENT CLINIC		90.10	1.360220	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	1.951391	0	0	37.11
37.12	EYE CLINIC		90.12	2.157394	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.304375	0	0	37.13
37.14	SURGICAL SPECIALTIES		90.14	4.303552	0	0	37.14
37.15	ALLERGY CLINIC		90.15	2.975408	0	0	37.15
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	1.952995	0	0	37.17
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.356025	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	3.348257	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.943635	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	4.109044	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	9.026390	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	3.889472	0	0	37.24
37.25	RENAL CLINIC		90.25	4.809437	0	0	37.25
37.26	GREENFIELD CLINIC		90.26	2.247396	0	0	37.26

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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: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Heart		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.27	NEW BERLIN CLINIC	90.27	1.681694	0	0	0	37.27
37.28	NOT USED	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.787374	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.248683	0	0	0	37.30
37.31	KENOSHA CLINIC	90.31	0.000000	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	1.209052	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	1.872456	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.786792	0	0	0	37.34
37.35	GREENFIELD ENT/ENT CLINIC	90.35	1.392844	0	0	0	37.35
37.36	KENOSHA CLINIC (KNO)	90.36	1.709187	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	1.207131	0	0	0	37.37
38.00	EMERGENCY	91.00	0.478411	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.568631	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	OTHER	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
51.28	NOT USED	23.28	0	0.000000	0	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	0	51.30
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	0	51.31

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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: 52-3300
Component CCN:

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-4
Date/Time Prepared:
7/29/2021 1:15 pm

		Heart		Hospital		TEFRA	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC (KNO)	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
	PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	0		0		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	873,735		988,075		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	873,735		988,075		61.00	
62.00	Total Usable Organs (see instructions)		9			62.00	
63.00	Medicare Usable Organs (see instructions)		1			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.111111			64.00	
65.00	Medicare Cost/Charges (see instructions)	97,082		109,786		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	97,082		109,786		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	97,082	0	109,786	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	9		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	9		74.00	
75.00	Organs Transplanted		0	9	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	9		84.00	

(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 DSH PAYMENT PERCENTAGE

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet DSH

Date/Time Prepared:
7/29/2021 1:15 pm

		Title XVIII		Hospital		TEFRA	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	288.91	0.00			288.91	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	No				No	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	59,100	0			59,100	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	59,100	0			59,100	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020		Worksheet DSH Date/Time Prepared: 7/29/2021 1:15 pm	
			Title XVIII		Hospital		TEFRA	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	0.00		0.00	True	29.00	
30.00	Line 28 or 29 as applicable		0.00		0.00		30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00	
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00	
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00	
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00	
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00	
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00	

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet DSH Date/Time Prepared: 7/29/2021 1:15 pm
		Title XVIII	Hospital	TEFRA
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00	
30.00	Line 28 or 29 as applicable	0.00	30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00	

Health Financial Systems		CHILDREN'S HOSPITAL OF WISCONSIN		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:15 pm	
		Title XVIII	Hospital	TEFRA	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		923	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,041,466	2.00	
3.00	OPPS payments		687,826	3.00	
4.00	Outlier payment (see instructions)		10,925	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.886	5.00	
6.00	Line 2 times line 5		922,739	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		75.73	7.00	
8.00	Transitional corridor payment (see instructions)		223,988	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		923	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		2,695	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		2,695	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		2,695	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,772	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)		923	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)		922,739	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		139,644	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)		784,018	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		15,290	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)		799,308	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		799,308	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)		799,308	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		799,308	40.00	
40.01	Sequestration adjustment (see instructions)		5,275	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		807,780	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)		-13,747	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 1:15 pm
	Title XVIII	Hospital	TEFRA
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/29/2021 1:15 pm

