

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 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 6/21/2022 8:41 am
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHILDRENS WISCONSIN (52-3300) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title	CORP VP & CHEF FINANCIAL OFFICER		3
4	Date			4

Cost Center Description		Title XVIII		HIT	Title XIX	
		Title V	Part A	Part B		
		1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-57,176	-31,190	0	33,160,243
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
5.00	Swing Bed - SNF	0	0	0	0	0
6.00	Swing Bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	-57,176	-31,190	0	33,160,243

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 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 6/21/2022 8:41 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 9000 W. WISCONSIN AVE			PO Box:				1.00				
2.00	City: MILWAUKEE			State: WI		Zip Code: 53226		County: MILWAUKEE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			CHILDRENS WISCONSIN	523300	33340	7	01/01/1984	N	T	O	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
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		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		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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		22.04		
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 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
6/21/2022 8:41 am

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

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	110.57
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
6/21/2022 8:41 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	2.85	61.09	0.044573	65.00
65.01		FAMILY MEDICINE	1350	0.00	4.99	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	65.02
65.03		INTERNAL MED & PEDS	1450	0.00	10.67	0.000000	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	110.57	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	9.15	60.53	0.131315	67.00
67.01		FAMILY MEDICINE	1350	0.00	8.69	0.000000	67.01
67.02		INTERNAL MED & PEDS	1450	0.80	11.61	0.064464	67.02
67.03		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.03
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS				N		70.00
71.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 6/21/2022 8:41 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	208,363	0			0	118.01
						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 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 6/21/2022 8:41 am		
				1.00	2.00			
133.00	Removed and reserved						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		140.00	
				1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:		PO Box:				142.00	
143.00	City:		State:		Zip Code:		143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
				Part A	Part B	Title V	Title XIX	
				1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N	N	N	N	155.00
156.00	Subprovider - IPF			N	N	N	N	156.00
157.00	Subprovider - IRF			N	N	N	N	157.00
158.00	SUBPROVIDER							158.00
159.00	SNF			N	N	N	N	159.00
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00
161.00	CMHC				N	N	N	161.00
161.10	CORF				N	N	N	161.10
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 6/21/2022 8:41 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 6/21/2022 8:41 am
			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	04/19/2022 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 a nursing program? 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/11/2022	Y 03/11/2022 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 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
6/21/2022 8:41 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.	CHILDRENS WISCONSIN			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 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 6/21/2022 8:41 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR.FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Health Financial Systems		CHILDRENS WISCONSIN		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part IX Date/Time Prepared: 6/21/2022 8:41 am	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N		1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y		2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y		3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	Y		3.01
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 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		5.00
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y		6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	N	Y		7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N		9.00
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	48,180	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		132	48,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	142	51,830	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE HOT UNIT	35.00	24	8,760	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	108,770	0.00		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						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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	63	7,896	21,877			1.00
2.00	HMO and other (see instructions)	0	17,269				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)	63	7,896	21,877			7.00
8.00	INTENSIVE CARE UNIT	43	11,037	38,330			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	0	2,036	5,942			12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	106	20,969	66,149	198.30	2,642.30	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						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				198.30	2,642.30	27.00
28.00	Observation Bed Days		745	4,724			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 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8	2,136	9,089	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	8	2,136	9,089	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						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 01/01/2021
To 12/31/2021

Worksheet S-5

Date/Time Prepared:
6/21/2022 8:41 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	6	0	0	0	0	66	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	3.75	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						2		11.00
12.00	Number of patients transplanted during the cost reporting period						8		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)	EPOGEN	19,620	82,589	14,122	55,603		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-5

Date/Time Prepared:
6/21/2022 8:41 am

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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		29,877,206	29,877,206	24,272,930	54,150,136	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		21,869,501	21,869,501	3,323,094	25,192,595	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	8,473,999	8,473,999	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,095,009	157,693,728	168,788,737	-30,742,458	138,046,279	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,669,696	22,709,441	27,379,137	-2,338,584	25,040,553	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,366,037	1,366,037	0	1,366,037	8.00
9.00	00900	HOUSEKEEPING	4,001,728	4,784,378	8,786,106	-159,051	8,627,055	9.00
10.00	01000	DIETARY	2,045,009	780,995	2,826,004	-52,971	2,773,033	10.00
11.00	01100	CAFETERIA	0	3,236,944	3,236,944	0	3,236,944	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,433,985	2,658,515	11,092,500	0	11,092,500	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,345,060	1,878,973	5,224,033	-3,453,013	1,771,020	14.00
15.00	01500	PHARMACY	230,574	6,194,926	6,425,500	0	6,425,500	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,606,675	3,606,675	16.00
17.00	01700	SOCIAL SERVICE	2,649,278	909,921	3,559,199	-152,437	3,406,762	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,741,835	16,741,835	7,455,400	24,197,235	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,803,002	2,803,002	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,839,195	7,293,693	30,132,888	627,797	30,760,685	30.00
31.00	03100	INTENSIVE CARE UNIT	37,210,121	15,200,798	52,410,919	506,982	52,917,901	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	4,385,575	4,189,676	8,575,251	1,202,325	9,777,576	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
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	9,554,974	9,404,159	18,959,133	903,278	19,862,411	50.00
51.00	05100	RECOVERY ROOM	2,011,136	562,686	2,573,822	714,872	3,288,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	508,205	2,059,341	2,567,546	1,129,978	3,697,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,515,317	5,769,575	13,284,892	-2,744,171	10,540,721	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	668,379	487,020	1,155,399	-1,392	1,154,007	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,688,042	1,230,743	2,918,785	-257,168	2,661,617	58.00
59.00	05900	CARDIAC CATHETERIZATION	838,124	3,583,853	4,421,977	-3,095,731	1,326,246	59.00
60.00	06000	LABORATORY	8,142,241	20,875,285	29,017,526	115,467	29,132,993	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	4,698,817	4,698,817	0	4,698,817	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,450,377	4,122,961	10,573,338	-865,676	9,707,662	65.00
66.00	06600	PHYSICAL THERAPY	5,615,695	1,832,503	7,448,198	662,663	8,110,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,606,280	1,772,905	5,379,185	-121,447	5,257,738	68.00
69.00	06900	ELECTROCARDIOLOGY	2,991,773	3,523,108	6,514,881	-1,172,806	5,342,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	901,802	919,675	1,821,477	116,667	1,938,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,653,432	3,034,016	4,687,448	14,592,430	19,279,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,214,487	8,214,487	0	8,214,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,910,099	43,978,287	52,888,386	-118,403	52,769,983	73.00
74.00	07400	RENAL DIALYSIS	325,094	372,570	697,664	181,708	879,372	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	460,403	153,289	613,692	365,018	978,710	90.01
90.02	09002	PAIN/PALLIATIVE CARE	611,742	201,472	813,214	24,379	837,593	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	DIABETIC CLINIC	935,687	351,743	1,287,430	67,651	1,355,081	90.03
90.04	09004	GI CLINIC	1,569,499	1,151,549	2,721,048	-365,897	2,355,151	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,259,571	2,270,501	3,530,072	3,823	3,533,895	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	341,172	154,683	495,855	25,719	521,574	90.07
90.08	09008	CARDIOLOGY CLINIC	2,019,559	629,971	2,649,530	-59,945	2,589,585	90.08
90.09	09009	PULMONARY CLINIC	440,914	142,508	583,422	176,097	759,519	90.09
90.10	09010	ENT CLINIC	644,813	241,074	885,887	102,739	988,626	90.10
90.11	09011	ORTHOPEDIC CLINIC	152,215	50,754	202,969	-1,071	201,898	90.11
90.12	09012	EYE CLINIC	764,077	268,929	1,033,006	75,960	1,108,966	90.12
90.13	09013	ONCOLOGY CLINIC	2,144,033	849,553	2,993,586	187,915	3,181,501	90.13
90.14	09014	SURG SPECIALITIES	647,262	186,864	834,126	27,433	861,559	90.14
90.15	09015	ALLERGY CLINIC	790,815	342,246	1,133,061	65,875	1,198,936	90.15
90.16	09016	FETAL CONCERNS	440,811	562,769	1,003,580	0	1,003,580	90.16
90.17	09017	DERMATOLOGY CLINIC	584,937	291,757	876,694	62,711	939,405	90.17
90.18	09018	CLINIC ADMINISTRATION	3,726,724	6,934,130	10,660,854	-10,612,148	48,706	90.18
90.19	09019	CRANIOFACIAL CENTER	198,065	70,854	268,919	-1,347	267,572	90.19
90.20	09020	HEMATOLOGY CLINIC	355,416	101,426	456,842	-74,492	382,350	90.20
90.21	09021	SPINA BIFIDA	240,401	89,642	330,043	10,259	340,302	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,548,910	427,075	1,975,985	0	1,975,985	90.22
90.23	09023	RHEUMATOLOGY CLINIC	252,705	99,397	352,102	93,736	445,838	90.23
90.24	09024	ENDOCRINE CLINIC	233,609	79,890	313,499	83,359	396,858	90.24
90.25	09025	RENAL CLINIC	221,937	80,540	302,477	17,346	319,823	90.25
90.26	09026	GREENFIELD CLINIC	1,551,854	1,273,104	2,824,958	-568,188	2,256,770	90.26
90.27	09027	NEW BERLIN CLINIC	1,435,769	3,016,158	4,451,927	-1,668,049	2,783,878	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	322,540	149,828	472,368	213,107	685,475	90.29
90.30	09030	MEQUON CLINIC	481,400	234,084	715,484	941,232	1,656,716	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	156	2,652	2,808	102,210	105,018	90.32
90.33	09033	APPLETON CLINIC	898	3,215	4,113	99,088	103,201	90.33
90.34	09034	UROLOGY CLINIC	689,231	253,919	943,150	53,219	996,369	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	117,735	159,657	277,392	-69,536	207,856	90.35
90.36	09036	KENOSHA CLINIC	16,819	12,565	29,384	1,020,691	1,050,075	90.36
90.37	09037	ADOLESCENT MEDICINE	157,467	57,526	214,993	81,809	296,802	90.37
90.38	09038	COVID VACCINE CLINIC	267,905	78,333	346,238	0	346,238	90.38
91.00	09100	EMERGENCY	7,374,571	3,874,906	11,249,477	236,143	11,485,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	306,985	306,985	22,518	329,503	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 SERVICES	1,512,424	874,586	2,387,010	-269,319	2,117,691	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	254,037	1,084,011	1,338,048	37,482	1,375,530	98.02
98.03	09853	NUCLEAR MEDICINE	349,965	668,776	1,018,741	-315,373	703,368	98.03
98.04	09854	CHILD DEVELOPMENT	114,150	348,441	462,591	-164,391	298,200	98.04
98.05	09855	CHILD PROTECTION CENTER	1,571,629	905,536	2,477,165	-106,402	2,370,763	98.05
98.06	09856	DENTAL SRVC	4,179,955	1,733,271	5,913,226	-373,140	5,540,086	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	70,203	21,718	91,921	0	91,921	98.08
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	320,911	840,598	1,161,509	56,737	1,218,246	105.00
106.00	10600	HEART ACQUISITION	230,981	683,596	914,577	-313,203	601,374	106.00
107.00	10700	LIVER ACQUISITION	248,797	468,207	717,004	-53,440	663,564	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	15,606,405	15,606,405	-15,606,405	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	INSURANCE EXPENSE	0	1,016,818	1,016,818	-1,016,818	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	204,140,874	463,236,069	667,376,943	-1,970,949	665,405,994	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	238,538	238,538	0	238,538	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
191.00	19100	RESEARCH	3,751,275	3,022,914	6,774,189	428,593	7,202,782	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	107,965	49,337	157,302	5,773	163,075	194.00
194.01	07951	POISON CENTER	1,742,547	1,096,352	2,838,899	0	2,838,899	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	1,497,542	1,497,542	194.02
194.03	07953	OUTREACH	419,276	151,905	571,181	0	571,181	194.03
194.04	07954	MEDICAL STAFF SERVICES	398,958	432,942	831,900	0	831,900	194.04
194.05	07955	RETAIL PHARMACY	2,314,983	730,160	3,045,143	0	3,045,143	194.05
194.06	07956	TRANSPORT	2,515,908	997,852	3,513,760	59,571	3,573,331	194.06
194.07	07957	OTHER OFF SITE CLINICS	122,933	146,337	269,270	-20,530	248,740	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	215,514,719	470,102,406	685,617,125	0	685,617,125	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
6/21/2022 8:41 am

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	-5,067,567	49,082,569	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	25,192,595	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,473,999	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,795,732	133,250,547	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-674,334	24,366,219	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,366,037	8.00
9.00	00900	HOUSEKEEPING	-4,965	8,622,090	9.00
10.00	01000	DIETARY	-57,214	2,715,819	10.00
11.00	01100	CAFETERIA	-1,927	3,235,017	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-130,076	10,962,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,771,020	14.00
15.00	01500	PHARMACY	-6,035,704	389,796	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,606,675	16.00
17.00	01700	SOCIAL SERVICE	-21,194	3,385,568	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 PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	24,197,235	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,803,002	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,380,869	28,379,816	30.00
31.00	03100	INTENSIVE CARE UNIT	-386,251	52,531,650	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	-123,537	9,654,039	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
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	-151,330	19,711,081	50.00
51.00	05100	RECOVERY ROOM	0	3,288,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-944,671	2,752,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-18,253	10,522,468	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	1,154,007	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,661,617	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,326,246	59.00
60.00	06000	LABORATORY	-153,875	28,979,118	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	4,698,817	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-183,020	9,524,642	65.00
66.00	06600	PHYSICAL THERAPY	-10	8,110,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,257,738	68.00
69.00	06900	ELECTROCARDIOLOGY	-122,915	5,219,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-23,500	1,914,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,279,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,214,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,338,810	45,431,173	73.00
74.00	07400	RENAL DIALYSIS	-2,123	877,249	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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	-11,086	967,624	90.01
90.02	09002	PAIN/PALLIATIVE CARE	-89,927	747,666	90.02
90.03	09003	DIABETIC CLINIC	0	1,355,081	90.03
90.04	09004	GI CLINIC	-5,148	2,350,003	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,533,895	90.05
90.06	09006	NOT USED	0	0	90.06
90.07	09007	INFUSION ROOM	0	521,574	90.07
90.08	09008	CARDIOLOGY CLINIC	-281,065	2,308,520	90.08
90.09	09009	PULMONARY CLINIC	-11,253	748,266	90.09
90.10	09010	ENT CLININC	-225,424	763,202	90.10
90.11	09011	ORTHOPEDIC CLINIC	-22,665	179,233	90.11
90.12	09012	EYE CLINIC	-14,246	1,094,720	90.12
90.13	09013	ONCOLOGY CLINIC	0	3,181,501	90.13
90.14	09014	SURG SPECIALITIES	-18,073	843,486	90.14
90.15	09015	ALLERGY CLINIC	-218,718	980,218	90.15
90.16	09016	FETAL CONCERNS	0	1,003,580	90.16
90.17	09017	DERMATOLOGY CLINIC	0	939,405	90.17
90.18	09018	CLININC ADMINISTRATION	-48,706	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	267,572	90.19
90.20	09020	HEMATOLOGY CLINIC	0	382,350	90.20
90.21	09021	SPINA BIFIDA	-274	340,028	90.21
90.22	09022	NEUROSCIENCES CLINIC	-213,555	1,762,430	90.22
90.23	09023	RHEUMATOLOGY CLINIC	-2,449	443,389	90.23
90.24	09024	ENDOCRINE CLINIC	-2,010	394,848	90.24
90.25	09025	RENAL CLINIC	0	319,823	90.25
90.26	09026	GREENFIELD CLINIC	-250,855	2,005,915	90.26
90.27	09027	NEW BERLIN CLINIC	-47,752	2,736,126	90.27
90.28	09028	NOT USED	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	685,475	90.29
90.30	09030	MEQUON CLINIC	0	1,656,716	90.30
90.31	09031	NOT USED	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	105,018	90.32
90.33	09033	APPLETON CLINIC	0	103,201	90.33
90.34	09034	UROLOGY CLINIC	0	996,369	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	207,856	90.35
90.36	09036	KENOSHA CLINIC	0	1,050,075	90.36
90.37	09037	ADOLESCENT MEDICINE	-2,251	294,551	90.37
90.38	09038	COVID VACCINE CLINIC	0	346,238	90.38
91.00	09100	EMERGENCY	-27,772	11,457,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	329,503	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 SERVICES	-808,496	1,309,195	98.00
98.01	09851	NOT USED	0	0	98.01
98.02	09852	GENETICS CENTER	-59,624	1,315,906	98.02
98.03	09853	NUCLEAR MEDICINE	0	703,368	98.03
98.04	09854	CHILD DEVELOPMENT	-6,808	291,392	98.04
98.05	09855	CHILD PROTECTION CENTER	-46,341	2,324,422	98.05
98.06	09856	DENTAL SRVC	-11,886	5,528,200	98.06
98.07	09857	OTHER	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	91,921	98.08
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	1,218,246	105.00
106.00	10600	HEART ACQUISITION	-149,425	451,949	106.00
107.00	10700	LIVER ACQUISITION	0	663,564	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	INSURANCE EXPENSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,193,686	634,212,308	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	238,538	190.00
191.00	19100	RESEARCH	0	7,202,782	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	163,075	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	POISON CENTER	0	2,838,899	194.01
194.02	07952	PUBLIC RELATIONS	0	1,497,542	194.02
194.03	07953	OUTREACH	0	571,181	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	831,900	194.04
194.05	07955	RETAIL PHARMACY	0	3,045,143	194.05
194.06	07956	TRANSPORT	-15,442	3,557,889	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	248,740	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,209,128	654,407,997	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet Non-CMS W

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
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 PROGRAM	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
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
77.00	ALLOGENEIC STEM CELL ACQUISITION	07700		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	INFECTIOUS DISEASES	09001		90.01

COST CENTERS USED IN COST REPORT

Provider CCN: 52-3300

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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.02	PAIN/PALLIATIVE CARE	09002		90.02
90.03	DIABETIC CLINIC	09003		90.03
90.04	GI CLINIC	09004		90.04
90.05	CLINIC FOR SPECIAL NEEDS	09005		90.05
90.06	NOT USED	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	SURG SPECIALITIES	09014		90.14
90.15	ALLERGY CLINIC	09015		90.15
90.16	FETAL CONCERNS	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	NOT USED	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	09036		90.36
90.37	ADOLESCENT MEDICINE	09037		90.37
90.38	COVID VACCINE CLINIC	09038		90.38
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 SERVICES	09850		98.00
98.01	NOT USED	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 SRVC	09856		98.06
98.07	OTHER	09857		98.07
98.08	WALWORTH CAC MEDICAL	09858		98.08
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	INSURANCE EXPENSE	06950		117.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00

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	
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	DENTAL - SURGICENTER	07950		194.00
194.01	POISON CENTER	07951		194.01
194.02	PUBLIC RELATIONS	07952		194.02
194.03	OUTREACH	07953		194.03
194.04	MEDICAL STAFF SERVICES	07954		194.04
194.05	RETAIL PHARMACY	07955		194.05
194.06	TRANSPORT	07956		194.06
194.07	OTHER OFF SITE CLINICS	07957		194.07
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	652,089		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	364,729		2.00
	TOTALS		0	1,016,818		
	B - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,606,405		1.00
	TOTALS		0	15,606,405		
	C - RECLASS MALPRACTICE INSURANCE					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	505,998		1.00
	COSTS APPRVD					
	TOTALS		0	505,998		
	D - RECLASS DENTAL I&R FROM A&G					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	362,971	97,883		1.00
	TOTALS		362,971	97,883		
	F - RECLASS SAL/BEN FOR MED SUPP STAFF					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2,416,721	790,347		1.00
	TOTALS		2,416,721	790,347		
	G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,626,808		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
	TOTALS		0	4,626,808		
	H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	286,761		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
	TOTALS		0	286,761		
	J - RECLASS MCW PURCHASED SERVICES					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	2,297,004		1.00
	COSTS APPRVD					
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,109,416		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	364,942		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	186,617		4.00
5.00	TRANSPORT	194.06	0	193,857		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	298,040		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	29,469		8.00
	TOTALS		0	9,544,345		
	K - RECLASS TRANSPLANT EXPENSES					
1.00	KIDNEY ACQUISITION	105.00	68,511	21,657		1.00
2.00	LIVER ACQUISITION	107.00	68,511	12,786		2.00
3.00	HEART ACQUISITION	106.00	68,511	16,699		3.00
	TOTALS		205,533	51,142		
	P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	12,889	3,477		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	17,735	4,783		2.00
	TOTALS		30,624	8,260		