		Title XVIII		Hospital		TEFRA	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		605,696		807,780	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)		605,696		807,780	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		44,745		13,747	6.02	
7.00	Total Medicare program liability (see instructions)		560,951		794,033	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/29/2021 1:15 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part I Date/Time Prepared: 7/29/2021 1:15 pm
		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		460,216	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		97,082	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		557,298	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		557,298	6.00
7.00	Deductibles		16,896	7.00
8.00	Subtotal (line 6 minus line 7)		540,402	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		540,402	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		540,402	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		24,276	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		564,678	18.00
18.01	Sequestration adjustment (see instructions)		3,727	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		605,696	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		-44,745	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet E-3
Part VII
Date/Time Prepared:
7/29/2021 1:15 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		102,010,263		1.00
2.00	Medical and other services			48,426,979	2.00
3.00	Organ acquisition (certified transplant centers only)		1,069,246		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		103,079,509	48,426,979	4.00
5.00	Inpatient primary payer payments		2,019,280		5.00
6.00	Outpatient primary payer payments			962,628	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		101,060,229	47,464,351	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		130,992,105		8.00
9.00	Ancillary service charges		93,696,840	81,077,403	9.00
10.00	Organ acquisition charges, net of revenue		1,069,246		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		225,758,191	81,077,403	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)		225,758,191	81,077,403	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		122,678,682	32,650,424	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)		103,079,509	48,426,979	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)		103,079,509	48,426,979	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)		101,060,229	47,464,351	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	2,880	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)		101,060,229	47,461,471	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		101,060,229	47,461,471	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)		101,060,229	47,461,471	40.00
41.00	Interim payments		72,278,264	23,085,622	41.00
42.00	Balance due provider/program (line 40 minus line 41)		28,781,965	24,375,849	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:15 pm	
		Title XVIII	Hospital	TEFRA	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			199.88	6.00
7.00	Enter the lesser of line 5 or line 6			120.16	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	88.63	77.19	165.82	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.	53.28	46.40	99.68	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.93		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		7.93		10.01
11.00	Total weighted FTE count	53.28	54.33		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.37	53.28		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	50.96	55.74		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	52.54	54.45		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	52.54	54.45		17.00
18.00	Per resident amount	90,306.68	90,306.68		18.00
19.00	Approved amount for resident costs	4,744,713	4,917,199	9,661,912	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			79.72	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.90	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,661,912	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	242	0		26.00
27.00	Total Inpatient Days (see instructions)	59,100	59,100		27.00
28.00	Ratio of inpatient days to total inpatient days	0.004095	0.000000		28.00
29.00	Program direct GME amount	39,566	0	39,566	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			39,566	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/29/2021 1:15 pm
		Title XVIII	Hospital	TEFRA
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,838,689	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		1,557,983	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		97,082	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,655,065	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		1,042,389	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		1,042,389	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		2,697,454	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.613566	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.386434	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		39,566	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		24,276	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		15,290	50.00

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

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
7/29/2021 1:15 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	92,499,714	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	86,209,746	0	0	0	4.00
5.00	Other receivable	83,992,606	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,154,906	0	0	0	6.00
7.00	Inventory	11,697,592	0	0	0	7.00
8.00	Prepaid expenses	5,990,759	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	278,235,511	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,115,409	0	0	0	12.00
13.00	Land improvements	13,487,082	0	0	0	13.00
14.00	Accumulated depreciation	-5,728,833	0	0	0	14.00
15.00	Buildings	538,133,043	0	0	0	15.00
16.00	Accumulated depreciation	-235,514,521	0	0	0	16.00
17.00	Leasehold improvements	240,718,136	0	0	0	17.00
18.00	Accumulated depreciation	-89,600,980	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	34,143	0	0	0	21.00
22.00	Accumulated depreciation	-27,742	0	0	0	22.00
23.00	Major movable equipment	237,102,153	0	0	0	23.00
24.00	Accumulated depreciation	-157,788,465	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	553,929,425	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	367,636,668	0	0	0	31.00
32.00	Deposits on leases	1,076,250,697	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,443,887,365	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,276,052,301	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	24,312,742	0	0	0	37.00
38.00	Salaries, wages, and fees payable	41,530,729	0	0	0	38.00
39.00	Payroll taxes payable	16,643,600	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,991,736	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	6,164,574	0	0	0	43.00
44.00	Other current liabilities	8,126,314	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	102,769,695	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	475,118,713	0	0	0	47.00
48.00	Unsecured loans	52,943,362	0	0	0	48.00
49.00	Other long term liabilities	40,861,762	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	568,923,837	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	671,693,532	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,604,358,769	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)	1,604,358,769	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,276,052,301	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
7/29/2021 1:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,386,576,095		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		88,398,407				2.00
3.00	Total (sum of line 1 and line 2)		1,474,974,502		0		3.00
4.00	CAPITAL ACQUISITION	1,196,654		0		0	4.00
5.00	PENSION ADJUSTMENT	88,074,262		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)		89,270,916		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,564,245,418		0		11.00
12.00	TRANSFER TO AFFILIATES	-37,023,355		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)		-37,023,355		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,601,268,773		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CAPITAL ACQUISITION		0				4.00
5.00	PENSION ADJUSTMENT		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	TRANSFER TO AFFILIATES		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: 52-3300