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	Q - RECLASS CHHS SALARY AND OTHER EXP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,473,999		1.00
2.00	PUBLIC RELATIONS	194.02	0	1,497,542		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,606,675		3.00
	TOTALS		0	13,578,216		
	R - RECLASS AMBULATORY ADMINISTRATION					
1.00	OTHER SPECIAL CARE HOT UNIT	35.00	330,244	597,591		1.00
2.00	RESPIRATORY THERAPY	65.00	82,573	18,013		2.00
3.00	PHYSICAL THERAPY	66.00	508,874	361,713		3.00
4.00	SPEECH PATHOLOGY	68.00	255,161	115,820		4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	56,989	12,432		5.00
6.00	INFECTIOUS DISEASES	90.01	23,717	5,174		6.00
7.00	DIABETIC CLINIC	90.03	55,536	12,115		7.00
8.00	GI CLINIC	90.04	94,462	20,606		8.00
9.00	CLINIC FOR SPECIAL NEEDS	90.05	79,858	17,421		9.00
10.00	INFUSION ROOM	90.07	26,374	47,725		10.00
11.00	PULMONARY CLINIC	90.09	29,399	6,413		11.00
12.00	ENT CLINIC	90.10	38,275	8,350		12.00
13.00	EYE CLINIC	90.12	51,640	11,265		13.00
14.00	ONCOLOGY CLINIC	90.13	156,018	282,322		14.00
15.00	SURG SPECIALITIES	90.14	33,246	7,252		15.00
16.00	ALLERGY CLINIC	90.15	64,726	14,120		16.00
17.00	DERMATOLOGY CLINIC	90.17	42,484	9,268		17.00
18.00	CRANIOFACIAL CENTER	90.19	10,940	2,387		18.00
19.00	HEMATOLOGY CLINIC	90.20	24,768	44,818		19.00
20.00	SPINA BIFIDA	90.21	8,422	1,837		20.00
21.00	RHEUMATOLOGY CLINIC	90.23	16,403	3,578		21.00
22.00	ENDOCRINE CLINIC	90.24	17,420	3,800		22.00
23.00	RENAL CLINIC	90.25	14,240	3,106		23.00
24.00	NEW BERLIN CLINIC	90.27	104,128	22,715		24.00
25.00	DELAFIELD CLINIC	90.29	145,539	69,661		25.00
26.00	MEQUON CLINIC	90.30	405,174	548,670		26.00
27.00	WEST DEPERE CLINIC	90.32	102,210	0		27.00
28.00	APPLETON CLINIC	90.33	66,241	34,576		28.00
29.00	UROLOGY CLINIC	90.34	43,689	9,530		29.00
30.00	GREENFIELD ENT/ ENT CLINIC	90.35	12,495	2,726		30.00
31.00	KENOSHA CLINIC	90.36	559,521	461,651		31.00
32.00	ADOLESCENT MEDICINE	90.37	11,395	2,486		32.00
33.00	GENETICS CENTER	98.02	14,054	3,066		33.00
34.00	DENTAL SRVC	98.06	200,120	43,655		34.00
35.00	RESEARCH	191.00	27,397	44,919		35.00
36.00	DENTAL - SURGICENTER	194.00	4,739	1,034		36.00
	TOTALS		3,718,471	2,851,815		
	S - RECLASS SUPPLY EXPEN CHARGES TO PTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,389,590		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

RECLASSIFICATIONS

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
30.00	0.00	0	0	0	30.00
TOTALS		0	12,389,590		
T - RECLASS COST OF EPOGEN TO DIALYSIS					
1.00	74.00	0	106,209		1.00
TOTALS		0	106,209		
U - RECLASS DEPREC FOR CLINIC ADMIN DEP					
1.00	1.00	0	3,440,082		1.00
2.00	2.00	0	2,671,604		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
TOTALS		0	6,111,686		
V - RECLASS CLINICAL TRIAL COST					
1.00	191.00	0	51,511		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
TOTALS		0	51,511		
W - RECLASS RESEARCH GRANT EXPENSE					
1.00	191.00	218,815	152,382		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
TOTALS		218,815	152,382		
X - RECLASS POST TRANSPLANT COORDINATOR					
1.00	5.00	33,180	8,945		1.00
2.00	5.00	111,187	29,976		2.00
3.00	5.00	111,640	30,098		3.00
4.00	107.00	5,062	1,364		4.00
5.00	5.00	22,884	6,170		5.00
6.00	105.00	6,848	1,846		6.00
7.00	5.00	2,961	3,494		7.00
TOTALS		293,762	81,893		
Z - RECLASS SAL AND OTR EXP FROM IMAGIN					
1.00	51.00	576,316	138,556		1.00
2.00	53.00	246,992	59,381		2.00
TOTALS		823,308	197,937		
AA - I&R SERVICES AND SALARY					
1.00	98.00	0	28,721		1.00
2.00	91.00	0	11,232		2.00
3.00	90.17	0	10,959		3.00
4.00	90.12	0	23,961		4.00
5.00	90.10	0	56,114		5.00
6.00	70.00	0	47,246		6.00
7.00	66.00	0	9,061		7.00
8.00	60.00	0	271,172		8.00
9.00	54.00	0	3,956		9.00
10.00	53.00	0	2,236,051		10.00
11.00	50.00	0	1,843,928		11.00
12.00	35.00	0	2,049		12.00
13.00	30.00	0	638,051		13.00
14.00	31.00	0	471,458		14.00
15.00	35.00	0	272,441		15.00
16.00	54.00	0	174,774		16.00
17.00	90.09	0	140,285		17.00

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
18.00	PAIN/PALLIATIVE CARE	90.02	0	24,379		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	250,075		19.00
20.00	RENAL DIALYSIS	74.00	0	64,945		20.00
21.00	GENETICS CENTER	98.02	0	71,919		21.00
22.00	CHILD DEVELOPMENT	98.04	0	20,087		22.00
23.00	CHILD PROTECTION CENTER	98.05	0	98,522		23.00
24.00	INFECTIOUS DISEASES	90.01	0	336,127		24.00
25.00	GI CLINIC	90.04	0	157,633		25.00
26.00	ADOLESCENT MEDICINE	90.37	0	67,928		26.00
27.00	ALLERGY CLINIC	90.15	0	93,233		27.00
28.00	RHEUMATOLOGY CLINIC	90.23	0	73,755		28.00
29.00	ENDOCRINE CLINIC	90.24	0	62,139		29.00
30.00	EMERGENCY	91.00	0	224,911		30.00
31.00	INTENSIVE CARE UNIT	31.00	0	96,754		31.00
	TOTALS		0	7,883,866		
500.00	Grand Total: Increases		8,070,205	75,939,872		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	INSURANCE EXPENSE	117.00	0	1,016,818	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	1,016,818			
	B - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	15,606,405	11		1.00
	TOTALS		0	15,606,405			
	C - RECLASS MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	505,998	0		1.00
	TOTALS		0	505,998			
	D - RECLASS DENTAL I&R FROM A&G						
1.00	DENTAL SRVC	98.06	362,971	97,883	0		1.00
	TOTALS		362,971	97,883			
	F - RECLASS SAL/BEN FOR MED SUPP STAFF						
1.00	CENTRAL SERVICES & SUPPLY	14.00	2,416,721	790,347	0		1.00
	TOTALS		2,416,721	790,347			
	G - RECLASS RENTAL COSTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	245,945	9		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	703,956	9		2.00
3.00	LABORATORY	60.00	0	73,802	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	189,245	0		4.00
5.00	CLININC ADMINISTRATION	90.18	0	1,636,460	0		5.00
6.00	GREENFIELD CLINIC	90.26	0	393,883	0		6.00
7.00	NEW BERLIN CLINIC	90.27	0	704,722	0		7.00
8.00	GREENFIELD ENT/ ENT CLINIC	90.35	0	84,757	0		8.00
9.00	TRANSPORT	194.06	0	41,619	0		9.00
10.00	GENETICS CENTER	98.02	0	50,643	0		10.00
11.00	CHILD DEVELOPMENT	98.04	0	184,478	0		11.00
12.00	CHILD PROTECTION CENTER	98.05	0	112,400	0		12.00
13.00	DENTAL SRVC	98.06	0	141,091	0		13.00
14.00	RESEARCH	191.00	0	47,318	0		14.00
15.00	OTHER OFF SITE CLINICS	194.07	0	16,489	0		15.00
	TOTALS		0	4,626,808			
	H - RECLASS EQUIPMENT RENTAL COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,049	9		1.00
2.00	RESEARCH	191.00	0	171	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	48,005	0		3.00
4.00	RESEARCH	191.00	0	286	0		4.00
5.00	OPERATION OF PLANT	7.00	0	21,051	0		5.00
6.00	CLININC ADMINISTRATION	90.18	0	2,986	0		6.00
7.00	RENAL DIALYSIS	74.00	0	5,812	0		7.00
8.00	OPERATING ROOM	50.00	0	2,350	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	3,000	0		9.00
10.00	HOUSEKEEPING	9.00	0	159,051	0		10.00
	TOTALS		0	286,761			
	J - RECLASS MCW PURCHASED SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,297,004	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,109,416	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	364,942	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	186,617	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	193,857	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	65,000	0		6.00
7.00	PSYCHIATRY SERVICES	98.00	0	298,040	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	29,469	0		8.00
	TOTALS		0	9,544,345			
	K - RECLASS TRANSPLANT EXPENSES						
1.00	HEART ACQUISITION	106.00	205,533	51,142	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		205,533	51,142			
	P - RECLASS SAL & BEN TO RENAL DIALYSIS						
1.00	SOCIAL SERVICE	17.00	12,980	3,500	0		1.00
2.00	DIETARY	10.00	17,644	4,760	0		2.00
	TOTALS		30,624	8,260			
	Q - RECLASS CHHS SALARY AND OTHER EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,525,762	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	52,454	9		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	13,578,216			

RECLASSIFICATIONS

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Period:
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Decreases						07/17/2022 07:14 am	
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
R - RECLASS AMBULATORY ADMINISTRATION							
1.00	CLININC ADMINISTRATION	90.18	3,718,471	2,851,815	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
TOTALS			3,718,471	2,851,815			
S - RECLASS SUPPLY EXPEN CHARGES TO PTS							
1.00	INTENSIVE CARE UNIT	31.00	0	13,225	0		1.00
2.00	OPERATING ROOM	50.00	0	938,300	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	1,412,240	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,076,164	0		4.00
5.00	CT SCAN	57.00	0	1,392	0		5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	255,679	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	3,095,731	0		7.00
8.00	LABORATORY	60.00	0	65,449	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	21,714	0		9.00
10.00	SPEECH PATHOLOGY	68.00	0	489,028	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	1,420,387	0		11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	954,353	0		12.00
13.00	GI CLINIC	90.04	0	638,598	0		13.00
14.00	INFUSION ROOM	90.07	0	48,380	0		14.00
15.00	CARDIOLOGY CLINIC	90.08	0	59,945	0		15.00
16.00	ORTHOPEDIC CLINIC	90.11	0	1,071	0		16.00
17.00	EYE CLINIC	90.12	0	10,906	0		17.00
18.00	ONCOLOGY CLINIC	90.13	0	249,199	0		18.00
19.00	SURG SPECIALITIES	90.14	0	12,932	0		19.00
20.00	ALLERGY CLINIC	90.15	0	106,204	0		20.00
21.00	CRANIOFACIAL CENTER	90.19	0	14,674	0		21.00
22.00	GREENFIELD CLINIC	90.26	0	112,327	0		22.00
23.00	NEW BERLIN CLINIC	90.27	0	10,732	0		23.00
24.00	DELAFIELD CLINIC	90.29	0	2,093	0		24.00
25.00	MEQUON CLINIC	90.30	0	12,612	0		25.00
26.00	APPLETON CLINIC	90.33	0	1,729	0		26.00
27.00	KENOSHA CLINIC	90.36	0	481	0		27.00
28.00	TRANSPORT	194.06	0	92,667	0		28.00
29.00	NUCLEAR MEDICINE	98.03	0	313,262	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	958,116	0		30.00
TOTALS			0	12,389,590			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	T - RECLASS COST OF EPOGEN TO DIALYSIS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	106,209	0		1.00
	TOTALS		0	106,209			
	U - RECLASS DEPREC FOR CLINIC ADMIN DEP						
1.00	OPERATION OF PLANT	7.00	0	2,317,533	9		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	119,940	9		2.00
3.00	PHYSICAL THERAPY	66.00	0	4,448	0		3.00
4.00	CLININC ADMINISTRATION	90.18	0	2,394,902	0		4.00
5.00	GREENFIELD CLINIC	90.26	0	61,867	0		5.00
6.00	NEW BERLIN CLINIC	90.27	0	1,079,438	0		6.00
7.00	CHILD PROTECTION CENTER	98.05	0	92,524	0		7.00
8.00	SPEECH PATHOLOGY	68.00	0	3,367	0		8.00
9.00	DENTAL SRVC	98.06	0	14,970	0		9.00
10.00	RESEARCH	191.00	0	18,656	0		10.00
11.00	OTHER OFF SITE CLINICS	194.07	0	4,041	0		11.00
	TOTALS		0	6,111,686			
	V - RECLASS CLINICAL TRIAL COST						
1.00	ANESTHESIOLOGY	53.00	0	206	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,596	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,489	0		3.00
4.00	LABORATORY	60.00	0	16,454	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	5,146	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	1,578	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	33	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	2,494	0		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,826	0		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,194	0		10.00
11.00	ONCOLOGY CLINIC	90.13	0	1,226	0		11.00
12.00	SURG SPECIALITIES	90.14	0	133	0		12.00
13.00	GREENFIELD CLINIC	90.26	0	111	0		13.00
14.00	GENETICS CENTER	98.02	0	914	0		14.00
15.00	NUCLEAR MEDICINE	98.03	0	2,111	0		15.00
	TOTALS		0	51,511			
	W - RECLASS RESEARCH GRANT EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	8,834	1,420	0		1.00
2.00	CLINIC FOR SPECIAL NEEDS	90.05	0	93,456	0		2.00
3.00	CLININC ADMINISTRATION	90.18	6,282	1,232	0		3.00
4.00	DIETARY	10.00	11,984	3,434	0		4.00
5.00	HEMATOLOGY CLINIC	90.20	113,671	30,407	0		5.00
6.00	SOCIAL SERVICE	17.00	78,044	22,433	0		6.00
	TOTALS		218,815	152,382			
	X - RECLASS POST TRANSPLANT COORDINATOR						
1.00	KIDNEY ACQUISITION	105.00	33,180	8,945	0		1.00
2.00	LIVER ACQUISITION	107.00	111,187	29,976	0		2.00
3.00	HEART ACQUISITION	106.00	111,640	30,098	0		3.00
4.00	SOCIAL SERVICE	17.00	27,946	7,534	0		4.00
5.00	DIETARY	10.00	9,809	5,340	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		293,762	81,893			
	Z - RECLASS SAL AND OTR EXP FROM IMAGIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	823,308	197,937	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		823,308	197,937			
	AA - I&R SERVICES AND SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,883,866	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

RECLASSIFICATIONS

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Period:
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To 12/31/2021

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
	TOTALS		0	7,883,866		
500.00	Grand Total: Decreases		8,070,205	75,939,872		500.00

RECLASSIFICATIONS

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Period:
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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	652,089	INSURANCE EXPENSE	117.00	0	1,016,818	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	364,729		0.00	0	0	2.00
	TOTALS		0	1,016,818	TOTALS		0	1,016,818	
B - RECLASS INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,606,405	INTEREST EXPENSE	113.00	0	15,606,405	1.00
	TOTALS		0	15,606,405	TOTALS		0	15,606,405	
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
	TOTALS		0	505,998	TOTALS		0	505,998	
D - RECLASS DENTAL I&R FROM A&G									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	362,971	97,883	DENTAL SRVC	98.06	362,971	97,883	1.00
	TOTALS		362,971	97,883	TOTALS		362,971	97,883	
F - RECLASS SAL/BEN FOR MED SUPP STAFF									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2,416,721	790,347	CENTRAL SERVICES & SUPPLY	14.00	2,416,721	790,347	1.00
	TOTALS		2,416,721	790,347	TOTALS		2,416,721	790,347	
G - RECLASS RENTAL COSTS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,626,808	CENTRAL SERVICES & SUPPLY	14.00	0	245,945	1.00
2.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	703,956	2.00
3.00		0.00	0	0	LABORATORY	60.00	0	73,802	3.00
4.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	189,245	4.00
5.00		0.00	0	0	CLININC ADMINISTRATION	90.18	0	1,636,460	5.00
6.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	393,883	6.00
7.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	704,722	7.00
8.00		0.00	0	0	GREENFIELD ENT/ ENT CLINIC	90.35	0	84,757	8.00
9.00		0.00	0	0	TRANSPORT	194.06	0	41,619	9.00
10.00		0.00	0	0	GENETICS CENTER	98.02	0	50,643	10.00
11.00		0.00	0	0	CHILD DEVELOPMENT	98.04	0	184,478	11.00
12.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	112,400	12.00
13.00		0.00	0	0	DENTAL SRVC	98.06	0	141,091	13.00
14.00		0.00	0	0	RESEARCH	191.00	0	47,318	14.00
15.00		0.00	0	0	OTHER OFF SITE CLINICS	194.07	0	16,489	15.00
	TOTALS		0	4,626,808	TOTALS		0	4,626,808	
H - RECLASS EQUIPMENT RENTAL COSTS									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	286,761	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,049	1.00
2.00		0.00	0	0	RESEARCH	191.00	0	171	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	48,005	3.00
4.00		0.00	0	0	RESEARCH	191.00	0	286	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	21,051	5.00
6.00		0.00	0	0	CLININC ADMINISTRATION	90.18	0	2,986	6.00
7.00		0.00	0	0	RENAL DIALYSIS	74.00	0	5,812	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	2,350	8.00
9.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,000	9.00
10.00		0.00	0	0	HOUSEKEEPING	9.00	0	159,051	10.00
	TOTALS		0	286,761	TOTALS		0	286,761	
J - RECLASS MCW PURCHASED SERVICES									
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,297,004	ADMINISTRATIVE & GENERAL	5.00	0	2,297,004	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,109,416	ADMINISTRATIVE & GENERAL	5.00	0	6,109,416	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	364,942	ADMINISTRATIVE & GENERAL	5.00	0	364,942	3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	186,617	ADMINISTRATIVE & GENERAL	5.00	0	186,617	4.00
5.00	TRANSPORT	194.06	0	193,857	ADMINISTRATIVE & GENERAL	5.00	0	193,857	5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,000	ADMINISTRATIVE & GENERAL	5.00	0	65,000	6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	298,040	PSYCHIATRY SERVICES	98.00	0	298,040	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	29,469	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	29,469	8.00

RECLASSIFICATIONS

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Period:
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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	
	TOTALS		0	9,544,345	TOTALS		0	9,544,345	
	K - RECLASS TRANSPLANT EXPENSES								
1.00	KIDNEY ACQUISITION	105.00	68,511	21,657	HEART ACQUISITION	106.00	205,533	51,142	1.00
2.00	LIVER ACQUISITION	107.00	68,511	12,786		0.00	0	0	2.00
3.00	HEART ACQUISITION	106.00	68,511	16,699		0.00	0	0	3.00
	TOTALS		205,533	51,142	TOTALS		205,533	51,142	
	P - RECLASS SAL & BEN TO RENAL DIALYSIS								
1.00	RENAL DIALYSIS	74.00	12,889	3,477	SOCIAL SERVICE	17.00	12,980	3,500	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	17,735	4,783	DIETARY	10.00	17,644	4,760	2.00
	TOTALS		30,624	8,260	TOTALS		30,624	8,260	
	Q - RECLASS CHHS SALARY AND OTHER EXP								
1.00	EMPLOYEE BENEFITS	4.00	0	8,473,999	ADMINISTRATIVE & GENERAL	5.00	0	13,525,762	1.00
2.00	PUBLIC RELATIONS	194.02	0	1,497,542	CAP REL COSTS-BLDG & FIXT	1.00	0	52,454	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,606,675		0.00	0	0	3.00
	TOTALS		0	13,578,216	TOTALS		0	13,578,216	
	R - RECLASS AMBULATORY ADMINISTRATION								
1.00	OTHER SPECIAL CARE	35.00	330,244	597,591	CLININC ADMINISTRATION	90.18	3,718,471	2,851,815	1.00
2.00	HOT UNIT					0.00	0	0	2.00
3.00	RESPIRATORY THERAPY	65.00	82,573	18,013		0.00	0	0	3.00
4.00	PHYSICAL THERAPY	66.00	508,874	361,713		0.00	0	0	4.00
5.00	SPEECH PATHOLOGY	68.00	255,161	115,820		0.00	0	0	5.00
	ELECTROENCEPHALOGRAPH Y	70.00	56,989	12,432		0.00	0	0	
6.00	INFECTIOUS DISEASES	90.01	23,717	5,174		0.00	0	0	6.00
7.00	DIABETIC CLINIC	90.03	55,536	12,115		0.00	0	0	7.00
8.00	GI CLINIC	90.04	94,462	20,606		0.00	0	0	8.00
9.00	CLINIC FOR SPECIAL NEEDS	90.05	79,858	17,421		0.00	0	0	9.00
10.00	INFUSION ROOM	90.07	26,374	47,725		0.00	0	0	10.00
11.00	PULMONARY CLINIC	90.09	29,399	6,413		0.00	0	0	11.00
12.00	ENT CLININC	90.10	38,275	8,350		0.00	0	0	12.00
13.00	EYE CLINIC	90.12	51,640	11,265		0.00	0	0	13.00
14.00	ONCOLOGY CLINIC	90.13	156,018	282,322		0.00	0	0	14.00
15.00	SURG SPECIALITIES	90.14	33,246	7,252		0.00	0	0	15.00
16.00	ALLERGY CLINIC	90.15	64,726	14,120		0.00	0	0	16.00
17.00	DERMATOLOGY CLINIC	90.17	42,484	9,268		0.00	0	0	17.00
18.00	CRANIOFACIAL CENTER	90.19	10,940	2,387		0.00	0	0	18.00
19.00	HEMATOLOGY CLINIC	90.20	24,768	44,818		0.00	0	0	19.00
20.00	SPINA BIFIDA	90.21	8,422	1,837		0.00	0	0	20.00
21.00	RHEUMATOLOGY CLINIC	90.23	16,403	3,578		0.00	0	0	21.00
22.00	ENDOCRINE CLINIC	90.24	17,420	3,800		0.00	0	0	22.00
23.00	RENAL CLINIC	90.25	14,240	3,106		0.00	0	0	23.00
24.00	NEW BERLIN CLINIC	90.27	104,128	22,715		0.00	0	0	24.00
25.00	DELAFIELD CLINIC	90.29	145,539	69,661		0.00	0	0	25.00
26.00	MEQUON CLINIC	90.30	405,174	548,670		0.00	0	0	26.00
27.00	WEST DEPERE CLINIC	90.32	102,210	0		0.00	0	0	27.00
28.00	APPLETON CLINIC	90.33	66,241	34,576		0.00	0	0	28.00
29.00	UROLOGY CLINIC	90.34	43,689	9,530		0.00	0	0	29.00
30.00	GREENFIELD ENT/ ENT CLINIC	90.35	12,495	2,726		0.00	0	0	30.00
31.00	KENOSHA CLINIC	90.36	559,521	461,651		0.00	0	0	31.00
32.00	ADOLESCENT MEDICINE	90.37	11,395	2,486		0.00	0	0	32.00
33.00	GENETICS CENTER	98.02	14,054	3,066		0.00	0	0	33.00
34.00	DENTAL SRVC	98.06	200,120	43,655		0.00	0	0	34.00
35.00	RESEARCH	191.00	27,397	44,919		0.00	0	0	35.00
36.00	DENTAL - SURGICENTER	194.00	4,739	1,034		0.00	0	0	36.00
	TOTALS		3,718,471	2,851,815	TOTALS		3,718,471	2,851,815	
	S - RECLASS SUPPLY EXPEN CHARGES TO PTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,389,590	INTENSIVE CARE UNIT	31.00	0	13,225	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	938,300	2.00
3.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,412,240	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,076,164	4.00
5.00		0.00	0	0	CT SCAN	57.00	0	1,392	5.00
6.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	255,679	6.00
7.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,095,731	7.00
8.00		0.00	0	0	LABORATORY	60.00	0	65,449	8.00
9.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	21,714	9.00
10.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	489,028	10.00

RECLASSIFICATIONS

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Period:
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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	
11.00	0.00	0	0	0	ELECTROCARDIOLOGY	69.00	0	1,420,387	11.00
12.00	0.00	0	0	0	MEDICAL SUPPLIES	71.00	0	954,353	12.00
					CHARGED TO PATIENTS				
13.00	0.00	0	0	0	GI CLINIC	90.04	0	638,598	13.00
14.00	0.00	0	0	0	INFUSION ROOM	90.07	0	48,380	14.00
15.00	0.00	0	0	0	CARDIOLOGY CLINIC	90.08	0	59,945	15.00
16.00	0.00	0	0	0	ORTHOPEDIC CLINIC	90.11	0	1,071	16.00
17.00	0.00	0	0	0	EYE CLINIC	90.12	0	10,906	17.00
18.00	0.00	0	0	0	ONCOLOGY CLINIC	90.13	0	249,199	18.00
19.00	0.00	0	0	0	SURG SPECIALITIES	90.14	0	12,932	19.00
20.00	0.00	0	0	0	ALLERGY CLINIC	90.15	0	106,204	20.00
21.00	0.00	0	0	0	CRANIOFACIAL CENTER	90.19	0	14,674	21.00
22.00	0.00	0	0	0	GREENFIELD CLINIC	90.26	0	112,327	22.00
23.00	0.00	0	0	0	NEW BERLIN CLINIC	90.27	0	10,732	23.00
24.00	0.00	0	0	0	DELAFIELD CLINIC	90.29	0	2,093	24.00
25.00	0.00	0	0	0	MEQUON CLINIC	90.30	0	12,612	25.00
26.00	0.00	0	0	0	APPLETON CLINIC	90.33	0	1,729	26.00
27.00	0.00	0	0	0	KENOSHA CLINIC	90.36	0	481	27.00
28.00	0.00	0	0	0	TRANSPORT	194.06	0	92,667	28.00
29.00	0.00	0	0	0	NUCLEAR MEDICINE	98.03	0	313,262	29.00
30.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	958,116	30.00
TOTALS		0	12,389,590	TOTALS		0	12,389,590		
T - RECLASS COST OF EPOGEN TO DIALYSIS									
1.00	RENAL DIALYSIS	74.00	0	106,209	DRUGS CHARGED TO PATIENTS	73.00	0	106,209	1.00
TOTALS		0	106,209	TOTALS		0	106,209		
U - RECLASS DEPREC FOR CLINIC ADMIN DEP									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,440,082	OPERATION OF PLANT	7.00	0	2,317,533	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,671,604	RADIOLOGY-DIAGNOSTIC	54.00	0	119,940	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	2,394,902	4.00
5.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	61,867	5.00
6.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	1,079,438	6.00
7.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	92,524	7.00
8.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	3,367	8.00
9.00		0.00	0	0	DENTAL SRVC	98.06	0	14,970	9.00
10.00		0.00	0	0	RESEARCH	191.00	0	18,656	10.00
11.00		0.00	0	0	OTHER OFF SITE CLINICS	194.07	0	4,041	11.00
TOTALS		0	6,111,686	TOTALS		0	6,111,686		
V - RECLASS CLINICAL TRIAL COST									
1.00	RESEARCH	191.00	0	51,511	ANESTHESIOLOGY	53.00	0	206	1.00
2.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,596	2.00
3.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,489	3.00
4.00		0.00	0	0	LABORATORY	60.00	0	16,454	4.00
5.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	5,146	5.00
6.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	1,578	6.00
7.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	33	7.00
8.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	2,494	8.00
9.00		0.00	0	0	MEDICAL SUPPLIES	71.00	0	5,826	9.00
10.00		0.00	0	0	CHARGED TO PATIENTS				
11.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	12,194	10.00
12.00		0.00	0	0	ONCOLOGY CLINIC	90.13	0	1,226	11.00
13.00		0.00	0	0	SURG SPECIALITIES	90.14	0	133	12.00
14.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	111	13.00
15.00		0.00	0	0	GENETICS CENTER	98.02	0	914	14.00
		0.00	0	0	NUCLEAR MEDICINE	98.03	0	2,111	15.00
TOTALS		0	51,511	TOTALS		0	51,511		
W - RECLASS RESEARCH GRANT EXPENSE									
1.00	RESEARCH	191.00	218,815	152,382	ADULTS & PEDIATRICS	30.00	8,834	1,420	1.00
2.00		0.00	0	0	CLINIC FOR SPECIAL NEEDS	90.05	0	93,456	2.00
3.00		0.00	0	0	CLINIC ADMINISTRATION	90.18	6,282	1,232	3.00
4.00		0.00	0	0	DIETARY	10.00	11,984	3,434	4.00
5.00		0.00	0	0	HEMATOLOGY CLINIC	90.20	113,671	30,407	5.00
6.00		0.00	0	0	SOCIAL SERVICE	17.00	78,044	22,433	6.00
TOTALS		218,815	152,382	TOTALS		218,815	152,382		

RECLASSIFICATIONS

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Period:
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To 12/31/2021Worksheet 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	
X - RECLASS POST TRANSPLANT COORDINATOR									
1.00	ADMINISTRATIVE & GENERAL	5.00	33,180	8,945	KIDNEY ACQUISITION	105.00	33,180	8,945	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	111,187	29,976	LIVER ACQUISITION	107.00	111,187	29,976	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	111,640	30,098	HEART ACQUISITION	106.00	111,640	30,098	3.00
4.00	LIVER ACQUISITION	107.00	5,062	1,364	SOCIAL SERVICE	17.00	27,946	7,534	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	22,884	6,170	DIETARY	10.00	9,809	5,340	5.00
6.00	KIDNEY ACQUISITION	105.00	6,848	1,846		0.00	0	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	2,961	3,494		0.00	0	0	7.00
	TOTALS		293,762	81,893	TOTALS		293,762	81,893	
Z - RECLASS SAL AND OTR EXP FROM IMAGIN									
1.00	RECOVERY ROOM	51.00	576,316	138,556	RADIOLOGY-DIAGNOSTIC	54.00	823,308	197,937	1.00
2.00	ANESTHESIOLOGY	53.00	246,992	59,381		0.00			2.00
	TOTALS		823,308	197,937	TOTALS		823,308	197,937	
AA - I&R SERVICES AND SALARY									
1.00	PSYCHIATRY SERVICES	98.00	0	28,721	ADMINISTRATIVE & GENERAL	5.00	0	7,883,866	1.00
2.00	EMERGENCY	91.00	0	11,232		0.00	0	0	2.00
3.00	DERMATOLOGY CLINIC	90.17	0	10,959		0.00	0	0	3.00
4.00	EYE CLINIC	90.12	0	23,961		0.00	0	0	4.00
5.00	ENT CLINIC	90.10	0	56,114		0.00	0	0	5.00
6.00	ELECTROENCEPHALOGRAPH Y	70.00	0	47,246		0.00	0	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	9,061		0.00	0	0	7.00
8.00	LABORATORY	60.00	0	271,172		0.00	0	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,956		0.00	0	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	2,236,051		0.00	0	0	10.00
11.00	OPERATING ROOM	50.00	0	1,843,928		0.00	0	0	11.00
12.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	2,049		0.00	0	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	638,051		0.00	0	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	471,458		0.00	0	0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	272,441		0.00	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	174,774		0.00	0	0	16.00
17.00	PULMONARY CLINIC	90.09	0	140,285		0.00	0	0	17.00
18.00	PAIN/PALLIATIVE CARE	90.02	0	24,379		0.00	0	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	250,075		0.00	0	0	19.00
20.00	RENAL DIALYSIS	74.00	0	64,945		0.00	0	0	20.00
21.00	GENETICS CENTER	98.02	0	71,919		0.00	0	0	21.00
22.00	CHILD DEVELOPMENT	98.04	0	20,087		0.00	0	0	22.00
23.00	CHILD PROTECTION CENTER	98.05	0	98,522		0.00	0	0	23.00
24.00	INFECTIOUS DISEASES	90.01	0	336,127		0.00	0	0	24.00
25.00	GI CLINIC	90.04	0	157,633		0.00	0	0	25.00
26.00	ADOLESCENT MEDICINE	90.37	0	67,928		0.00	0	0	26.00
27.00	ALLERGY CLINIC	90.15	0	93,233		0.00	0	0	27.00
28.00	RHEUMATOLOGY CLINIC	90.23	0	73,755		0.00	0	0	28.00
29.00	ENDOCRINE CLINIC	90.24	0	62,139		0.00	0	0	29.00
30.00	EMERGENCY	91.00	0	224,911		0.00	0	0	30.00
31.00	INTENSIVE CARE UNIT	31.00	0	96,754		0.00	0	0	31.00
	TOTALS		0	7,883,866	TOTALS		0	7,883,866	
500.00	Grand Total: Increases		8,070,205	75,939,872	Grand Total: Decreases		8,070,205	75,939,872	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet 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	13,487,081	0	0	0	9,114	2.00	
3.00	Buildings and Fixtures	389,422,366	139,662,707	0	139,662,707	0	3.00	
4.00	Building Improvements	400,050,773	127,482,634	0	127,482,634	197,568,621	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	221,354,574	20,817,274	0	20,817,274	18,917,436	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	1,024,314,794	287,962,615	0	287,962,615	216,495,171	8.00	
9.00	Reconciling Items	161,070,927	85,301,867	0	85,301,867	195,378,904	9.00	
10.00	Total (line 8 minus line 9)	863,243,867	202,660,748	0	202,660,748	21,116,267	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	13,477,967	0					2.00
3.00	Buildings and Fixtures	529,085,073	0					3.00
4.00	Building Improvements	329,964,786	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	223,254,412	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	1,095,782,238	0					8.00
9.00	Reconciling Items	50,993,890	0					9.00
10.00	Total (line 8 minus line 9)	1,044,788,348	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
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Part II
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	21,217,151	8,660,055	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,391,203	3,478,298	0	0	0	2.00
3.00	Total (sum of lines 1-2)	39,608,354	12,138,353	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	29,877,206				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	21,869,501				2.00
3.00	Total (sum of lines 1-2)	0	51,746,707				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-3300