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2021 1:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	88,317,619		88,317,619	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	88,317,619		88,317,619	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	239,596,817		239,596,817	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	34,441,215		34,441,215	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	274,038,032		274,038,032	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	362,355,651		362,355,651	17.00
18.00	Ancillary services	309,354,261	394,231,002	703,585,263	18.00
19.00	Outpatient services	0	74,901,778	74,901,778	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	671,709,912	469,132,780	1,140,842,692	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		650,128,806		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)		650,128,806		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
7/29/2021 1:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,140,842,692	1.00
2.00	Less contractual allowances and discounts on patients' accounts	498,998,090	2.00
3.00	Net patient revenues (line 1 minus line 2)	641,844,602	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	650,128,806	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,284,204	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	12,882,169	6.00
7.00	Income from investments	7,985,491	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	1,834,142	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	11,276,973	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	260,977	20.00
21.00	Rental of vending machines	25,516	21.00
22.00	Rental of hospital space	15,136,322	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	6,111,563	24.00
24.50	COVID-19 PHE Funding	41,169,458	24.50
25.00	Total other income (sum of lines 6-24)	96,682,611	25.00
26.00	Total (line 5 plus line 25)	88,398,407	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	88,398,407	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300

Period:

Worksheet I-1

Component CCN: 52-2319

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 1:15 pm

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	295,899	HOURS OF SERVICE	7,238.00	3.48
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	52,447	HOURS OF SERVICE	2,579.00	1.24
5.00	SOCIAL WORKERS	5,420	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	7,367	HOURS OF SERVICE	0.00	0.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	361,133			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	0	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	294,876	REQUISITIONS		14.00
15.00	DRUGS	0	REQUISITIONS		15.00
16.00	OTHER	461,303	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,117,312			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	111,188	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	61,956	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	14,386	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	442,632	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	183,960	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	445	REQUISITIONS		24.00
25.00	PHARMACY	193	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	80,732	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,012,804			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,012,804			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 52-3300

Period:

Worksheet I-2

Component CCN: 52-2319

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/29/2021 1:15 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	295,148	61,956	295,899	65,234	14,386	-137,199	1.00
MAINTENANCE								
2.00	Hemodialysis	239,263	52,266	245,194	55,054	13,436	-137,199	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	55,885	9,690	50,705	10,180	950	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	295,148	61,956	295,899	65,234	14,386	-137,199	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	295,321	0	890,745	984,667	1,875,412		1.00
MAINTENANCE								
2.00	Hemodialysis	239,448	0	707,462	782,058	1,489,520		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	55,873	0	183,283	202,609	385,892		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	295,321	0	890,745	984,667	1,875,412		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,875,412		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2020
To 12/31/2020Worksheet I-3
Date/Time Prepared:
7/29/2021 1:15 pm

		Renal Dialysis							
		Capital Related Costs		Direct Patient Care Salary					
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)			
		0	1.00	2.00	3.00	4.00	5.00		
1.00	Total Renal Department Costs		295,148	61,956	295,899	65,234	14,386		1.00
MAINTENANCE									
2.00	Hemodialysis		1,400	84.36	1,030.00	557.00	325,334		2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0		2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0		3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0		3.01
TRAINING									
4.00	Hemodialysis		0	0.00	0.00	0.00	0		4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0		5.00
6.00	CAPD		0	0.00	0.00	0.00	0		6.00
7.00	CCPD		0	0.00	0.00	0.00	0		7.00
HOME									
8.00	Hemodialysis		0	0.00	0.00	0.00	0		8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0		9.00
10.00	CAPD		0	0.00	0.00	0.00	0		10.00
11.00	CCPD		0	0.00	0.00	0.00	0		11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	494	327	15.64	213.00	103.00	23,013		12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0		13.00
14.00	ESAs								14.00
15.00									15.00
16.00	Other		0	0.00	0.00	0.00	0		16.00
17.00	Total Statistical Basis		1,727	100.00	1,243.00	660.00	348,347		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		170.902142	619.560000	238.052293	98.839394	0.041298		18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)			
		6.00	7.00	8.00	9.00	10.00			
1.00	Total Renal Department Costs	-137,199	295,321	0	890,745	984,667			1.00
MAINTENANCE									
2.00	Hemodialysis	135	239,086	0					2.00
2.01	AKI-Hemodialysis	0	0	0					2.01
3.00	Intermittent Peritoneal	0	0	0					3.00
3.01	AKI-Intermittent Peritoneal	0	0	0					3.01
TRAINING									
4.00	Hemodialysis	0	0	0					4.00
5.00	Intermittent Peritoneal	0	0	0					5.00
6.00	CAPD	0	0	0					6.00
7.00	CCPD	0	0	0					7.00
HOME									
8.00	Hemodialysis	0	0	0					8.00
9.00	Intermittent Peritoneal	0	0	0					9.00
10.00	CAPD	0	0	0					10.00
11.00	CCPD	0	0	0					11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis Treatments	0	55,789	0					12.00
13.00	Method II Home Patient	0	0	0					13.00
14.00	ESAs								14.00
15.00									15.00
16.00	Other	0	0	0					16.00
17.00	Total Statistical Basis	135	294,875	0		890,745			17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-1,016.288889	1.001513	0.000000		1.105442			18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2020
To 12/31/2020Worksheet I-4
Date/Time Prepared:
7/29/2021 1:15 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	2,117	1,489,520	703.60	95	66,842
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	32	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,149	1,489,520		95	66,842
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,149				
20.00	ADDITIONAL RENAL FACILITY NUMBERS					
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	22,554	237.41			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - CAPD	0	0.00			5.00
6.00	Training - CCPD	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			9.00
10.00	Home Program - CCPD	0	0.00			10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	22,554				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00
20.00	ADDITIONAL RENAL FACILITY NUMBERS					
						20.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet I-1