Period:
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Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		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	25,065,911	8,660,055	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,349,568	3,478,298	2.00
3.00	Total (sum of lines 1-2)	0	0	0	46,415,479	12,138,353	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	14,704,514	652,089	0	0	49,082,569	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	364,729	0	0	25,192,595	2.00
3.00	Total (sum of lines 1-2)	14,704,514	1,016,818	0	0	74,275,164	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-666,712	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-4,800	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,164,080			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-27,390	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others	B	-5,034,443	CAP REL COSTS-BLDG & FIXT	1.00	9	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-7,338,810	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-30,388	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OUTSIDE SUPPORT/OTHER REVENUE	B	-165,578	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.01	CHW PT/OT THERAPY	B	-10	PHYSICAL THERAPY		66.00	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	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	-235,179	CAP REL COSTS-BLDG & FIXT		1.00	11	33.05
33.06	DEDUCT PRESIDENT ADMINISTRATION	A	-4,066,110	ADMINISTRATIVE & GENERAL		5.00	0	33.06
33.07	MISCELLANEOUS REVENUE	B	-6,035,704	PHARMACY		15.00	0	33.07
33.08	OFF SET FOR COVID EXPENSE DUE TO PRF	A	-471,031	ADMINISTRATIVE & GENERAL		5.00	0	33.08
33.09	MISCELLANEOUS REVENUE	B	564	DIETARY		10.00	0	33.09
33.10	TOTAL NURSING ADMINISTRATION INCOME	B	-130,076	NURSING ADMINISTRATION		13.00	0	33.10
33.11	TOTAL - MISCELLANEOUS REVENUE	B	-88,213	ADMINISTRATIVE & GENERAL		5.00	0	33.11
33.12	TOTAL - MISCELLANEOUS REVENUE	B	-674,334	OPERATION OF PLANT		7.00	10	33.12
33.13	TOTAL - OUTSIDE SUPPORT	B	-367,523	INTENSIVE CARE UNIT		31.00	0	33.13
33.14	TOTAL LAB REVENUE	B	-153,875	LABORATORY		60.00	0	33.14
33.15	TOTAL - OUTSIDE SUPPORT	B	-151,330	OPERATING ROOM		50.00	0	33.15
33.16	TOTAL - MISCELLANEOUS REVENUE	B	-3,161	CHILD PROTECTION CENTER		98.05	0	33.16
33.17	TOTAL -I/S SUPPLIES AND OTHER	B	-2,284,474	ADULTS & PEDIATRICS		30.00	0	33.17
33.18	TOTAL - OUTSIDE SUPPORT	B	-215,638	ALLERGY CLINIC		90.15	0	33.18
33.19	TOTAL - OTHER REVENUE	B	0			0.00	0	33.19
33.20	TOTAL -OUTSIDE SUPPORT	B	-114,663	ELECTROCARDIOLOGY		69.00	0	33.20
33.21	TOTAL - OUTSIDE SUPPORT	B	-57,218	GENETICS CENTER		98.02	0	33.21
33.22	TOTAL -OUTSIDE SUPPORT	B	-149,425	HEART ACQUISITION		106.00	0	33.22
33.23	TOTAL - OUTSIDE SUPPORT	B	-15,442	TRANSPORT		194.06	0	33.23
33.24	TOTAL - MISCELLANEOUS REVENUE/OUTSID	B	-18,253	RADIOLOGY-DIAGNOSTIC		54.00	0	33.24
33.25	TOTAL INTEREST INCOME OPERATING	B	-3,252	ADULTS & PEDIATRICS		30.00	0	33.25
33.26	TOTAL - OUTSIDE SUPPORT	B	-137,619	RESPIRATORY THERAPY		65.00	0	33.26
33.27	TOTAL - OUTSIDE SUPPORT	B	-43,504	PSYCHIATRY SERVICES		98.00	0	33.27
33.28	TOTAL - OUTSIDE SUPPORT	B	-21,194	SOCIAL SERVICE		17.00	0	33.28
33.29	TOTAL MISCELLANEOUS REVENUE	B	-23,500	ELECTROENCEPHALOGRAPHY		70.00	0	33.29
33.30	TOTAL MISCELLANEOUS REVENUE/OUTSIDE	B	-123,537	OTHER SPECIAL CARE HOT UNIT		35.00	0	33.30
33.31	TOTAL - OUTSIDE SUPPORT	B	-36,391	CLININC ADMINISTRATION		90.18	0	33.31
33.32	TOTAL - OUTSIDE SUPPORT	B	-22,665	ORTHOPEDIC CLINIC		90.11	0	33.32
33.33	TOTAL - OUTSIDE SUPPORT	B	-89,126	PAIN/PALLIATIVE CARE		90.02	0	33.33
33.34	TOTAL OTHER REVENUE	B	0			0.00	0	33.34
33.35	AHA GUIDELINE	A	11,802	CAP REL COSTS-BLDG & FIXT		1.00	9	33.35
33.36	TOTAL - MISCELLANEOUS REVENUE	B	-6,139	CHILD DEVELOPMENT		98.04	0	33.36
33.37	TOTAL - OUTSIDE SUPPORT	B	-14,246	EYE CLINIC		90.12	0	33.37
33.38	TOTAL - OUTSIDE SUPPORT	B	-213,555	NEUROSCIENCES CLINIC		90.22	0	33.38
33.39	TOTAL - OTHER SALARY SUPPORT	B	-250,855	GREENFIELD CLINIC		90.26	0	33.39
33.40	TOTAL - OTHER SUPPORT	B	-47,752	NEW BERLIN CLINIC		90.27	0	33.40
33.41	TOTAL - OTHER SALARY SUPPORT	B	-18,073	SURG SPECIALITIES		90.14	0	33.41
33.42	TOTAL - OTHER REVENUE	B	-1,927	CAFETERIA		11.00	0	33.42
33.43	TOTAL - OUTSIDE SALARY SUPPORT	B	-225,424	ENT CLININC		90.10	0	33.43
33.44	TOTAL - OTHER REVENUE	B	-11,886	DENTAL SRVC		98.06	0	33.44
33.45	TOTAL - OUTSIDE SUPPORT	B	-11,253	PULMONARY CLINIC		90.09	0	33.45
33.46	TOTAL - OUTSIDE SUPPORT	B	-274	SPINA BIFIDA		90.21	0	33.46
33.47	TOTAL - OTHER REVENUE/ OUTSIDE SUPP	B	-39,951	CHILD PROTECTION CENTER		98.05	0	33.47
33.48	CHW - SERVICE LINE ADMIN	B	-12,315	CLININC ADMINISTRATION		90.18	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	13,622	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
33.52	TOTAL - OUTSIDE SUPPORT	B	-281,065	CARDIOLOGY CLINIC		90.08	0	33.52
33.53	TOTAL - OTHER REVENUE	B	-4,965	HOUSEKEEPING		9.00	0	33.53
33.54	TOTAL - OUTSIDE SUPPORT	B	-9,139	EMERGENCY		91.00	0	33.54
33.55	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0			0.00	0	33.55
33.56	TOTAL OTHER REVENUE	B	-764,992	PSYCHIATRY SERVICES		98.00	0	33.56
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,209,128					50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(1) 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 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
6/21/2022 8:41 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES	101,860,165	101,860,165	1.00
2.00	98.05	CHILD PROTECTION CENTER	PURCHASED SERVICES	194,261	194,261	2.00
3.00	90.02	PAIN/PALLIATIVE CARE	PURCHASED SERVICES	2,321	2,321	3.00
4.00	98.00	PSYCHIATRY SERVICES	PURCHASED SERVICES	20,660	20,660	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			102,077,407	102,077,407	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	Name	Percentage of Ownership	
	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 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
6/21/2022 8:41 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		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 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
6/21/2022 8:41 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,109,416	0	6,109,416	169,700	166,723	1.00
2.00	30.00	ADULTS & PEDIATRICS	638,051	0	544,908	169,700	11,471	2.00
3.00	31.00	INTENSIVE CARE UNIT	568,213	0	568,213	169,700	6,735	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	274,490	0	274,490	169,700	4,018	4.00
5.00	50.00	OPERATING ROOM	1,843,928	0	1,843,928	246,400	20,773	5.00
6.00	53.00	ANESTHESIOLOGY	2,236,050	0	2,236,050	239,400	11,220	6.00
7.00	60.00	LABORATORY	271,172	0	271,172	260,300	10,782	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	178,730	0	178,730	271,900	2,193	8.00
9.00	65.00	RESPIRATORY THERAPY	140,286	0	140,286	169,700	1,163	9.00
10.00	69.00	ELECTROCARDIOLOGY	250,075	0	250,075	169,700	2,964	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	23,623	0	23,623	169,700	1,014	11.00
12.00	74.00	RENAL DIALYSIS	64,945	0	64,945	169,700	770	12.00
13.00	98.00	PSYCHIATRY SERVICES	28,721	0	28,721	181,300	2,500	13.00
14.00	98.02	GENETICS CENTER	71,918	0	71,918	169,700	852	14.00
15.00	98.04	CHILD DEVELOPMENT	20,087	0	20,087	169,700	238	15.00
16.00	98.05	CHILD PROTECTION CENTER	98,522	0	98,522	169,700	1,168	16.00
17.00	90.01	INFECTIOUS DISEASES	336,127	0	336,127	169,700	3,984	17.00
18.00	90.02	PAIN/PALLIATIVE CARE	24,379	0	24,379	169,700	289	18.00
19.00	90.04	GI CLINIC	157,633	0	157,633	169,700	1,869	19.00
20.00	90.15	ALLERGY CLINIC	93,233	0	93,233	169,700	1,105	20.00
21.00	90.10	ENT CLINIC	56,114	0	56,114	169,700	2,633	21.00
22.00	90.12	EYE CLINIC	23,961	0	23,961	169,700	627	22.00
23.00	90.17	DERMATOLOGY CLINIC	10,959	0	10,959	169,700	1,284	23.00
24.00	66.00	PHYSICAL THERAPY	9,061	0	9,061	169,700	1,245	24.00
25.00	90.22	NEUROSCIENCES CLINIC	23,623	0	23,623	169,700	1,014	25.00
26.00	90.23	RHEUMATOLOGY CLINIC	73,756	0	73,756	169,700	874	26.00
27.00	90.24	ENDOCRINE CLINIC	62,139	0	62,139	169,700	737	27.00
28.00	91.00	EMERGENCY	236,143	0	236,143	169,700	2,666	28.00
29.00	90.37	ADOLESCENT MEDICINE	67,928	0	67,928	169,700	805	29.00
200.00			13,993,283	0	13,900,140		263,716	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
6/21/2022 8:41 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,602,352	680,118	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	935,879	46,794	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	549,485	27,474	0	0	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	327,815	16,391	0	0	0	4.00
5.00	50.00	OPERATING ROOM	2,460,801	123,040	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,291,379	64,569	0	0	0	6.00
7.00	60.00	LABORATORY	1,349,305	67,465	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	286,672	14,334	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	94,885	4,744	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	241,823	12,091	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	82,729	4,136	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	62,822	3,141	0	0	0	12.00
13.00	98.00	PSYCHIATRY SERVICES	217,909	10,895	0	0	0	13.00
14.00	98.02	GENETICS CENTER	69,512	3,476	0	0	0	14.00
15.00	98.04	CHILD DEVELOPMENT	19,418	971	0	0	0	15.00
16.00	98.05	CHILD PROTECTION CENTER	95,293	4,765	0	0	0	16.00
17.00	90.01	INFECTIOUS DISEASES	325,041	16,252	0	0	0	17.00
18.00	90.02	PAIN/PALLIATIVE CARE	23,578	1,179	0	0	0	18.00
19.00	90.04	GI CLINIC	152,485	7,624	0	0	0	19.00
20.00	90.15	ALLERGY CLINIC	90,153	4,508	0	0	0	20.00
21.00	90.10	ENT CLINIC	214,817	10,741	0	0	0	21.00
22.00	90.12	EYE CLINIC	51,155	2,558	0	0	0	22.00
23.00	90.17	DERMATOLOGY CLINIC	104,757	5,238	0	0	0	23.00
24.00	66.00	PHYSICAL THERAPY	101,575	5,079	0	0	0	24.00
25.00	90.22	NEUROSCIENCES CLINIC	82,729	4,136	0	0	0	25.00
26.00	90.23	RHEUMATOLOGY CLINIC	71,307	3,565	0	0	0	26.00
27.00	90.24	ENDOCRINE CLINIC	60,129	3,006	0	0	0	27.00
28.00	91.00	EMERGENCY	217,510	10,876	0	0	0	28.00
29.00	90.37	ADOLESCENT MEDICINE	65,677	3,284	0	0	0	29.00
200.00			23,248,992	1,162,450	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
6/21/2022 8:41 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,602,352	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	935,879	0	93,143		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	549,485	18,728	18,728		3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	0	327,815	0	0		4.00
5.00	50.00	OPERATING ROOM	0	2,460,801	0	0		5.00
6.00	53.00	ANESTHESIOLOGY	0	1,291,379	944,671	944,671		6.00
7.00	60.00	LABORATORY	0	1,349,305	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	286,672	0	0		8.00
9.00	65.00	RESPIRATORY THERAPY	0	94,885	45,401	45,401		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	241,823	8,252	8,252		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	82,729	0	0		11.00
12.00	74.00	RENAL DIALYSIS	0	62,822	2,123	2,123		12.00
13.00	98.00	PSYCHIATRY SERVICES	0	217,909	0	0		13.00
14.00	98.02	GENETICS CENTER	0	69,512	2,406	2,406		14.00
15.00	98.04	CHILD DEVELOPMENT	0	19,418	669	669		15.00
16.00	98.05	CHILD PROTECTION CENTER	0	95,293	3,229	3,229		16.00
17.00	90.01	INFECTIOUS DISEASES	0	325,041	11,086	11,086		17.00
18.00	90.02	PAIN/PALLIATIVE CARE	0	23,578	801	801		18.00
19.00	90.04	GI CLINIC	0	152,485	5,148	5,148		19.00
20.00	90.15	ALLERGY CLINIC	0	90,153	3,080	3,080		20.00
21.00	90.10	ENT CLINIC	0	214,817	0	0		21.00
22.00	90.12	EYE CLINIC	0	51,155	0	0		22.00
23.00	90.17	DERMATOLOGY CLINIC	0	104,757	0	0		23.00
24.00	66.00	PHYSICAL THERAPY	0	101,575	0	0		24.00
25.00	90.22	NEUROSCIENCES CLINIC	0	82,729	0	0		25.00
26.00	90.23	RHEUMATOLOGY CLINIC	0	71,307	2,449	2,449		26.00
27.00	90.24	ENDOCRINE CLINIC	0	60,129	2,010	2,010		27.00
28.00	91.00	EMERGENCY	0	217,510	18,633	18,633		28.00
29.00	90.37	ADOLESCENT MEDICINE	0	65,677	2,251	2,251		29.00
200.00			0	23,248,992	1,070,937	1,164,080		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	49,082,569	49,082,569			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	25,192,595		25,192,595		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,473,999	384,486	13,657	8,872,142	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	133,250,547	6,085,459	8,422,601	148,222,708	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	24,366,219	1,677,958	323,461	26,559,799	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,366,037	0	4,909	1,370,946	8.00
9.00	00900	HOUSEKEEPING	8,622,090	272,317	297,277	9,356,763	9.00
10.00	01000	DIETARY	2,715,819	831,267	255,106	3,882,900	10.00
11.00	01100	CAFETERIA	3,235,017	280,629	0	3,515,646	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,962,424	696,979	81,058	12,078,479	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,771,020	304,088	53,754	2,188,786	14.00
15.00	01500	PHARMACY	389,796	41,238	3,455	444,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,606,675	0	0	3,606,675	16.00
17.00	01700	SOCIAL SERVICE	3,385,568	319,235	11,233	3,823,636	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 PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	24,197,235	65,066	129	24,277,403	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,803,002	0	0	2,803,002	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	28,379,816	6,316,169	958,943	36,596,535	30.00
31.00	03100	INTENSIVE CARE UNIT	52,531,650	6,603,590	2,236,517	62,906,730	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	9,654,039	951,286	181,665	10,980,845	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
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	19,711,081	3,280,274	2,412,320	25,803,864	50.00
51.00	05100	RECOVERY ROOM	3,288,694	498,594	82,007	3,952,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,752,853	186,378	337,913	3,298,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,522,468	1,680,267	690,170	13,202,927	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	1,154,007	332,534	382,838	1,896,951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,661,617	165,551	1,562,648	4,459,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,326,246	253,707	639,161	2,253,688	59.00
60.00	06000	LABORATORY	28,979,118	1,222,772	651,909	31,189,683	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.	4,698,817	0	18,505	4,717,322	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,524,642	502,473	262,299	10,559,236	65.00
66.00	06600	PHYSICAL THERAPY	8,110,851	1,431,270	26,529	9,830,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,257,738	1,603,563	25,562	7,058,189	68.00
69.00	06900	ELECTROCARDIOLOGY	5,219,160	939,279	222,032	6,503,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,914,644	204,619	321,024	2,479,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,279,878	661,606	653,027	20,740,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,214,487	0	0	8,214,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,431,173	656,295	1,009,819	47,464,846	73.00
74.00	07400	RENAL DIALYSIS	877,249	176,542	31,941	1,099,674	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.01	09001	INFECTIOUS DISEASES	967,624	1,108	0	19,952	988,684	90.01
90.02	09002	PAIN/PALLIATIVE CARE	747,666	21,150	5,752	25,236	799,804	90.02
90.03	09003	DIABETIC CLINIC	1,355,081	207,944	17,812	40,846	1,621,683	90.03
90.04	09004	GI CLINIC	2,350,003	609,562	117,467	68,566	3,145,598	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,533,895	201,479	21,144	55,190	3,811,708	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	521,574	160,980	21,854	15,108	719,516	90.07
90.08	09008	CARDIOLOGY CLINIC	2,308,520	13,161	14,408	83,311	2,419,400	90.08
90.09	09009	PULMONARY CLINIC	748,266	217,595	23,274	19,378	1,008,513	90.09
90.10	09010	ENT CLININC	763,202	180,606	62,971	28,148	1,034,927	90.10
90.11	09011	ORTHOPEDIC CLINIC	179,233	435,698	14,369	6,279	635,579	90.11
90.12	09012	EYE CLINIC	1,094,720	136,320	111,995	33,609	1,376,644	90.12
90.13	09013	ONCOLOGY CLINIC	3,181,501	495,038	156,851	94,559	3,927,949	90.13
90.14	09014	SURG SPECIALITIES	843,486	88,479	4,595	28,046	964,606	90.14
90.15	09015	ALLERGY CLINIC	980,218	253,199	42,157	35,241	1,310,815	90.15
90.16	09016	FETAL CONCERNS	1,003,580	0	197,914	18,184	1,219,678	90.16
90.17	09017	DERMATOLOGY CLINIC	939,405	326,439	46,562	25,849	1,338,255	90.17
90.18	09018	CLININC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	267,572	116,001	346	8,613	392,532	90.19
90.20	09020	HEMATOLOGY CLINIC	382,350	476,982	0	15,632	874,964	90.20
90.21	09021	SPINA BIFIDA	340,028	118,957	0	10,258	469,243	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,762,430	215,517	28,596	63,896	2,070,439	90.22
90.23	09023	RHEUMATOLOGY CLINIC	443,389	68,899	20,473	11,088	543,849	90.23
90.24	09024	ENDOCRINE CLINIC	394,848	42,716	0	10,342	447,906	90.24
90.25	09025	RENAL CLINIC	319,823	138,675	1,153	9,731	469,382	90.25
90.26	09026	GREENFIELD CLINIC	2,005,915	976,961	288,330	64,017	3,335,223	90.26
90.27	09027	NEW BERLIN CLINIC	2,736,126	577,421	358,952	63,441	3,735,940	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	685,475	297,531	574,292	19,307	1,576,605	90.29
90.30	09030	MEQUON CLINIC	1,656,716	518,451	0	37,304	2,212,471	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	105,018	50,889	7,543	4,223	167,673	90.32
90.33	09033	APPLETON CLINIC	103,201	65,759	16,975	2,770	188,705	90.33
90.34	09034	UROLOGY CLINIC	996,369	91,573	42,920	30,200	1,161,062	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	207,856	122,974	0	8,908	339,738	90.35
90.36	09036	KENOSHA CLINIC	1,050,075	233,989	328,715	621	1,613,400	90.36
90.37	09037	ADOLESCENT MEDICINE	294,551	0	12,697	6,957	314,205	90.37
90.38	09038	COVID VACCINE CLINIC	346,238	0	0	11,052	357,290	90.38
91.00	09100	EMERGENCY	11,457,848	980,286	171,949	315,048	12,925,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	329,503	0	0	732	330,235	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 SERVICES	1,309,195	541,817	13,364	51,558	1,915,934	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	1,315,906	11,637	6,881	11,048	1,345,472	98.02
98.03	09853	NUCLEAR MEDICINE	703,368	4,941	6,446	14,437	729,192	98.03
98.04	09854	CHILD DEVELOPMENT	291,392	0	5,598	4,709	301,699	98.04
98.05	09855	CHILD PROTECTION CENTER	2,324,422	207,343	109,775	64,833	2,706,373	98.05
98.06	09856	DENTAL SRVC	5,528,200	241,054	57,972	165,554	5,992,780	98.06
98.07	09857	OTHER	0	117,941	0	0	117,941	98.07
98.08	09858	WALWORTH CAC MEDICAL	91,921	0	0	2,896	94,817	98.08
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	1,218,246	49,966	525	8,589	1,277,326	105.00
106.00	10600	HEART ACQUISITION	451,949	11,221	946	2,759	466,875	106.00
107.00	10700	LIVER ACQUISITION	663,564	11,221	455	6,953	682,193	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	634,212,308	48,264,971	25,087,497	8,402,809	632,820,279	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	238,538	67,791	295	0	306,624	190.00
191.00	19100	RESEARCH	7,202,782	487,372	10,960	155,825	7,856,939	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	163,075	0	0	4,454	167,529	194.00
194.01	07951	POISON CENTER	2,838,899	138,306	2,892	71,884	3,051,981	194.01
194.02	07952	PUBLIC RELATIONS	1,497,542	116,417	1,326	0	1,615,285	194.02
194.03	07953	OUTREACH	571,181	0	0	27,196	598,377	194.03
194.04	07954	MEDICAL STAFF SERVICES	831,900	0	9,004	5,619	846,523	194.04
194.05	07955	RETAIL PHARMACY	3,045,143	0	0	95,498	3,140,641	194.05
194.06	07956	TRANSPORT	3,557,889	7,712	74,462	103,786	3,743,849	194.06
194.07	07957	OTHER OFF SITE CLINICS	248,740	0	6,159	5,071	259,970	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)	654,407,997	49,082,569	25,192,595	8,872,142	654,407,997	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	148,222,708					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	7,777,320	0	34,337,119			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	401,445	0	0	1,772,391		8.00
9.00	00900	HOUSEKEEPING	2,739,875	0	228,427	31,691	12,356,756	9.00
10.00	01000	DIETARY	1,137,002	0	697,289	0	252,611	10.00
11.00	01100	CAFETERIA	1,029,462	0	235,400	0	85,280	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,536,856	0	584,645	0	211,803	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	640,927	0	255,078	0	92,408	14.00
15.00	01500	PHARMACY	130,014	0	34,591	0	12,532	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,056,117	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,119,649	0	267,783	0	97,011	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,108,982	0	54,579	0	19,773	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	820,783	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	10,716,307	0	5,298,176	456,083	1,919,401	30.00
31.00	03100	INTENSIVE CARE UNIT	18,420,550	0	5,539,268	371,101	2,006,744	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	3,215,444	0	797,965	94,753	289,083	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
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,555,965	0	2,751,584	295,623	996,832	50.00
51.00	05100	RECOVERY ROOM	1,157,312	0	418,234	45,938	151,516	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	965,762	0	156,339	0	56,638	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,866,121	0	1,409,454	71,584	510,611	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	555,471	0	278,939	0	101,053	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,305,830	0	138,869	36,039	50,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	659,932	0	212,816	0	77,098	59.00
60.00	06000	LABORATORY	9,133,057	0	1,025,695	0	371,584	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,381,340	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,091,987	0	421,488	15,198	152,695	65.00
66.00	06600	PHYSICAL THERAPY	2,878,544	0	1,200,588	0	434,944	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,066,800	0	1,345,113	0	487,302	68.00
69.00	06900	ELECTROCARDIOLOGY	1,904,488	0	787,893	20,509	285,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	726,141	0	171,640	76,929	62,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,073,379	0	554,973	26,149	201,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,405,391	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,898,799	0	550,518	620	199,439	73.00
74.00	07400	RENAL DIALYSIS	322,010	0	148,088	6,238	53,649	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	289,509	0	930	0	337	90.01
90.02	09002	PAIN/PALLIATIVE CARE	234,201	0	17,741	0	6,427	90.02
90.03	09003	DIABETIC CLINIC	474,866	0	174,429	0	63,191	90.03
90.04	09004	GI CLINIC	921,103	0	511,317	0	185,238	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,116,156	0	169,006	0	61,227	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	210,691	0	135,034	4,237	48,920	90.07
90.08	09008	CARDIOLOGY CLINIC	708,456	0	11,040	0	3,999	90.08
90.09	09009	PULMONARY CLINIC	295,316	0	182,525	0	66,124	90.09
90.10	09010	ENT CLINIC	303,050	0	151,497	0	54,884	90.10
90.11	09011	ORTHOPEDIC CLINIC	186,112	0	365,476	0	132,403	90.11
90.12	09012	EYE CLINIC	403,113	0	114,349	0	41,426	90.12
90.13	09013	ONCOLOGY CLINIC	1,150,194	0	415,252	0	150,436	90.13
90.14	09014	SURG SPECIALITIES	282,459	0	74,218	0	26,888	90.14
90.15	09015	ALLERGY CLINIC	383,837	0	212,390	0	76,944	90.15
90.16	09016	FETAL CONCERNS	357,150	0	0	21,344	0	90.16
90.17	09017	DERMATOLOGY CLINIC	391,872	0	273,826	0	99,200	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	114,942	0	97,305	0	35,251	90.19
90.20	09020	HEMATOLOGY CLINIC	256,210	0	400,106	0	144,949	90.20
90.21	09021	SPINA BIFIDA	137,405	0	99,784	0	36,149	90.21
90.22	09022	NEUROSCIENCES CLINIC	606,272	0	180,782	0	65,493	90.22
90.23	09023	RHEUMATOLOGY CLINIC	159,251	0	57,794	0	20,937	90.23
90.24	09024	ENDOCRINE CLINIC	131,157	0	35,831	0	12,981	90.24
90.25	09025	RENAL CLINIC	137,446	0	116,325	0	42,142	90.25
90.26	09026	GREENFIELD CLINIC	976,630	0	819,502	7,992	296,886	90.26
90.27	09027	NEW BERLIN CLINIC	1,093,969	0	484,357	0	175,471	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	461,666	0	249,577	0	90,416	90.29
90.30	09030	MEQUON CLINIC	647,862	0	434,891	0	157,550	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	49,099	0	42,687	0	15,465	90.32
90.33	09033	APPLETON CLINIC	55,257	0	55,160	0	19,983	90.33
90.34	09034	UROLOGY CLINIC	339,986	0	76,814	0	27,828	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	99,483	0	103,154	0	37,370	90.35
90.36	09036	KENOSHA CLINIC	472,441	0	196,276	0	71,106	90.36
90.37	09037	ADOLESCENT MEDICINE	92,006	0	0	0	0	90.37
90.38	09038	COVID VACCINE CLINIC	104,623	0	0	0	0	90.38
91.00	09100	EMERGENCY	3,784,776	0	822,291	146,200	297,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	96,700	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 SERVICES	561,030	0	454,491	0	164,651	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	393,985	0	9,762	0	3,536	98.02
98.03	09853	NUCLEAR MEDICINE	213,524	0	4,145	6,285	1,502	98.03
98.04	09854	CHILD DEVELOPMENT	88,344	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	792,488	0	173,925	0	63,009	98.05
98.06	09856	DENTAL SRVC	1,754,824	0	202,203	18,130	73,253	98.06
98.07	09857	OTHER	34,536	0	98,932	0	35,841	98.07
98.08	09858	WALWORTH CAC MEDICAL	27,765	0	0	0	0	98.08
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	374,030	0	41,913	0	15,184	105.00
106.00	10600	HEART ACQUISITION	136,712	0	9,413	0	3,410	106.00
107.00	10700	LIVER ACQUISITION	199,762	0	9,413	0	3,410	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,901,328	0	33,651,295	1,752,643	12,108,298	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89,787	0	56,865	0	20,601	190.00
191.00	19100	RESEARCH	2,300,692	0	408,821	0	148,106	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	49,056	0	0	0	0	194.00
194.01	07951	POISON CENTER	893,690	0	116,015	0	42,029	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	PUBLIC RELATIONS	472,993	0	97,654	0	35,378	194.02
194.03	07953	OUTREACH	175,219	0	0	0	0	194.03
194.04	07954	MEDICAL STAFF SERVICES	247,881	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	919,652	0	0	0	0	194.05
194.06	07956	TRANSPORT	1,096,285	0	6,469	19,748	2,344	194.06
194.07	07957	OTHER OFF SITE CLINICS	76,125	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	148,222,708	0	34,337,119	1,772,391	12,356,756	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,969,802					10.00
11.00	01100	CAFETERIA	0	4,865,788				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	203,048	0	16,614,831		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,434	0	0	3,206,633	14.00
15.00	01500	PHARMACY	0	7,173	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,858	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	75,238	0	943,939	9,779	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	450,529	0	0	4,665	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	4,114,522	573,303	0	63,932	324,304	30.00
31.00	03100	INTENSIVE CARE UNIT	973,363	943,645	0	10,687,948	391,122	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	1,398,985	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	723,727	127,900	0	0	57,029	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
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	11,846	249,235	0	0	229,248	50.00
51.00	05100	RECOVERY ROOM	0	47,423	0	0	18,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,125	0	0	30,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	880	136,265	0	0	52,240	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	17,337	0	0	2,347	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,665	0	0	11,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,068	0	0	2,569	59.00
60.00	06000	LABORATORY	0	210,919	0	0	247,303	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	4,400	168,150	0	0	38,767	65.00
66.00	06600	PHYSICAL THERAPY	0	74,653	0	0	104,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	59,565	0	0	34,117	68.00
69.00	06900	ELECTROCARDIOLOGY	0	58,396	0	571,628	7,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,052	0	0	330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,683	0	0	504,938	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	207,816	0	0	366,163	73.00
74.00	07400	RENAL DIALYSIS	19,900	9,422	0	0	2,683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	12,435	0	0	158	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	17,966	0	86,496	399	90.02
90.03	09003	DIABETIC CLINIC	2,031	29,119	0	0	3,265	90.03
90.04	09004	GI CLINIC	1,828	49,537	0	0	6,046	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	43,668	0	18,804	533	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	43,253	10,209	0	112,821	3,901	90.07
90.08	09008	CARDIOLOGY CLINIC	0	49,582	0	383,593	19,036	90.08
90.09	09009	PULMONARY CLINIC	0	15,403	0	0	227	90.09
90.10	09010	ENT CLININC	0	20,080	0	0	4,093	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	5,262	0	0	518	90.11
90.12	09012	EYE CLINIC	0	27,096	0	0	9,602	90.12
90.13	09013	ONCOLOGY CLINIC	0	60,420	0	658,125	21,620	90.13
90.14	09014	SURG SPECIALITIES	0	17,427	0	0	1,006	90.14
90.15	09015	ALLERGY CLINIC	0	33,931	0	0	12,728	90.15
90.16	09016	FETAL CONCERNS	0	0	0	0	1,889	90.16
90.17	09017	DERMATOLOGY CLINIC	0	23,206	0	0	3,955	90.17
90.18	09018	CLININC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	5,734	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	9,579	0	105,300	0	90.20
90.21	09021	SPINA BIFIDA	0	6,341	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	42,813	0	0	1,484	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	8,612	0	0	2,421	90.23
90.24	09024	ENDOCRINE CLINIC	0	9,129	0	0	0	90.24
90.25	09025	RENAL CLINIC	0	7,465	0	0	1,553	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	47,368	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	7,521	123,836	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	3,761	42,510	90.29
90.30	09030	MEQUON CLINIC	0	0	0	3,761	72,997	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	25	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	0	22,913	0	0	8,019	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	0	0	0	5,415	90.35
90.36	09036	KENOSHA CLINIC	0	0	0	0	56,067	90.36
90.37	09037	ADOLESCENT MEDICINE	0	5,981	0	0	1,208	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0	90.38
91.00	09100	EMERGENCY	71,344	191,086	0	0	209,818	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 SERVICES	0	22,126	0	0	2,431	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	7,353	0	0	3,566	98.02
98.03	09853	NUCLEAR MEDICINE	474	7,668	0	0	8,990	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	3,146	98.04
98.05	09855	CHILD PROTECTION CENTER	0	4,857	0	0	370	98.05
98.06	09856	DENTAL SRVC	0	65,457	0	0	46,140	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	0	98.08
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	6,858	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	3,733	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	5,869	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	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,967,568	4,644,817	0	15,046,614	3,167,032	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,203	190.00
191.00	19100	RESEARCH	2,234	110,631	0	248,207	6,002	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	194.00
194.01	07951	POISON CENTER	0	38,676	0	1,278,642	5 194.01
194.02	07952	PUBLIC RELATIONS	0	2,159	0	0	0 194.02
194.03	07953	OUTREACH	0	12,615	0	41,368	0 194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	0	0	20 194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0 194.05
194.06	07956	TRANSPORT	0	56,890	0	0	28,371 194.06
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)	5,969,802	4,865,788	0	16,614,831	3,206,633 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	628,311					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,686,650				16.00
17.00	01700	SOCIAL SERVICE	0	0	6,337,035			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113	393,975	1,463,118	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	94	1,025,375	1,060,800	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	0	138,229	186,491	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
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	758	107,494	66,005	0	0	50.00
51.00	05100	RECOVERY ROOM	0	58,689	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	80,712	32,320	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,469	221,189	1,048	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	57,690	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	38,956	126,610	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2	22,590	1,048	0	0	59.00
60.00	06000	LABORATORY	6,801	512,666	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	39,454	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	117,790	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	92,437	9,429	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	57,063	8,905	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	108,692	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,434	39,171	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	251,019	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,434	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	460,817	761,163	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	507	16,517	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	65	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	19	424	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
90.03	09003	DIABETIC CLINIC	0	2,644	1,048	0	0	90.03
90.04	09004	GI CLINIC	25	11,629	14,668	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	11,731	70,196	0	0	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	11,795	3,143	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	0	3,075	4,191	0	0	90.08
90.09	09009	PULMONARY CLINIC	0	1,590	1,048	0	0	90.09
90.10	09010	ENT CLINIC	0	2,966	10,477	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	1,457	12,572	0	0	90.11
90.12	09012	EYE CLINIC	0	3,227	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	24,123	654,815	0	0	90.13
90.14	09014	SURG SPECIALITIES	0	1,456	135,678	0	0	90.14
90.15	09015	ALLERGY CLINIC	234	2,845	0	0	0	90.15
90.16	09016	FETAL CONCERNS	0	4,661	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	3,591	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	902	1,048	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	1,537	3,143	0	0	90.20
90.21	09021	SPINA BIFIDA	699	2,870	2,095	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	3,106	33,003	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	76	577	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	0	661	1,048	0	0	90.24
90.25	09025	RENAL CLINIC	0	572	3,143	0	0	90.25
90.26	09026	GREENFIELD CLINIC	36	11,889	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	567	14,085	4,191	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	38	4,125	0	0	0	90.29
90.30	09030	MEQUON CLINIC	113	9,949	1,048	0	0	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	738	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0	429	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	0	3,336	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	1,979	0	0	0	90.35
90.36	09036	KENOSHA CLINIC	0	3,602	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	1,080	0	0	0	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0	90.38
91.00	09100	EMERGENCY	1,283	198,100	2,555,347	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	3,132	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 SERVICES	0	6,205	11,525	0	0	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	2,063	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	38	11,182	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	297	1,048	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	805	4,748	0	0	0	98.05
98.06	09856	DENTAL SRVC	674	35,794	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	136	0	0	0	98.08
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	7,149	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	4,827	1,048	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,720	14,668	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	615,270	4,671,636	6,337,035	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	13,041	480	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	0	3,057	0	0	0	194.00
194.01	07951	POISON CENTER	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	MEDICAL STAFF SERVICES	0	4	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	TRANSPORT	0	9,896	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	1,577	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)	628,311	4,686,650	6,337,035	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
			NURSING PROGRAM	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				20.00	21.00			
			23.00	24.00				
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		31,915,931				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			3,623,785			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,482,707	1,417,306	0	75,819,782	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,400,316	386,077	0	108,113,133	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	1,398,985	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	752,149	85,400	0	17,449,015	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
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	2,130,769	241,931	0	40,441,154	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	5,849,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,195,711	249,305	0	7,085,823	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	792,369	89,967	0	20,375,124	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	2,909,788	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	6,207,126	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	3,248,811	59.00
60.00	06000	LABORATORY	0	0	0	0	42,697,708	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	6,138,116	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	14,569,711	65.00
66.00	06600	PHYSICAL THERAPY	0	425,372	48,297	0	15,099,325	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	11,117,054	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,248,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	496,882	56,417	0	4,139,971	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	28,366,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,687,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	63,910,181	73.00
74.00	07400	RENAL DIALYSIS	0	67,378	7,650	0	1,753,716	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	76,233	8,656	0	1,377,007	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	4,797	545	0	1,168,819	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	2,372,276	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
			NURSING PROGRAM	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				20.00	21.00			
90.04	09004	GI CLINIC	0	804,029	91,291	0	5,742,309	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	14,022	1,592	0	5,318,643	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	1,303,520	90.07
90.08	09008	CARDIOLOGY CLINIC	0	634,072	71,994	0	4,308,438	90.08
90.09	09009	PULMONARY CLINIC	0	50,478	5,731	0	1,626,955	90.09
90.10	09010	ENT CLININC	0	542,637	61,612	0	2,186,223	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	1,339,379	90.11
90.12	09012	EYE CLINIC	0	302,129	34,304	0	2,311,890	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	7,062,934	90.13
90.14	09014	SURG SPECIALITIES	0	0	0	0	1,503,738	90.14
90.15	09015	ALLERGY CLINIC	0	103,243	11,722	0	2,148,689	90.15
90.16	09016	FETAL CONCERNS	0	0	0	0	1,604,722	90.16
90.17	09017	DERMATOLOGY CLINIC	0	527,729	59,919	0	2,721,553	90.17
90.18	09018	CLININC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	647,714	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	1,795,788	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	754,586	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	3,003,392	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	329,729	37,438	0	1,160,684	90.23
90.24	09024	ENDOCRINE CLINIC	0	70,772	8,036	0	717,521	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	778,028	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	5,495,526	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	5,639,937	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	2,428,698	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	3,540,642	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	275,687	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	319,534	90.33
90.34	09034	UROLOGY CLINIC	0	523,671	59,458	0	2,223,087	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	0	0	0	587,139	90.35
90.36	09036	KENOSHA CLINIC	0	0	0	0	2,412,892	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0	414,480	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	461,913	90.38
91.00	09100	EMERGENCY	0	2,739,898	311,092	0	24,254,262	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	430,067	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 SERVICES	0	970,444	110,186	0	4,219,023	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	32,914	3,737	0	1,802,388	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	983,000	98.03
98.04	09854	CHILD DEVELOPMENT	0	218,073	24,760	0	637,367	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	3,746,575	98.05
98.06	09856	DENTAL SRVC	0	1,163,499	132,106	0	9,484,860	98.06
98.07	09857	OTHER	0	0	0	0	287,250	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	122,718	98.08
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,722,460	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	626,018	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	917,035	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	31,852,022	3,616,529	0	623,614,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	479,080	190.00
191.00	19100	RESEARCH	0	17,195	1,952	0	11,114,300	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
			NURSING PROGRAM	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES	PRGM COSTS			
			20.00	21.00	22.00	23.00	24.00	
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	219,642	194.00
194.01	07951	POISON CENTER	0	0	0	0	5,421,038	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	2,223,469	194.02
194.03	07953	OUTREACH	0	0	0	0	827,579	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	0	0	1,094,428	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	4,060,293	194.05
194.06	07956	TRANSPORT	0	46,714	5,304	0	5,015,870	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	0	0	0	337,672	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)	0	31,915,931	3,623,785	0	654,407,997	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	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
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			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	-13,900,013	61,919,769	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,786,393	104,326,740	31.00
32.00	03200	CORONARY CARE UNIT	0	1,398,985	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	-837,549	16,611,466	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
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	-2,372,700	38,068,454	50.00
51.00	05100	RECOVERY ROOM	0	5,849,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-2,445,016	4,640,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-882,336	19,492,788	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	2,909,788	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,207,126	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,248,811	59.00
60.00	06000	LABORATORY	0	42,697,708	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	6,138,116	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,569,711	65.00
66.00	06600	PHYSICAL THERAPY	-473,669	14,625,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,117,054	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,248,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-553,299	3,586,672	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,366,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,687,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	63,910,181	73.00
74.00	07400	RENAL DIALYSIS	-94,648	1,659,068	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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	-84,889	1,292,118	90.01
90.02	09002	PAIN/PALLIATIVE CARE	-5,342	1,163,477	90.02

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	DIABETIC CLINIC	0	2,372,276	90.03
90.04	09004	GI CLINIC	-895,320	4,846,989	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	-15,614	5,303,029	90.05
90.06	09006	NOT USED	0	0	90.06
90.07	09007	INFUSION ROOM	0	1,303,520	90.07
90.08	09008	CARDIOLOGY CLINIC	-706,066	3,602,372	90.08
90.09	09009	PULMONARY CLINIC	-56,209	1,570,746	90.09
90.10	09010	ENT CLINIC	-604,249	1,581,974	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	1,339,379	90.11
90.12	09012	EYE CLINIC	-336,433	1,975,457	90.12
90.13	09013	ONCOLOGY CLINIC	0	7,062,934	90.13
90.14	09014	SURG SPECIALITIES	0	1,503,738	90.14
90.15	09015	ALLERGY CLINIC	-114,965	2,033,724	90.15
90.16	09016	FETAL CONCERNS	0	1,604,722	90.16
90.17	09017	DERMATOLOGY CLINIC	-587,648	2,133,905	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	647,714	90.19
90.20	09020	HEMATOLOGY CLINIC	0	1,795,788	90.20
90.21	09021	SPINA BIFIDA	0	754,586	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	3,003,392	90.22
90.23	09023	RHEUMATOLOGY CLINIC	-367,167	793,517	90.23
90.24	09024	ENDOCRINE CLINIC	-78,808	638,713	90.24
90.25	09025	RENAL CLINIC	0	778,028	90.25
90.26	09026	GREENFIELD CLINIC	0	5,495,526	90.26
90.27	09027	NEW BERLIN CLINIC	0	5,639,937	90.27
90.28	09028	NOT USED	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	2,428,698	90.29
90.30	09030	MEQUON CLINIC	0	3,540,642	90.30
90.31	09031	NOT USED	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	275,687	90.32
90.33	09033	APPLETON CLINIC	0	319,534	90.33
90.34	09034	UROLOGY CLINIC	-583,129	1,639,958	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	587,139	90.35
90.36	09036	KENOSHA CLINIC	0	2,412,892	90.36
90.37	09037	ADOLESCENT MEDICINE	0	414,480	90.37
90.38	09038	COVID VACCINE CLINIC	0	461,913	90.38
91.00	09100	EMERGENCY	-3,050,990	21,203,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	-82,589	347,478	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 SERVICES	-1,080,630	3,138,393	98.00
98.01	09851	NOT USED	0	0	98.01
98.02	09852	GENETICS CENTER	-36,651	1,765,737	98.02
98.03	09853	NUCLEAR MEDICINE	0	983,000	98.03
98.04	09854	CHILD DEVELOPMENT	-242,833	394,534	98.04
98.05	09855	CHILD PROTECTION CENTER	0	3,746,575	98.05
98.06	09856	DENTAL SRVC	-1,295,605	8,189,255	98.06
98.07	09857	OTHER	0	287,250	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	122,718	98.08
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	1,722,460	105.00
106.00	10600	HEART ACQUISITION	0	626,018	106.00
107.00	10700	LIVER ACQUISITION	0	917,035	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
117.00	06950	INSURANCE EXPENSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,570,760	588,043,866	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	479,080	190.00
191.00	19100	RESEARCH	-19,147	11,095,153	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	219,642	194.00
194.01	07951	POISON CENTER	0	5,421,038	194.01
194.02	07952	PUBLIC RELATIONS	0	2,223,469	194.02
194.03	07953	OUTREACH	0	827,579	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	1,094,428	194.04
194.05	07955	RETAIL PHARMACY	0	4,060,293	194.05
194.06	07956	TRANSPORT	-52,018	4,963,852	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	337,672	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-35,641,925	618,766,072	202.00

COST ALLOCATION STATISTICS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet Non-CMS W
Date/Time Prepared:
6/21/2022 8:41 am

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
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	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 PROGRAM	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 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

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	384,486	13,657	398,143	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	6,085,459	8,422,601	14,508,060	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,677,958	323,461	2,001,419	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	4,909	4,909	8.00
9.00	00900	HOUSEKEEPING	0	272,317	297,277	569,594	9.00
10.00	01000	DIETARY	0	831,267	255,106	1,086,373	10.00
11.00	01100	CAFETERIA	0	280,629	0	280,629	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	696,979	81,058	778,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	299,849	304,088	53,754	657,691	14.00
15.00	01500	PHARMACY	0	41,238	3,455	44,693	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	319,235	11,233	330,468	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 PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	65,066	129	65,195	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	6,316,169	958,943	7,275,112	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,603,590	2,236,517	8,840,107	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	951,286	181,665	1,132,951	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
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	3,280,274	2,412,320	5,692,594	50.00
51.00	05100	RECOVERY ROOM	0	498,594	82,007	580,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	186,378	337,913	524,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	263,046	1,680,267	690,170	2,633,483	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	332,534	382,838	715,372	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	165,551	1,562,648	1,728,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	253,707	639,161	892,868	59.00
60.00	06000	LABORATORY	0	1,222,772	651,909	1,874,681	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	18,505	18,505	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	502,473	262,299	764,772	65.00
66.00	06600	PHYSICAL THERAPY	84,757	1,431,270	26,529	1,542,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,603,563	25,562	1,629,125	68.00
69.00	06900	ELECTROCARDIOLOGY	0	939,279	222,032	1,161,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	204,619	321,024	525,643	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	661,606	653,027	1,314,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	656,295	1,009,819	1,666,114	73.00
74.00	07400	RENAL DIALYSIS	0	176,542	31,941	208,483	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
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	1,108	0	1,108	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.02	09002	PAIN/PALLIATIVE CARE	0	21,150	5,752	26,902	1,132	90.02
90.03	09003	DIABETIC CLINIC	0	207,944	17,812	225,756	1,833	90.03
90.04	09004	GI CLINIC	0	609,562	117,467	727,029	3,077	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	201,479	21,144	222,623	2,476	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	160,980	21,854	182,834	678	90.07
90.08	09008	CARDIOLOGY CLINIC	0	13,161	14,408	27,569	3,738	90.08
90.09	09009	PULMONARY CLINIC	0	217,595	23,274	240,869	869	90.09
90.10	09010	ENT CLININC	0	180,606	62,971	243,577	1,263	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	435,698	14,369	450,067	282	90.11
90.12	09012	EYE CLINIC	0	136,320	111,995	248,315	1,508	90.12
90.13	09013	ONCOLOGY CLINIC	0	495,038	156,851	651,889	4,243	90.13
90.14	09014	SURG SPECIALITIES	0	88,479	4,595	93,074	1,258	90.14
90.15	09015	ALLERGY CLINIC	0	253,199	42,157	295,356	1,581	90.15
90.16	09016	FETAL CONCERNS	50,643	0	197,914	248,557	816	90.16
90.17	09017	DERMATOLOGY CLINIC	0	326,439	46,562	373,001	1,160	90.17
90.18	09018	CLININC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	116,001	346	116,347	386	90.19
90.20	09020	HEMATOLOGY CLINIC	0	476,982	0	476,982	701	90.20
90.21	09021	SPINA BIFIDA	0	118,957	0	118,957	460	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	215,517	28,596	244,113	2,867	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	68,899	20,473	89,372	498	90.23
90.24	09024	ENDOCRINE CLINIC	0	42,716	0	42,716	464	90.24
90.25	09025	RENAL CLINIC	0	138,675	1,153	139,828	437	90.25
90.26	09026	GREENFIELD CLINIC	110,070	976,961	288,330	1,375,361	2,872	90.26
90.27	09027	NEW BERLIN CLINIC	260,303	577,421	358,952	1,196,676	2,847	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	297,531	574,292	871,823	866	90.29
90.30	09030	MEQUON CLINIC	0	518,451	0	518,451	1,674	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	50,889	7,543	58,432	189	90.32
90.33	09033	APPLETON CLINIC	0	65,759	16,975	82,734	124	90.33
90.34	09034	UROLOGY CLINIC	0	91,573	42,920	134,493	1,355	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	44	122,974	0	123,018	400	90.35
90.36	09036	KENOSHA CLINIC	0	233,989	328,715	562,704	28	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	12,697	12,697	312	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	496	90.38
91.00	09100	EMERGENCY	0	980,286	171,949	1,152,235	14,136	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	33	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 SERVICES	0	541,817	13,364	555,181	2,313	98.00
98.01	09851	NOT USED	41,619	0	0	41,619	0	98.01
98.02	09852	GENETICS CENTER	184,478	11,637	6,881	202,996	496	98.02
98.03	09853	NUCLEAR MEDICINE	0	4,941	6,446	11,387	648	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	5,598	5,598	211	98.04
98.05	09855	CHILD PROTECTION CENTER	93,620	207,343	109,775	410,738	2,909	98.05
98.06	09856	DENTAL SRVC	211,960	241,054	57,972	510,986	7,429	98.06
98.07	09857	OTHER	0	117,941	0	117,941	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	130	98.08
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	49,966	525	50,491	385	105.00
106.00	10600	HEART ACQUISITION	0	11,221	946	12,167	124	106.00
107.00	10700	LIVER ACQUISITION	0	11,221	455	11,676	312	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	INSURANCE EXPENSE	0	0	0	0	0	117.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,600,389	48,264,971	25,087,497	74,952,857	377,084	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,791	295	68,086	0	190.00
191.00	19100	RESEARCH	250,164	487,372	10,960	748,496	6,992	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	200	194.00
194.01	07951	POISON CENTER	0	138,306	2,892	141,198	3,225	194.01
194.02	07952	PUBLIC RELATIONS	0	116,417	1,326	117,743	0	194.02
194.03	07953	OUTREACH	0	0	0	0	1,220	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	9,004	9,004	252	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	4,285	194.05
194.06	07956	TRANSPORT	0	7,712	74,462	82,174	4,657	194.06
194.07	07957	OTHER OFF SITE CLINICS	51,147	0	6,159	57,306	228	194.07
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,901,700	49,082,569	25,192,595	76,176,864	398,143	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,528,884					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	762,346		2,772,387			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,350		0	44,259		8.00
9.00	00900	HOUSEKEEPING	268,567		18,443	791	864,802	9.00
10.00	01000	DIETARY	111,451		56,299	0	17,679	10.00
11.00	01100	CAFETERIA	100,910		19,006	0	5,968	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	346,689		47,204	0	14,823	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,825		20,595	0	6,467	14.00
15.00	01500	PHARMACY	12,744		2,793	0	877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	103,522		0	0	0	16.00
17.00	01700	SOCIAL SERVICE	109,750		21,621	0	6,789	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	696,834		4,407	0	1,384	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	80,455		0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,050,430	0	427,776	11,388	134,332	30.00
31.00	03100	INTENSIVE CARE UNIT	1,805,457	0	447,239	9,267	140,445	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	315,183	0	64,428	2,366	20,232	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
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	740,648	0	222,164	7,382	69,764	50.00
51.00	05100	RECOVERY ROOM	113,442	0	33,768	1,147	10,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	94,666	0	12,623	0	3,964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	378,964	0	113,800	1,788	35,736	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	54,448	0	22,522	0	7,072	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	128,000	0	11,212	900	3,521	58.00
59.00	05900	CARDIAC CATHETERIZATION	64,688	0	17,183	0	5,396	59.00
60.00	06000	LABORATORY	895,237	0	82,815	0	26,006	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.	135,401	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	303,082	0	34,031	380	10,687	65.00
66.00	06600	PHYSICAL THERAPY	282,160	0	96,936	0	30,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	202,591	0	108,605	0	34,104	68.00
69.00	06900	ELECTROCARDIOLOGY	186,681	0	63,615	512	19,976	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,178	0	13,858	1,921	4,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	595,323	0	44,809	653	14,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	235,780	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,362,383	0	44,449	15	13,958	73.00
74.00	07400	RENAL DIALYSIS	31,564	0	11,957	156	3,755	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	28,378	0	75	0	24	90.01
90.02	09002	PAIN/PALLIATIVE CARE	22,957	0	1,432	0	450	90.02
90.03	09003	DIABETIC CLINIC	46,547	0	14,083	0	4,423	90.03
90.04	09004	GI CLINIC	90,288	0	41,284	0	12,964	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	109,407	0	13,646	0	4,285	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	20,652	0	10,903	106	3,424	90.07
90.08	09008	CARDIOLOGY CLINIC	69,444	0	891	0	280	90.08
90.09	09009	PULMONARY CLINIC	28,947	0	14,737	0	4,628	90.09
90.10	09010	ENT CLINIC	29,706	0	12,232	0	3,841	90.10
90.11	09011	ORTHOPEDIC CLINIC	18,243	0	29,509	0	9,266	90.11
90.12	09012	EYE CLINIC	39,514	0	9,233	0	2,899	90.12
90.13	09013	ONCOLOGY CLINIC	112,744	0	33,528	0	10,528	90.13
90.14	09014	SURG SPECIALITIES	27,687	0	5,992	0	1,882	90.14
90.15	09015	ALLERGY CLINIC	37,624	0	17,148	0	5,385	90.15
90.16	09016	FETAL CONCERNS	35,008	0	0	533	0	90.16
90.17	09017	DERMATOLOGY CLINIC	38,412	0	22,109	0	6,943	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	11,267	0	7,856	0	2,467	90.19
90.20	09020	HEMATOLOGY CLINIC	25,114	0	32,305	0	10,144	90.20
90.21	09021	SPINA BIFIDA	13,469	0	8,057	0	2,530	90.21
90.22	09022	NEUROSCIENCES CLINIC	59,428	0	14,596	0	4,584	90.22
90.23	09023	RHEUMATOLOGY CLINIC	15,610	0	4,666	0	1,465	90.23
90.24	09024	ENDOCRINE CLINIC	12,856	0	2,893	0	908	90.24
90.25	09025	RENAL CLINIC	13,473	0	9,392	0	2,949	90.25
90.26	09026	GREENFIELD CLINIC	95,731	0	66,167	200	20,778	90.26
90.27	09027	NEW BERLIN CLINIC	107,233	0	39,107	0	12,281	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	45,253	0	20,151	0	6,328	90.29
90.30	09030	MEQUON CLINIC	63,505	0	35,113	0	11,026	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	4,813	0	3,447	0	1,082	90.32
90.33	09033	APPLETON CLINIC	5,416	0	4,454	0	1,399	90.33
90.34	09034	UROLOGY CLINIC	33,326	0	6,202	0	1,948	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	9,751	0	8,329	0	2,615	90.35
90.36	09036	KENOSHA CLINIC	46,309	0	15,847	0	4,976	90.36
90.37	09037	ADOLESCENT MEDICINE	9,019	0	0	0	0	90.37
90.38	09038	COVID VACCINE CLINIC	10,255	0	0	0	0	90.38
91.00	09100	EMERGENCY	370,990	0	66,392	3,651	20,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	9,479	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 SERVICES	54,993	0	36,696	0	11,523	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	38,619	0	788	0	247	98.02
98.03	09853	NUCLEAR MEDICINE	20,930	0	335	157	105	98.03
98.04	09854	CHILD DEVELOPMENT	8,660	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	77,681	0	14,043	0	4,410	98.05
98.06	09856	DENTAL SRVC	172,011	0	16,326	453	5,127	98.06
98.07	09857	OTHER	3,385	0	7,988	0	2,508	98.07
98.08	09858	WALWORTH CAC MEDICAL	2,722	0	0	0	0	98.08
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	36,663	0	3,384	0	1,063	105.00
106.00	10600	HEART ACQUISITION	13,401	0	760	0	239	106.00
107.00	10700	LIVER ACQUISITION	19,581	0	760	0	239	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,909,250	0	2,717,014	43,766	847,414	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,801	0	4,591	0	1,442	190.00
191.00	19100	RESEARCH	225,518	0	33,008	0	10,365	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	4,809	0	0	0	0	194.00
194.01	07951	POISON CENTER	87,601	0	9,367	0	2,941	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	PUBLIC RELATIONS	46,364	0	7,885	0	2,476	194.02
194.03	07953	OUTREACH	17,175	0	0	0	0	194.03
194.04	07954	MEDICAL STAFF SERVICES	24,298	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	90,146	0	0	0	0	194.05
194.06	07956	TRANSPORT	107,460	0	522	493	164	194.06
194.07	07957	OTHER OFF SITE CLINICS	7,462	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)	14,528,884	0	2,772,387	44,259	864,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,275,423					10.00
11.00	01100	CAFETERIA	0	406,513				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	16,964	0	1,218,884		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,459	0	0	752,726	14.00
15.00	01500	PHARMACY	0	599	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,993	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,286	0	69,249	2,296	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	37,640	0	0	1,095	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	879,051	47,897	0	4,690	76,127	30.00
31.00	03100	INTENSIVE CARE UNIT	207,955	78,834	0	784,080	91,812	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	102,631	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	154,621	10,685	0	0	13,387	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
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	2,531	20,822	0	0	53,814	50.00
51.00	05100	RECOVERY ROOM	0	3,962	0	0	4,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,681	0	0	7,231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	188	11,384	0	0	12,263	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	1,448	0	0	551	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,314	0	0	2,675	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,593	0	0	603	59.00
60.00	06000	LABORATORY	0	17,621	0	0	58,052	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	940	14,048	0	0	9,100	65.00
66.00	06600	PHYSICAL THERAPY	0	6,237	0	0	24,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,976	0	0	8,009	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,879	0	41,935	1,830	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,427	0	0	78	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,227	0	0	118,529	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	17,362	0	0	85,953	73.00
74.00	07400	RENAL DIALYSIS	4,252	787	0	0	630	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	1,039	0	0	37	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	1,501	0	6,345	94	90.02
90.03	09003	DIABETIC CLINIC	434	2,433	0	0	766	90.03
90.04	09004	GI CLINIC	390	4,139	0	0	1,419	90.04