Date/Time Prepared:
7/29/2021 1:15 pmHome Program
Dialysis

TEFRA

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES		0 HOURS OF SERVICE	0.00	0.00	1.00
2.00	LICENSED PRACTICAL NURSES		0 HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		0 HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		0 HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS	7,561	HOURS OF SERVICE	312.00	0.15	5.00
6.00	DIETICIANS	10,277	HOURS OF SERVICE	375.00	0.18	6.00
7.00	PHYSICIANS		0 ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		0 ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	17,838				9.00
10.00	EMPLOYEE BENEFITS	3,483	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		0 PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	357,231	REQUISITIONS			14.00
15.00	DRUGS		0 REQUISITIONS			15.00
16.00	OTHER		0 ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	378,552				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	511	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	129,106	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		0 SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS		0			23.00
24.00	CENTRAL SERVICE & SUPPLIES		0 REQUISITIONS			24.00
25.00	PHARMACY		0 REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	4,554	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	512,723				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		0 CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		0 CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		0 CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	512,723				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 52-3300		Period: From 01/01/2020 To 12/31/2020	Worksheet I-2 Date/Time Prepared: 7/29/2021 1:15 pm	
						Home Program Dialysis	TEFRA	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	0	0	0	17,838	3,994	0	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	281	66	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	17,240	3,856	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	317	72	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	0	0	17,838	3,994	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	357,231	0	379,063	133,660	512,723		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	3,017	0	3,364	1,186	4,550		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	351,197	0	372,293	131,273	503,566		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	3,017	0	3,406	1,201	4,607		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	357,231	0	379,063	133,660	512,723		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					512,723		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet I-3

Date/Time Prepared:
7/29/2021 1:15 pmHome Program
Dialysis

TEFRA

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
			0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs		0	0	0	17,838	3,994	1.00
MAINTENANCE								
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		3	1.66	0.00	8.00	84	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		327	96.53	1.00	490.00	4,914	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	1.85	0.00	9.00	92	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		330	100.04	1.00	507.00	5,090	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	0.000000	35.183432	0.784676	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	357,231	0	379,063	133,660		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	3,017	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	351,197	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	3,017	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	357,231	0		379,063		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.352606		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300

Period:
From 01/01/2020
To 12/31/2020

Worksheet I-4

Date/Time Prepared:
7/29/2021 1:15 pm

		Rate 0		Home Program Dialysis		TEFRA	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	32	4,550	142.19	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	3,725	503,566	135.19	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	32	508,116		0	0	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	11,207					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00							20.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00	1.00			
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00			
3.00	Training - Hemodialysis	0	0.00	3.00			
4.00	Training - Peritoneal Dialysis	0	0.00	4.00			
5.00	Training - CAPD	0	0.00	5.00			
6.00	Training - CCPD	0	0.00	6.00			
7.00	Home Program - Hemodialysis	0	0.00	7.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00			
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00	9.00			
10.00	Home Program - CCPD	0	0.00	10.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	0		11.00			
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00			
ADDITIONAL RENAL FACILITY NUMBERS							
20.00				20.00			

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 52-3300	Period: From 01/01/2020 To 12/31/2020	Worksheet I-5 Date/Time Prepared: 7/29/2021 1:15 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	66,842		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	22,554	21,103	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	22,554	21,103	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	16,882	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	2,135,028		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,997,636		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.935649		14.00