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,648	0	1,379	125	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	9,241	853	0	8,277	916	90.07
90.08	09008	CARDIOLOGY CLINIC	0	4,142	0	28,141	4,468	90.08
90.09	09009	PULMONARY CLINIC	0	1,287	0	0	53	90.09
90.10	09010	ENT CLINIC	0	1,678	0	0	961	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	440	0	0	122	90.11
90.12	09012	EYE CLINIC	0	2,264	0	0	2,254	90.12
90.13	09013	ONCOLOGY CLINIC	0	5,048	0	48,281	5,075	90.13
90.14	09014	SURG SPECIALITIES	0	1,456	0	0	236	90.14
90.15	09015	ALLERGY CLINIC	0	2,835	0	0	2,988	90.15
90.16	09016	FETAL CONCERNS	0	0	0	0	443	90.16
90.17	09017	DERMATOLOGY CLINIC	0	1,939	0	0	928	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	479	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	800	0	7,725	0	90.20
90.21	09021	SPINA BIFIDA	0	530	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	3,577	0	0	348	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	720	0	0	568	90.23
90.24	09024	ENDOCRINE CLINIC	0	763	0	0	0	90.24
90.25	09025	RENAL CLINIC	0	624	0	0	365	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	11,119	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	552	29,069	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	276	9,979	90.29
90.30	09030	MEQUON CLINIC	0	0	0	276	17,135	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	6	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	0	1,914	0	0	1,882	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	0	0	0	1,271	90.35
90.36	09036	KENOSHA CLINIC	0	0	0	0	13,161	90.36
90.37	09037	ADOLESCENT MEDICINE	0	500	0	0	284	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0	90.38
91.00	09100	EMERGENCY	15,242	15,964	0	0	49,253	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 SERVICES	0	1,849	0	0	571	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	614	0	0	837	98.02
98.03	09853	NUCLEAR MEDICINE	101	641	0	0	2,110	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	739	98.04
98.05	09855	CHILD PROTECTION CENTER	0	406	0	0	87	98.05
98.06	09856	DENTAL SRVC	0	5,469	0	0	10,831	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	0	98.08
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	573	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	312	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	490	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	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,274,946	388,052	0	1,103,837	743,430	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,221	190.00
191.00	19100	RESEARCH	477	9,243	0	18,209	1,409	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
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To 12/31/2021Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.00	07950	DENTAL - SURGICENTER	0	0	0	0	194.00
194.01	07951	POISON CENTER	0	3,231	0	93,803	1 194.01
194.02	07952	PUBLIC RELATIONS	0	180	0	0	0 194.02
194.03	07953	OUTREACH	0	1,054	0	3,035	0 194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	0	0	5 194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0 194.05
194.06	07956	TRANSPORT	0	4,753	0	0	6,660 194.06
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)	1,275,423	406,513	0	1,218,884	752,726 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	62,133					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	105,515				16.00
17.00	01700	SOCIAL SERVICE	0	0	551,287			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11	8,861	127,283	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9	23,165	92,284	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	3,109	16,224	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
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	75	2,418	5,742	0		50.00
51.00	05100	RECOVERY ROOM	0	1,320	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	7,982	727	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,024	4,975	91	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	1,297	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,852	2,848	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	508	91	0		59.00
60.00	06000	LABORATORY	673	11,530	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	887	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	2,649	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,079	820	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,283	775	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,445	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142	881	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,646	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,517	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,569	17,119	0	0		73.00
74.00	07400	RENAL DIALYSIS	50	371	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0		77.00
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	0	0		90.01
90.02	09002	PAIN/PALLIATIVE CARE	2	10	0	0		90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
90.03	09003	DIABETIC CLINIC	0	59	91	0		90.03
90.04	09004	GI CLINIC	2	262	1,276	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	264	6,107	0		90.05
90.06	09006	NOT USED	0	0	0	0		90.06
90.07	09007	INFUSION ROOM	0	265	273	0		90.07
90.08	09008	CARDIOLOGY CLINIC	0	69	365	0		90.08
90.09	09009	PULMONARY CLINIC	0	36	91	0		90.09
90.10	09010	ENT CLINIC	0	67	911	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	33	1,094	0		90.11
90.12	09012	EYE CLINIC	0	73	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	543	56,965	0		90.13
90.14	09014	SURG SPECIALITIES	0	33	11,803	0		90.14
90.15	09015	ALLERGY CLINIC	23	64	0	0		90.15
90.16	09016	FETAL CONCERNS	0	105	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	81	0	0		90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	20	91	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	35	273	0		90.20
90.21	09021	SPINA BIFIDA	69	65	182	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	70	2,871	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	7	13	0	0		90.23
90.24	09024	ENDOCRINE CLINIC	0	15	91	0		90.24
90.25	09025	RENAL CLINIC	0	13	273	0		90.25
90.26	09026	GREENFIELD CLINIC	4	267	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	56	317	365	0		90.27
90.28	09028	NOT USED	0	0	0	0		90.28
90.29	09029	DELAFIELD CLINIC	4	93	0	0		90.29
90.30	09030	MEQUON CLINIC	11	224	91	0		90.30
90.31	09031	NOT USED	0	0	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	17	0	0		90.32
90.33	09033	APPLETON CLINIC	0	10	0	0		90.33
90.34	09034	UROLOGY CLINIC	0	75	0	0		90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	45	0	0		90.35
90.36	09036	KENOSHA CLINIC	0	81	0	0		90.36
90.37	09037	ADOLESCENT MEDICINE	0	24	0	0		90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0		90.38
91.00	09100	EMERGENCY	127	4,455	222,303	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	70	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 SERVICES	0	140	1,003	0		98.00
98.01	09851	NOT USED	0	0	0	0		98.01
98.02	09852	GENETICS CENTER	0	46	0	0		98.02
98.03	09853	NUCLEAR MEDICINE	4	251	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	0	7	91	0		98.04
98.05	09855	CHILD PROTECTION CENTER	80	107	0	0		98.05
98.06	09856	DENTAL SRVC	67	805	0	0		98.06
98.07	09857	OTHER	0	0	0	0		98.07
98.08	09858	WALWORTH CAC MEDICAL	0	3	0	0		98.08
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	0	161	0	0		105.00
106.00	10600	HEART ACQUISITION	0	109	91	0		106.00
107.00	10700	LIVER ACQUISITION	0	39	1,276	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	INSURANCE EXPENSE	0	0	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,843	105,177	551,287	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	1,290	11	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	DENTAL - SURGICENTER	0	69	0	0		194.00
194.01	07951	POISON CENTER	0	0	0	0		194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0		194.02
194.03	07953	OUTREACH	0	0	0	0		194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	0	0		194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0		194.05
194.06	07956	TRANSPORT	0	223	0	0		194.06
194.07	07957	OTHER OFF SITE CLINICS	0	35	0	0		194.07
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	62,133	105,515	551,287	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
			NURSING PROGRAM	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
				20.00	21.00			
			23.00	24.00				
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		807,227				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			80,455			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					10,085,208	30.00
31.00	03100	INTENSIVE CARE UNIT					12,589,578	31.00
32.00	03200	CORONARY CARE UNIT					102,631	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					1,741,884	35.00
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					0	41.00
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					6,835,911	50.00
51.00	05100	RECOVERY ROOM					752,875	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					654,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					3,208,607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					0	56.00
57.00	05700	CT SCAN					803,947	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					1,887,646	58.00
59.00	05900	CARDIAC CATHETERIZATION					984,481	59.00
60.00	06000	LABORATORY					2,981,686	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.					154,793	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					1,151,796	65.00
66.00	06600	PHYSICAL THERAPY					1,997,556	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					1,997,155	68.00
69.00	06900	ELECTROCARDIOLOGY					1,488,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					622,253	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					2,101,454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					237,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					3,269,415	73.00
74.00	07400	RENAL DIALYSIS					262,631	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					0	77.00
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					31,557	90.01
90.02	09002	PAIN/PALLIATIVE CARE					60,825	90.02
90.03	09003	DIABETIC CLINIC					296,425	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				20.00	21.00			
90.04	09004	GI CLINIC					882,130	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS					363,960	90.05
90.06	09006	NOT USED					0	90.06
90.07	09007	INFUSION ROOM					238,422	90.07
90.08	09008	CARDIOLOGY CLINIC					139,107	90.08
90.09	09009	PULMONARY CLINIC					291,517	90.09
90.10	09010	ENT CLININC					294,236	90.10
90.11	09011	ORTHOPEDIC CLINIC					509,056	90.11
90.12	09012	EYE CLINIC					306,060	90.12
90.13	09013	ONCOLOGY CLINIC					928,844	90.13
90.14	09014	SURG SPECIALITIES					143,421	90.14
90.15	09015	ALLERGY CLINIC					363,004	90.15
90.16	09016	FETAL CONCERNS					285,462	90.16
90.17	09017	DERMATOLOGY CLINIC					444,573	90.17
90.18	09018	CLININC ADMINISTRATION					0	90.18
90.19	09019	CRANIOFACIAL CENTER					138,913	90.19
90.20	09020	HEMATOLOGY CLINIC					554,079	90.20
90.21	09021	SPINA BIFIDA					144,319	90.21
90.22	09022	NEUROSCIENCES CLINIC					332,454	90.22
90.23	09023	RHEUMATOLOGY CLINIC					112,919	90.23
90.24	09024	ENDOCRINE CLINIC					60,706	90.24
90.25	09025	RENAL CLINIC					167,354	90.25
90.26	09026	GREENFIELD CLINIC					1,572,499	90.26
90.27	09027	NEW BERLIN CLINIC					1,388,503	90.27
90.28	09028	NOT USED					0	90.28
90.29	09029	DELAFIELD CLINIC					954,773	90.29
90.30	09030	MEQUON CLINIC					647,506	90.30
90.31	09031	NOT USED					0	90.31
90.32	09032	WEST DEPERE CLINIC					67,986	90.32
90.33	09033	APPLETON CLINIC					94,137	90.33
90.34	09034	UROLOGY CLINIC					181,195	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC					145,429	90.35
90.36	09036	KENOSHA CLINIC					643,106	90.36
90.37	09037	ADOLESCENT MEDICINE					22,836	90.37
90.38	09038	COVID VACCINE CLINIC					10,751	90.38
91.00	09100	EMERGENCY					1,935,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					9,582	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 SERVICES					664,269	98.00
98.01	09851	NOT USED					41,619	98.01
98.02	09852	GENETICS CENTER					244,643	98.02
98.03	09853	NUCLEAR MEDICINE					36,669	98.03
98.04	09854	CHILD DEVELOPMENT					15,306	98.04
98.05	09855	CHILD PROTECTION CENTER					510,461	98.05
98.06	09856	DENTAL SRVC					729,504	98.06
98.07	09857	OTHER					131,822	98.07
98.08	09858	WALWORTH CAC MEDICAL					2,855	98.08
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					92,720	105.00
106.00	10600	HEART ACQUISITION					27,203	106.00
107.00	10700	LIVER ACQUISITION					34,373	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	INSURANCE EXPENSE					0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	73,206,319	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					84,141	190.00
191.00	19100	RESEARCH					1,055,018	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
				20.00	21.00	22.00	23.00	24.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00	19300	NONPAID WORKERS					0	193.00
194.00	07950	DENTAL - SURGICENTER					5,078	194.00
194.01	07951	POISON CENTER					341,367	194.01
194.02	07952	PUBLIC RELATIONS					174,648	194.02
194.03	07953	OUTREACH					22,484	194.03
194.04	07954	MEDICAL STAFF SERVICES					33,559	194.04
194.05	07955	RETAIL PHARMACY					94,431	194.05
194.06	07956	TRANSPORT					207,106	194.06
194.07	07957	OTHER OFF SITE CLINICS					65,031	194.07
200.00		Cross Foot Adjustments	0	807,227	80,455	0	887,682	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	807,227	80,455	0	76,176,864	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	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
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			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	0	10,085,208	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,589,578	31.00
32.00	03200	CORONARY CARE UNIT	0	102,631	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	1,741,884	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,835,911	50.00
51.00	05100	RECOVERY ROOM	0	752,875	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	654,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,208,607	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	803,947	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,887,646	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	984,481	59.00
60.00	06000	LABORATORY	0	2,981,686	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	154,793	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,151,796	65.00
66.00	06600	PHYSICAL THERAPY	0	1,997,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,997,155	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,488,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	622,253	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,101,454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	237,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,269,415	73.00
74.00	07400	RENAL DIALYSIS	0	262,631	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
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	31,557	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	60,825	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.03	09003	DIABETIC CLINIC	0	296,425		90.03
90.04	09004	GI CLINIC	0	882,130		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	363,960		90.05
90.06	09006	NOT USED	0	0		90.06
90.07	09007	INFUSION ROOM	0	238,422		90.07
90.08	09008	CARDIOLOGY CLINIC	0	139,107		90.08
90.09	09009	PULMONARY CLINIC	0	291,517		90.09
90.10	09010	ENT CLINIC	0	294,236		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	509,056		90.11
90.12	09012	EYE CLINIC	0	306,060		90.12
90.13	09013	ONCOLOGY CLINIC	0	928,844		90.13
90.14	09014	SURG SPECIALITIES	0	143,421		90.14
90.15	09015	ALLERGY CLINIC	0	363,004		90.15
90.16	09016	FETAL CONCERNS	0	285,462		90.16
90.17	09017	DERMATOLOGY CLINIC	0	444,573		90.17
90.18	09018	CLINIC ADMINISTRATION	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	138,913		90.19
90.20	09020	HEMATOLOGY CLINIC	0	554,079		90.20
90.21	09021	SPINA BIFIDA	0	144,319		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	332,454		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	112,919		90.23
90.24	09024	ENDOCRINE CLINIC	0	60,706		90.24
90.25	09025	RENAL CLINIC	0	167,354		90.25
90.26	09026	GREENFIELD CLINIC	0	1,572,499		90.26
90.27	09027	NEW BERLIN CLINIC	0	1,388,503		90.27
90.28	09028	NOT USED	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	954,773		90.29
90.30	09030	MEQUON CLINIC	0	647,506		90.30
90.31	09031	NOT USED	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	67,986		90.32
90.33	09033	APPLETON CLINIC	0	94,137		90.33
90.34	09034	UROLOGY CLINIC	0	181,195		90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	145,429		90.35
90.36	09036	KENOSHA CLINIC	0	643,106		90.36
90.37	09037	ADOLESCENT MEDICINE	0	22,836		90.37
90.38	09038	COVID VACCINE CLINIC	0	10,751		90.38
91.00	09100	EMERGENCY	0	1,935,597		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	9,582		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 SERVICES	0	664,269		98.00
98.01	09851	NOT USED	0	41,619		98.01
98.02	09852	GENETICS CENTER	0	244,643		98.02
98.03	09853	NUCLEAR MEDICINE	0	36,669		98.03
98.04	09854	CHILD DEVELOPMENT	0	15,306		98.04
98.05	09855	CHILD PROTECTION CENTER	0	510,461		98.05
98.06	09856	DENTAL SRVC	0	729,504		98.06
98.07	09857	OTHER	0	131,822		98.07
98.08	09858	WALWORTH CAC MEDICAL	0	2,855		98.08
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	92,720		105.00
106.00	10600	HEART ACQUISITION	0	27,203		106.00
107.00	10700	LIVER ACQUISITION	0	34,373		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
117.00	06950	INSURANCE EXPENSE	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	73,206,319		118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	84,141
191.00	19100	RESEARCH	0	1,055,018
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
193.00	19300	NONPAID WORKERS	0	0
194.00	07950	DENTAL - SURGICENTER	0	5,078
194.01	07951	POISON CENTER	0	341,367
194.02	07952	PUBLIC RELATIONS	0	174,648
194.03	07953	OUTREACH	0	22,484
194.04	07954	MEDICAL STAFF SERVICES	0	33,559
194.05	07955	RETAIL PHARMACY	0	94,431
194.06	07956	TRANSPORT	0	207,106
194.07	07957	OTHER OFF SITE CLINICS	0	65,031
200.00		Cross Foot Adjustments	0	887,682
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118 through 201)	0	76,176,864

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,062,878					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		24,245,567				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,326	13,144	215,072,232			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	131,780	8,105,988	11,250,398	-148,222,708	506,185,289	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	36,336	311,302	4,658,221	0	26,559,799	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,724	0	0	1,370,946	8.00
9.00	00900	HOUSEKEEPING	5,897	286,102	4,001,728	0	9,356,763	9.00
10.00	01000	DIETARY	18,001	245,516	1,956,474	0	3,882,900	10.00
11.00	01100	CAFETERIA	6,077	0	0	0	3,515,646	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,093	78,011	8,193,988	0	12,078,479	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,585	51,733	1,452,631	0	2,188,786	14.00
15.00	01500	PHARMACY	893	3,325	230,574	0	444,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,606,675	16.00
17.00	01700	SOCIAL SERVICE	6,913	10,811	2,608,351	0	3,823,636	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,409	124	362,971	0	24,277,403	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,803,002	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	136,776	922,895	22,825,733	0	36,596,535	30.00
31.00	03100	INTENSIVE CARE UNIT	143,000	2,152,443	37,210,121	0	62,906,730	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	4,699,279	0	10,980,845	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
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	71,034	2,321,637	9,701,071	0	25,803,864	50.00
51.00	05100	RECOVERY ROOM	10,797	78,924	2,011,136	0	3,952,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,036	325,210	508,205	0	3,298,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,386	664,225	7,515,317	0	13,202,927	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	7,201	368,446	668,379	0	1,896,951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,585	1,503,905	1,688,042	0	4,459,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,494	615,134	838,124	0	2,253,688	59.00
60.00	06000	LABORATORY	26,479	627,403	8,142,241	0	31,189,683	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	4,717,322	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,881	252,439	6,540,813	0	10,559,236	65.00
66.00	06600	PHYSICAL THERAPY	30,994	25,532	6,343,207	0	9,830,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	34,725	24,601	4,153,154	0	7,058,189	68.00
69.00	06900	ELECTROCARDIOLOGY	20,340	213,685	2,991,773	0	6,503,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,431	308,956	957,691	0	2,479,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,327	628,479	3,545,861	0	20,740,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,214,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,212	971,858	8,910,099	0	47,464,846	73.00
74.00	07400	RENAL DIALYSIS	3,823	30,740	337,983	0	1,099,674	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
90.01	09001	INFECTIOUS DISEASES	24	0	483,662	0	988,684	90.01
90.02	09002	PAIN/PALLIATIVE CARE	458	5,536	611,742	0	799,804	90.02
90.03	09003	DIABETIC CLINIC	4,503	17,142	990,150	0	1,621,683	90.03
90.04	09004	GI CLINIC	13,200	113,051	1,662,137	0	3,145,598	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,363	20,349	1,337,886	0	3,811,708	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,486	21,032	366,225	0	719,516	90.07
90.08	09008	CARDIOLOGY CLINIC	285	13,866	2,019,559	0	2,419,400	90.08
90.09	09009	PULMONARY CLINIC	4,712	22,399	469,745	0	1,008,513	90.09
90.10	09010	ENT CLINIC	3,911	60,604	682,349	0	1,034,927	90.10
90.11	09011	ORTHOPEDIC CLINIC	9,435	13,829	152,215	0	635,579	90.11
90.12	09012	EYE CLINIC	2,952	107,785	814,719	0	1,376,644	90.12
90.13	09013	ONCOLOGY CLINIC	10,720	150,955	2,292,238	0	3,927,949	90.13
90.14	09014	SURG SPECIALITIES	1,916	4,422	679,866	0	964,606	90.14
90.15	09015	ALLERGY CLINIC	5,483	40,572	854,291	0	1,310,815	90.15
90.16	09016	FETAL CONCERNS	0	190,474	440,811	0	1,219,678	90.16
90.17	09017	DERMATOLOGY CLINIC	7,069	44,812	626,601	0	1,338,255	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2,512	333	208,794	0	392,532	90.19
90.20	09020	HEMATOLOGY CLINIC	10,329	0	378,944	0	874,964	90.20
90.21	09021	SPINA BIFIDA	2,576	0	248,661	0	469,243	90.21
90.22	09022	NEUROSCIENCES CLINIC	4,667	27,521	1,548,910	0	2,070,439	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,492	19,703	268,791	0	543,849	90.23
90.24	09024	ENDOCRINE CLINIC	925	0	250,693	0	447,906	90.24
90.25	09025	RENAL CLINIC	3,003	1,110	235,902	0	469,382	90.25
90.26	09026	GREENFIELD CLINIC	21,156	277,491	1,551,854	0	3,335,223	90.26
90.27	09027	NEW BERLIN CLINIC	12,504	345,458	1,537,886	0	3,735,940	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,443	552,703	468,033	0	1,576,605	90.29
90.30	09030	MEQUON CLINIC	11,227	0	904,284	0	2,212,471	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	7,259	102,366	0	167,673	90.32
90.33	09033	APPLETON CLINIC	1,424	16,337	67,139	0	188,705	90.33
90.34	09034	UROLOGY CLINIC	1,983	41,307	732,076	0	1,161,062	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	2,663	0	215,950	0	339,738	90.35
90.36	09036	KENOSHA CLINIC	5,067	316,358	15,048	0	1,613,400	90.36
90.37	09037	ADOLESCENT MEDICINE	0	12,220	168,643	0	314,205	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	267,905	0	357,290	90.38
91.00	09100	EMERGENCY	21,228	165,485	7,637,161	0	12,925,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	17,735	0	330,235	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 SERVICES	11,733	12,862	1,249,834	0	1,915,934	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	252	6,622	267,819	0	1,345,472	98.02
98.03	09853	NUCLEAR MEDICINE	107	6,204	349,965	0	729,192	98.03
98.04	09854	CHILD DEVELOPMENT	0	5,388	114,150	0	301,699	98.04
98.05	09855	CHILD PROTECTION CENTER	4,490	105,648	1,571,629	0	2,706,373	98.05
98.06	09856	DENTAL SRVC	5,220	55,793	4,013,240	0	5,992,780	98.06
98.07	09857	OTHER	2,554	0	0	0	117,941	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	70,203	0	94,817	98.08
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	1,082	505	208,219	0	1,277,326	105.00
106.00	10600	HEART ACQUISITION	243	910	66,887	0	466,875	106.00
107.00	10700	LIVER ACQUISITION	243	438	168,554	0	682,193	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,045,173	24,144,420	203,695,036	-148,222,708	484,597,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,468	284	0	0	306,624	190.00
191.00	19100	RESEARCH	10,554	10,548	3,777,389	0	7,856,939	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	107,965	0	167,529	194.00
194.01	07951	POISON CENTER	2,995	2,783	1,742,547	0	3,051,981	194.01
194.02	07952	PUBLIC RELATIONS	2,521	1,276	0	0	1,615,285	194.02
194.03	07953	OUTREACH	0	0	659,273	0	598,377	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	8,666	136,200	0	846,523	194.04
194.05	07955	RETAIL PHARMACY	0	0	2,314,983	0	3,140,641	194.05
194.06	07956	TRANSPORT	167	71,663	2,515,906	0	3,743,849	194.06
194.07	07957	OTHER OFF SITE CLINICS	0	5,927	122,933	0	259,970	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)	49,082,569	25,192,595	8,872,142		148,222,708	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.178930	1.039060	0.041252		0.292823	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			398,143		14,528,884	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001851		0.028703	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	922,772					6.00
7.00	00700	OPERATION OF PLANT	36,336	886,436				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,251,219			8.00
9.00	00900	HOUSEKEEPING	5,897	5,897	22,372	880,539		9.00
10.00	01000	DIETARY	18,001	18,001	0	18,001	88,195	10.00
11.00	01100	CAFETERIA	6,077	6,077	0	6,077	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,093	15,093	0	15,093	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,585	6,585	0	6,585	0	14.00
15.00	01500	PHARMACY	893	893	0	893	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,913	6,913	0	6,913	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,409	1,409	0	1,409	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	136,776	136,776	321,970	136,776	60,786	30.00
31.00	03100	INTENSIVE CARE UNIT	143,000	143,000	261,979	143,000	14,380	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	20,600	66,891	20,600	10,692	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
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	71,034	71,034	208,695	71,034	175	50.00
51.00	05100	RECOVERY ROOM	10,797	10,797	32,430	10,797	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,036	4,036	0	4,036	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,386	36,386	50,535	36,386	13	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	7,201	7,201	0	7,201	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,585	3,585	25,442	3,585	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,494	5,494	0	5,494	0	59.00
60.00	06000	LABORATORY	26,479	26,479	0	26,479	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	10,881	10,881	10,729	10,881	65	65.00
66.00	06600	PHYSICAL THERAPY	30,994	30,994	0	30,994	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	34,725	34,725	0	34,725	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,340	20,340	14,478	20,340	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,431	4,431	54,308	4,431	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,327	14,327	18,460	14,327	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	14,212	14,212	438	14,212	0	73.00
74.00	07400	RENAL DIALYSIS	3,823	3,823	4,404	3,823	294	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	24	24	0	24	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	458	458	0	458	0	90.02
90.03	09003	DIABETIC CLINIC	4,503	4,503	0	4,503	30	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.04	09004	GI CLINIC	13,200	13,200	0	13,200	27	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,363	4,363	0	4,363	0	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,486	3,486	2,991	3,486	639	90.07
90.08	09008	CARDIOLOGY CLINIC	285	285	0	285	0	90.08
90.09	09009	PULMONARY CLINIC	4,712	4,712	0	4,712	0	90.09
90.10	09010	ENT CLINIC	3,911	3,911	0	3,911	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	9,435	9,435	0	9,435	0	90.11
90.12	09012	EYE CLINIC	2,952	2,952	0	2,952	0	90.12
90.13	09013	ONCOLOGY CLINIC	10,720	10,720	0	10,720	0	90.13
90.14	09014	SURG SPECIALITIES	1,916	1,916	0	1,916	0	90.14
90.15	09015	ALLERGY CLINIC	5,483	5,483	0	5,483	0	90.15
90.16	09016	FETAL CONCERNS	0	0	15,068	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	7,069	7,069	0	7,069	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2,512	2,512	0	2,512	0	90.19
90.20	09020	HEMATOLOGY CLINIC	10,329	10,329	0	10,329	0	90.20
90.21	09021	SPINA BIFIDA	2,576	2,576	0	2,576	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	4,667	4,667	0	4,667	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,492	1,492	0	1,492	0	90.23
90.24	09024	ENDOCRINE CLINIC	925	925	0	925	0	90.24
90.25	09025	RENAL CLINIC	3,003	3,003	0	3,003	0	90.25
90.26	09026	GREENFIELD CLINIC	21,156	21,156	5,642	21,156	0	90.26
90.27	09027	NEW BERLIN CLINIC	12,504	12,504	0	12,504	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,443	6,443	0	6,443	0	90.29
90.30	09030	MEQUON CLINIC	11,227	11,227	0	11,227	0	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	1,102	1,102	0	1,102	0	90.32
90.33	09033	APPLETON CLINIC	1,424	1,424	0	1,424	0	90.33
90.34	09034	UROLOGY CLINIC	1,983	1,983	0	1,983	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	2,663	2,663	0	2,663	0	90.35
90.36	09036	KENOSHA CLINIC	5,067	5,067	0	5,067	0	90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0	0	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0	90.38
91.00	09100	EMERGENCY	21,228	21,228	103,210	21,228	1,054	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 SERVICES	11,733	11,733	0	11,733	0	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	252	252	0	252	0	98.02
98.03	09853	NUCLEAR MEDICINE	107	107	4,437	107	7	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	4,490	4,490	0	4,490	0	98.05
98.06	09856	DENTAL SRVC	5,220	5,220	12,799	5,220	0	98.06
98.07	09857	OTHER	2,554	2,554	0	2,554	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	0	98.08
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	1,082	1,082	0	1,082	0	105.00
106.00	10600	HEART ACQUISITION	243	243	0	243	0	106.00
107.00	10700	LIVER ACQUISITION	243	243	0	243	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	905,067	868,731	1,237,278	862,834	88,162	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,468	1,468	0	1,468	0	190.00
191.00	19100	RESEARCH	10,554	10,554	0	10,554	33	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
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 CENTER	2,995	2,995	0	2,995	0	194.01
194.02	07952	PUBLIC RELATIONS	2,521	2,521	0	2,521	0	194.02
194.03	07953	OUTREACH	0	0	0	0	0	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	TRANSPORT	167	167	13,941	167	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)	0	34,337,119	1,772,391	12,356,756	5,969,802	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	38.736151	1.416531	14.033173	67.688667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,772,387	44,259	864,802	1,275,423	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.127566	0.035373	0.982128	14.461398	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	216,392					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	14,137				12.00
13.00	01300	NURSING ADMINISTRATION	9,030	0	4,418			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,309	0	0	650,227		14.00
15.00	01500	PHARMACY	319	0	0	0	897,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,061	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,346	0	251	1,983	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 PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	20,036	0	0	946	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	25,496	0	17	65,761	162	30.00
31.00	03100	INTENSIVE CARE UNIT	41,966	0	2,842	79,310	135	31.00
32.00	03200	CORONARY CARE UNIT	0	0	372	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	5,688	0	0	11,564	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
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	11,084	0	0	46,486	1,083	50.00
51.00	05100	RECOVERY ROOM	2,109	0	0	3,721	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	895	0	0	6,246	115,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,060	0	0	10,593	29,253	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	771	0	0	476	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,764	0	0	2,311	55,675	58.00
59.00	05900	CARDIAC CATHETERIZATION	848	0	0	521	3	59.00
60.00	06000	LABORATORY	9,380	0	0	50,147	9,720	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	7,478	0	0	7,861	0	65.00
66.00	06600	PHYSICAL THERAPY	3,320	0	0	21,239	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,649	0	0	6,918	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,597	0	152	1,581	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,292	0	0	67	2,049	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	653	0	0	102,389	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	9,242	0	0	74,249	658,581	73.00
74.00	07400	RENAL DIALYSIS	419	0	0	544	725	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	553	0	0	32	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	799	0	23	81	27	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.03	09003	DIABETIC CLINIC	1,295	0	0	662	0	90.03
90.04	09004	GI CLINIC	2,203	0	0	1,226	36	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,942	0	5	108	0	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	454	0	30	791	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2,205	0	102	3,860	0	90.08
90.09	09009	PULMONARY CLINIC	685	0	0	46	0	90.09
90.10	09010	ENT CLINIC	893	0	0	830	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	234	0	0	105	0	90.11
90.12	09012	EYE CLINIC	1,205	0	0	1,947	0	90.12
90.13	09013	ONCOLOGY CLINIC	2,687	0	175	4,384	0	90.13
90.14	09014	SURG SPECIALITIES	775	0	0	204	0	90.14
90.15	09015	ALLERGY CLINIC	1,509	0	0	2,581	335	90.15
90.16	09016	FETAL CONCERNS	0	0	0	383	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,032	0	0	802	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	255	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	426	0	28	0	0	90.20
90.21	09021	SPINA BIFIDA	282	0	0	0	999	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,904	0	0	301	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	383	0	0	491	108	90.23
90.24	09024	ENDOCRINE CLINIC	406	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	332	0	0	315	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	9,605	52	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	2	25,111	810	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	1	8,620	54	90.29
90.30	09030	MEQUON CLINIC	0	0	1	14,802	162	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	5	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	1,019	0	0	1,626	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	0	0	1,098	0	90.35
90.36	09036	KENOSHA CLINIC	0	0	0	11,369	0	90.36
90.37	09037	ADOLESCENT MEDICINE	266	0	0	245	0	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0	90.38
91.00	09100	EMERGENCY	8,498	0	0	42,546	1,833	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 SERVICES	984	984	0	493	0	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	327	327	0	723	0	98.02
98.03	09853	NUCLEAR MEDICINE	341	341	0	1,823	54	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	638	0	98.04
98.05	09855	CHILD PROTECTION CENTER	216	216	0	75	1,150	98.05
98.06	09856	DENTAL SRVC	2,911	2,911	0	9,356	963	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	0	98.08
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	305	305	0	0	0	105.00
106.00	10600	HEART ACQUISITION	166	166	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	261	261	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	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	206,565	5,511	4,001	642,197	879,319	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,055	0	190.00
191.00	19100	RESEARCH	4,920	3,829	66	1,217	18,638	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 CENTER	1,720	1,720	340	1	0	194.01
194.02	07952	PUBLIC RELATIONS	96	96	0	0	0	194.02
194.03	07953	OUTREACH	561	451	11	0	0	194.03
194.04	07954	MEDICAL STAFF SERVICES	0	0	0	4	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	TRANSPORT	2,530	2,530	0	5,753	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)	4,865,788	0	16,614,831	3,206,633	628,311	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.485988	0.000000	3,760.713219	4.931559	0.699712	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	406,513	0	1,218,884	752,726	62,133	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.878595	0.000000	275.890448	1.157636	0.069194	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,317,572,742					16.00
17.00	01700	SOCIAL SERVICE	0	12,097				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 PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,760,479	2,793	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	288,257,950	2,025	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	38,861,074	356	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
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	30,220,358	126	0	0	0	50.00
51.00	05100	RECOVERY ROOM	16,499,691	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,086,269	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,184,128	2	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	16,218,630	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,594,509	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,350,759	2	0	0	0	59.00
60.00	06000	LABORATORY	144,128,829	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.	11,091,970	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	33,114,858	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	25,987,310	18	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,042,434	17	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,557,167	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,012,410	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,570,508	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,957,974	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	213,990,118	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,643,445	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
90.01	09001	INFECTIOUS DISEASES	18,266	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	119,096	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	743,246	2	0	0	0	90.03
90.04	09004	GI CLINIC	3,269,198	28	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,297,889	134	0	0	0	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,316,076	6	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	864,393	8	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	446,881	2	0	0	0	90.09
90.10	09010	ENT CLINIC	833,798	20	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	409,571	24	0	0	0	90.11
90.12	09012	EYE CLINIC	907,122	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	6,781,815	1,250	0	0	0	90.13
90.14	09014	SURG SPECIALITIES	409,441	259	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	799,902	0	0	0	0	90.15
90.16	09016	FETAL CONCERNS	1,310,408	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,009,608	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	253,594	2	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	432,012	6	0	0	0	90.20
90.21	09021	SPINA BIFIDA	806,757	4	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	873,258	63	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	162,239	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	185,915	2	0	0	0	90.24
90.25	09025	RENAL CLINIC	160,748	6	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	3,342,285	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	3,959,658	8	0	0	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1,159,689	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	2,796,963	2	0	0	0	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	207,615	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	120,723	0	0	0	0	90.33
90.34	09034	UROLOGY CLINIC	937,734	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	556,464	0	0	0	0	90.35
90.36	09036	KENOSHA CLINIC	1,012,771	0	0	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE	303,539	0	0	0	0	90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0	90.38
91.00	09100	EMERGENCY	55,693,050	4,878	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	880,414	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 SERVICES	1,744,563	22	0	0	0	98.00
98.01	09851	NOT USED	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	580,117	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	3,143,592	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	83,406	2	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	1,334,973	0	0	0	0	98.05
98.06	09856	DENTAL SRVC	10,062,968	0	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	38,216	0	0	0	0	98.08
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	2,009,949	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,357,081	2	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	483,646	28	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	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	INSURANCE EXPENSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,313,351,519	12,097	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	135,061	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	859,570	0	0	0	0	194.00
194.01	07951	POISON CENTER	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	MEDICAL STAFF SERVICES	1,139	0	0	0	0	194.04
194.05	07955	RETAIL PHARMACY	0	0	0	0	0	194.05
194.06	07956	TRANSPORT	2,782,015	0	0	0	0	194.06
194.07	07957	OTHER OFF SITE CLINICS	443,438	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)	4,686,650	6,337,035	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003557	523.851781	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	105,515	551,287	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000080	45.572208	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	432,477			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		432,477		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	169,147	169,147	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,076	46,076	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	10,192	10,192	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
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	28,873	28,873	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,753	29,753	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,737	10,737	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	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,764	5,764	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,733	6,733	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	913	913	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	77.00
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	1,033	1,033	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B-1
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Cost Center Description			INTERNS & RESIDENTS		PARAM ED PRGM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			21.00	22.00			
90.02	09002	PAIN/PALLIATIVE CARE	65	65	0		90.02
90.03	09003	DIABETIC CLINIC	0	0	0		90.03
90.04	09004	GI CLINIC	10,895	10,895	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	190	190	0		90.05
90.06	09006	NOT USED	0	0	0		90.06
90.07	09007	INFUSION ROOM	0	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	8,592	8,592	0		90.08
90.09	09009	PULMONARY CLINIC	684	684	0		90.09
90.10	09010	ENT CLINIC	7,353	7,353	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0		90.11
90.12	09012	EYE CLINIC	4,094	4,094	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0		90.13
90.14	09014	SURG SPECIALITIES	0	0	0		90.14
90.15	09015	ALLERGY CLINIC	1,399	1,399	0		90.15
90.16	09016	FETAL CONCERNS	0	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	7,151	7,151	0		90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	4,468	4,468	0		90.23
90.24	09024	ENDOCRINE CLINIC	959	959	0		90.24
90.25	09025	RENAL CLINIC	0	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0		90.27
90.28	09028	NOT USED	0	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0	0		90.30
90.31	09031	NOT USED	0	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0	0		90.33
90.34	09034	UROLOGY CLINIC	7,096	7,096	0		90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	0	0		90.35
90.36	09036	KENOSHA CLINIC	0	0	0		90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0		90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0		90.38
91.00	09100	EMERGENCY	37,127	37,127	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		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 SERVICES	13,150	13,150	0		98.00
98.01	09851	NOT USED	0	0	0		98.01
98.02	09852	GENETICS CENTER	446	446	0		98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0		98.03
98.04	09854	CHILD DEVELOPMENT	2,955	2,955	0		98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0		98.05
98.06	09856	DENTAL SRVC	15,766	15,766	0		98.06
98.07	09857	OTHER	0	0	0		98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0		98.08
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE					116.00
117.00	06950	INSURANCE EXPENSE	0	0	0		117.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet B-1
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00			
118.00						
	SUBTOTALS (SUM OF LINES 1 through 117)	431,611	431,611	0		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100 RESEARCH	233	233	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	0	0	0		194.00
194.01	07951 POISON CENTER	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 MEDICAL STAFF SERVICES	0	0	0		194.04
194.05	07955 RETAIL PHARMACY	0	0	0		194.05
194.06	07956 TRANSPORT	633	633	0		194.06
194.07	07957 OTHER OFF SITE CLINICS	0	0	0		194.07
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	31,915,931	3,623,785	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	73.797985	8.379139	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	807,227	80,455	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.866520	0.186033	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 01/01/2021
To 12/31/2021

Worksheet B-2

Date/Time Prepared:
6/21/2022 8:41 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-19,620 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	-82,589 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
6/21/2022 8:41 am

			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	61,919,769		61,919,769	0
31.00	03100	INTENSIVE CARE UNIT	104,326,740		104,326,740	0
32.00	03200	CORONARY CARE UNIT	1,398,985		1,398,985	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	16,611,466		16,611,466	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	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	38,068,454		38,068,454	0
51.00	05100	RECOVERY ROOM	5,849,720		5,849,720	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0
53.00	05300	ANESTHESIOLOGY	4,640,807		4,640,807	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,492,788		19,492,788	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	0		0	0
57.00	05700	CT SCAN	2,909,788		2,909,788	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,207,126		6,207,126	0
59.00	05900	CARDIAC CATHETERIZATION	3,248,811		3,248,811	0
60.00	06000	LABORATORY	42,697,708		42,697,708	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.	6,138,116		6,138,116	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0
65.00	06500	RESPIRATORY THERAPY	14,569,711	0	14,569,711	0
66.00	06600	PHYSICAL THERAPY	14,625,656	0	14,625,656	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	11,117,054	0	11,117,054	0
69.00	06900	ELECTROCARDIOLOGY	10,248,726		10,248,726	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,586,672		3,586,672	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,366,979		28,366,979	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,687,312		10,687,312	0
73.00	07300	DRUGS CHARGED TO PATIENTS	63,910,181		63,910,181	0
74.00	07400	RENAL DIALYSIS	1,659,068		1,659,068	0
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	09001	INFECTIOUS DISEASES	1,292,118		1,292,118	0
90.02	09002	PAIN/PALLIATIVE CARE	1,163,477		1,163,477	0
90.03	09003	DIABETIC CLINIC	2,372,276		2,372,276	0
90.04	09004	GI CLINIC	4,846,989		4,846,989	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,303,029		5,303,029	0
90.06	09006	NOT USED	0		0	0
90.07	09007	INFUSION ROOM	1,303,520		1,303,520	0
90.08	09008	CARDIOLOGY CLINIC	3,602,372		3,602,372	0
90.09	09009	PULMONARY CLINIC	1,570,746		1,570,746	0
90.10	09010	ENT CLINIC	1,581,974		1,581,974	0
90.11	09011	ORTHOPEDIC CLINIC	1,339,379		1,339,379	0
90.12	09012	EYE CLINIC	1,975,457		1,975,457	0
90.13	09013	ONCOLOGY CLINIC	7,062,934		7,062,934	0
90.14	09014	SURG SPECIALITIES	1,503,738		1,503,738	0
90.15	09015	ALLERGY CLINIC	2,033,724		2,033,724	0
90.16	09016	FETAL CONCERNS	1,604,722		1,604,722	0
90.17	09017	DERMATOLOGY CLINIC	2,133,905		2,133,905	0
90.18	09018	CLINIC ADMINISTRATION	0		0	0
90.19	09019	CRANIOFACIAL CENTER	647,714		647,714	0
90.20	09020	HEMATOLOGY CLINIC	1,795,788		1,795,788	0
90.21	09021	SPINA BIFIDA	754,586		754,586	0
90.22	09022	NEUROSCIENCES CLINIC	3,003,392		3,003,392	0
90.23	09023	RHEUMATOLOGY CLINIC	793,517		793,517	0
90.24	09024	ENDOCRINE CLINIC	638,713		638,713	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
6/21/2022 8:41 am

				Title XVIII		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.25	09025	RENAL CLINIC	778,028		778,028	0	0	90.25	
90.26	09026	GREENFIELD CLINIC	5,495,526		5,495,526	0	0	90.26	
90.27	09027	NEW BERLIN CLINIC	5,639,937		5,639,937	0	0	90.27	
90.28	09028	NOT USED	0		0	0	0	90.28	
90.29	09029	DELAFIELD CLINIC	2,428,698		2,428,698	0	0	90.29	
90.30	09030	MEQUON CLINIC	3,540,642		3,540,642	0	0	90.30	
90.31	09031	NOT USED	0		0	0	0	90.31	
90.32	09032	WEST DEPERE CLINIC	275,687		275,687	0	0	90.32	
90.33	09033	APPLETON CLINIC	319,534		319,534	0	0	90.33	
90.34	09034	UROLOGY CLINIC	1,639,958		1,639,958	0	0	90.34	
90.35	09035	GREENFIELD ENT/ ENT CLINIC	587,139		587,139	0	0	90.35	
90.36	09036	KENOSHA CLINIC	2,412,892		2,412,892	0	0	90.36	
90.37	09037	ADOLESCENT MEDICINE	414,480		414,480	0	0	90.37	
90.38	09038	COVID VACCINE CLINIC	461,913		461,913	0	0	90.38	
91.00	09100	EMERGENCY	21,203,272		21,203,272	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,996,149		10,996,149		0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	347,478		347,478	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 SERVICES	3,138,393		3,138,393	0	0	98.00	
98.01	09851	NOT USED	0		0	0	0	98.01	
98.02	09852	GENETICS CENTER	1,765,737		1,765,737	0	0	98.02	
98.03	09853	NUCLEAR MEDICINE	983,000		983,000	0	0	98.03	
98.04	09854	CHILD DEVELOPMENT	394,534		394,534	0	0	98.04	
98.05	09855	CHILD PROTECTION CENTER	3,746,575		3,746,575	0	0	98.05	
98.06	09856	DENTAL SRVC	8,189,255		8,189,255	0	0	98.06	
98.07	09857	OTHER	287,250		287,250	0	0	98.07	
98.08	09858	WALWORTH CAC MEDICAL	122,718		122,718	0	0	98.08	
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	1,722,460		1,722,460		0	105.00	
106.00	10600	HEART ACQUISITION	626,018		626,018		0	106.00	
107.00	10700	LIVER ACQUISITION	917,035		917,035		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	INSURANCE EXPENSE	0		0		0	117.00	
200.00		Subtotal (see instructions)	599,040,015	0	599,040,015	0		200.00	
201.00		Less Observation Beds	10,996,149		10,996,149			201.00	
202.00		Total (see instructions)	588,043,866	0	588,043,866	0		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
6/21/2022 8:41 am

			Title XVIII		Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,760,479		110,760,479		30.00
31.00	03100	INTENSIVE CARE UNIT	288,257,950		288,257,950		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	38,861,074		38,861,074		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,735,749	10,484,609	30,220,358	1.259696	1.259696
51.00	05100	RECOVERY ROOM	3,223,646	13,276,046	16,499,692	0.354535	0.354535
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	3,342,962	5,743,308	9,086,270	0.510749	0.510749
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,334,710	47,849,418	62,184,128	0.313469	0.313469
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	5,629,607	10,589,023	16,218,630	0.179410	0.179410
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,455,063	27,139,446	35,594,509	0.174384	0.174384
59.00	05900	CARDIAC CATHETERIZATION	2,373,907	3,976,853	6,350,760	0.511563	0.511563
60.00	06000	LABORATORY	54,942,339	89,186,491	144,128,830	0.296247	0.296247
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,040,019	3,051,951	11,091,970	0.553384	0.553384
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	25,800,440	7,314,418	33,114,858	0.439975	0.439975
66.00	06600	PHYSICAL THERAPY	5,909,517	20,077,793	25,987,310	0.562800	0.562800
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	3,021,958	13,020,476	16,042,434	0.692978	0.692978
69.00	06900	ELECTROCARDIOLOGY	9,557,578	20,999,589	30,557,167	0.335395	0.335395
70.00	07000	ELECTROENCEPHALOGRAPHY	8,184,874	2,827,536	11,012,410	0.325694	0.325694
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,460,590	42,109,945	70,570,535	0.401966	0.401966
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,957,974	0	18,957,974	0.563737	0.563737
73.00	07300	DRUGS CHARGED TO PATIENTS	110,784,892	103,205,226	213,990,118	0.298659	0.298659
74.00	07400	RENAL DIALYSIS	873,791	3,769,655	4,643,446	0.357292	0.357292
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	INFECTIOUS DISEASES	0	18,266	18,266	70.738969	70.738969
90.02	09002	PAIN/PALLIATIVE CARE	0	119,096	119,096	9.769237	9.769237
90.03	09003	DIABETIC CLINIC	0	743,246	743,246	3.191778	3.191778
90.04	09004	GI CLINIC	94,638	3,174,560	3,269,198	1.482623	1.482623
90.05	09005	CLINIC FOR SPECIAL NEEDS	524	3,297,365	3,297,889	1.608007	1.608007
90.06	09006	NOT USED	0	0	0	0.000000	0.000000
90.07	09007	INFUSION ROOM	9,600	3,306,475	3,316,075	0.393091	0.393091
90.08	09008	CARDIOLOGY CLINIC	7,598	856,795	864,393	4.167516	4.167516
90.09	09009	PULMONARY CLINIC	6,578	440,303	446,881	3.514909	3.514909
90.10	09010	ENT CLINIC	1,958	831,840	833,798	1.897311	1.897311
90.11	09011	ORTHOPEDIC CLINIC	1,026	408,545	409,571	3.270200	3.270200
90.12	09012	EYE CLINIC	855	906,268	907,123	2.177717	2.177717
90.13	09013	ONCOLOGY CLINIC	362,529	6,419,286	6,781,815	1.041452	1.041452
90.14	09014	SURG SPECIALITIES	1,388	408,054	409,442	3.672652	3.672652
90.15	09015	ALLERGY CLINIC	0	799,902	799,902	2.542466	2.542466
90.16	09016	FETAL CONCERNS	102,297	1,208,111	1,310,408	1.224597	1.224597
90.17	09017	DERMATOLOGY CLINIC	0	1,009,608	1,009,608	2.113598	2.113598
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0.000000	0.000000
90.19	09019	CRANIOFACIAL CENTER	0	253,594	253,594	2.554138	2.554138
90.20	09020	HEMATOLOGY CLINIC	0	432,012	432,012	4.156801	4.156801
90.21	09021	SPINA BIFIDA	1,589	805,168	806,757	0.935332	0.935332
90.22	09022	NEUROSCIENCES CLINIC	4,813	868,446	873,259	3.439291	3.439291
90.23	09023	RHEUMATOLOGY CLINIC	0	162,239	162,239	4.891037	4.891037
90.24	09024	ENDOCRINE CLINIC	208	185,707	185,915	3.435511	3.435511
90.25	09025	RENAL CLINIC	751	159,998	160,749	4.840018	4.840018

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
6/21/2022 8:41 am

			Title XVIII			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.26	09026	GREENFIELD CLINIC	0	3,342,285	3,342,285	1.644242	1.644242	90.26
90.27	09027	NEW BERLIN CLINIC	0	3,959,658	3,959,658	1.424350	1.424350	90.27
90.28	09028	NOT USED	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	1,159,689	1,159,689	2.094267	2.094267	90.29
90.30	09030	MEQUON CLINIC	1,169	2,795,794	2,796,963	1.265888	1.265888	90.30
90.31	09031	NOT USED	0	0	0	0.000000	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	207,615	207,615	1.327876	1.327876	90.32
90.33	09033	APPLETON CLINIC	0	120,723	120,723	2.646836	2.646836	90.33
90.34	09034	UROLOGY CLINIC	623	937,111	937,734	1.748852	1.748852	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	556,464	556,464	1.055125	1.055125	90.35
90.36	09036	KENOSHA CLINIC	659	1,012,112	1,012,771	2.382466	2.382466	90.36
90.37	09037	ADOLESCENT MEDICINE	0	305,539	305,539	1.356554	1.356554	90.37
90.38	09038	COVID VACCINE CLINIC	649,205	0	649,205	0.711506	0.711506	90.38
91.00	09100	EMERGENCY	9,472,793	46,220,258	55,693,051	0.380717	0.380717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,158,234	20,253,602	24,411,836	0.450443	0.450443	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	880,414	880,414	0.394676	0.394676	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 SERVICES	44,559	1,700,004	1,744,563	1.798957	1.798957	98.00
98.01	09851	NOT USED	0	0	0	0.000000	0.000000	98.01
98.02	09852	GENETICS CENTER	49,023	531,094	580,117	3.043760	3.043760	98.02
98.03	09853	NUCLEAR MEDICINE	406,316	2,737,276	3,143,592	0.312700	0.312700	98.03
98.04	09854	CHILD DEVELOPMENT	0	83,406	83,406	4.730283	4.730283	98.04
98.05	09855	CHILD PROTECTION CENTER	0	1,334,973	1,334,973	2.806480	2.806480	98.05
98.06	09856	DENTAL SRVC	0	10,062,968	10,062,968	0.813801	0.813801	98.06
98.07	09857	OTHER	0	0	0	0.000000	0.000000	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	38,216	38,216	3.211168	3.211168	98.08
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	2,009,949	0	2,009,949			105.00
106.00	10600	HEART ACQUISITION	1,357,081	0	1,357,081			106.00
107.00	10700	LIVER ACQUISITION	483,646	0	483,646			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	INSURANCE EXPENSE	0	0	0			117.00
200.00		Subtotal (see instructions)	788,738,728	549,675,868	1,338,414,596			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	788,738,728	549,675,868	1,338,414,596			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
6/21/2022 8:41 am

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
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
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	NOT USED	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	SURG SPECIALITIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	FETAL CONCERNS	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 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 6/21/2022 8:41 am
				Title XVIII	Hospital	TEFRA
Cost Center Description				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	NOT USED	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	0.000000			90.36
90.37	09037	ADOLESCENT MEDICINE	0.000000			90.37
90.38	09038	COVID VACCINE CLINIC	0.000000			90.38
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 SERVICES	0.000000			98.00
98.01	09851	NOT USED	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 SRVC	0.000000			98.06
98.07	09857	OTHER	0.000000			98.07
98.08	09858	WALWORTH CAC MEDICAL	0.000000			98.08
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	INSURANCE EXPENSE				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 01/01/2021
To 12/31/2021Worksheet C
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			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	75,819,782		75,819,782	0	75,819,782
31.00	03100	INTENSIVE CARE UNIT	108,113,133		108,113,133	18,728	108,131,861
32.00	03200	CORONARY CARE UNIT	1,398,985		1,398,985	0	1,398,985
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	17,449,015		17,449,015	0	17,449,015
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	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	40,441,154		40,441,154	0	40,441,154
51.00	05100	RECOVERY ROOM	5,849,720		5,849,720	0	5,849,720
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	7,085,823		7,085,823	944,671	8,030,494
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,375,124		20,375,124	0	20,375,124
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	0		0	0	0
57.00	05700	CT SCAN	2,909,788		2,909,788	0	2,909,788
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,207,126		6,207,126	0	6,207,126
59.00	05900	CARDIAC CATHETERIZATION	3,248,811		3,248,811	0	3,248,811
60.00	06000	LABORATORY	42,697,708		42,697,708	0	42,697,708
60.01	06001	BLOOD LABORATORY	0		0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,138,116		6,138,116	0	6,138,116
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	14,569,711	0	14,569,711	45,401	14,615,112
66.00	06600	PHYSICAL THERAPY	15,099,325	0	15,099,325	0	15,099,325
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	11,117,054	0	11,117,054	0	11,117,054
69.00	06900	ELECTROCARDIOLOGY	10,248,726		10,248,726	8,252	10,256,978
70.00	07000	ELECTROENCEPHALOGRAPHY	4,139,971		4,139,971	0	4,139,971
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,366,979		28,366,979	0	28,366,979
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,687,312		10,687,312	0	10,687,312
73.00	07300	DRUGS CHARGED TO PATIENTS	63,910,181		63,910,181	0	63,910,181
74.00	07400	RENAL DIALYSIS	1,734,096		1,734,096	2,123	1,736,219
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	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	1,377,007		1,377,007	11,086	1,388,093
90.02	09002	PAIN/PALLIATIVE CARE	1,168,819		1,168,819	801	1,169,620
90.03	09003	DIABETIC CLINIC	2,372,276		2,372,276	0	2,372,276
90.04	09004	GI CLINIC	5,742,309		5,742,309	5,148	5,747,457
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,318,643		5,318,643	0	5,318,643
90.06	09006	NOT USED	0		0	0	0
90.07	09007	INFUSION ROOM	1,303,520		1,303,520	0	1,303,520
90.08	09008	CARDIOLOGY CLINIC	4,308,438		4,308,438	0	4,308,438
90.09	09009	PULMONARY CLINIC	1,626,955		1,626,955	0	1,626,955
90.10	09010	ENT CLINIC	2,186,223		2,186,223	0	2,186,223
90.11	09011	ORTHOPEDIC CLINIC	1,339,379		1,339,379	0	1,339,379
90.12	09012	EYE CLINIC	2,311,890		2,311,890	0	2,311,890
90.13	09013	ONCOLOGY CLINIC	7,062,934		7,062,934	0	7,062,934
90.14	09014	SURG SPECIALITIES	1,503,738		1,503,738	0	1,503,738
90.15	09015	ALLERGY CLINIC	2,148,689		2,148,689	3,080	2,151,769
90.16	09016	FETAL CONCERNS	1,604,722		1,604,722	0	1,604,722
90.17	09017	DERMATOLOGY CLINIC	2,721,553		2,721,553	0	2,721,553
90.18	09018	CLINIC ADMINISTRATION	0		0	0	0
90.19	09019	CRANIOFACIAL CENTER	647,714		647,714	0	647,714
90.20	09020	HEMATOLOGY CLINIC	1,795,788		1,795,788	0	1,795,788
90.21	09021	SPINA BIFIDA	754,586		754,586	0	754,586
90.22	09022	NEUROSCIENCES CLINIC	3,003,392		3,003,392	0	3,003,392
90.23	09023	RHEUMATOLOGY CLINIC	1,160,684		1,160,684	2,449	1,163,133
90.24	09024	ENDOCRINE CLINIC	717,521		717,521	2,010	719,531

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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				Title XIX		Hospital		Cost	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
				1.00	2.00	3.00	4.00	5.00	
90.25	09025	RENAL CLINIC	778,028		778,028	0	778,028	90.25	
90.26	09026	GREENFIELD CLINIC	5,495,526		5,495,526	0	5,495,526	90.26	
90.27	09027	NEW BERLIN CLINIC	5,639,937		5,639,937	0	5,639,937	90.27	
90.28	09028	NOT USED	0		0	0	0	90.28	
90.29	09029	DELAFIELD CLINIC	2,428,698		2,428,698	0	2,428,698	90.29	
90.30	09030	MEQUON CLINIC	3,540,642		3,540,642	0	3,540,642	90.30	
90.31	09031	NOT USED	0		0	0	0	90.31	
90.32	09032	WEST DEPERE CLINIC	275,687		275,687	0	275,687	90.32	
90.33	09033	APPLETON CLINIC	319,534		319,534	0	319,534	90.33	
90.34	09034	UROLOGY CLINIC	2,223,087		2,223,087	0	2,223,087	90.34	
90.35	09035	GREENFIELD ENT/ ENT CLINIC	587,139		587,139	0	587,139	90.35	
90.36	09036	KENOSHA CLINIC	2,412,892		2,412,892	0	2,412,892	90.36	
90.37	09037	ADOLESCENT MEDICINE	414,480		414,480	2,251	416,731	90.37	
90.38	09038	COVID VACCINE CLINIC	461,913		461,913	0	461,913	90.38	
91.00	09100	EMERGENCY	24,254,262		24,254,262	18,633	24,272,895	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,996,149		10,996,149		10,996,149	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	347,478		347,478	0	347,478	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 SERVICES	4,219,023		4,219,023	0	4,219,023	98.00	
98.01	09851	NOT USED	0		0	0	0	98.01	
98.02	09852	GENETICS CENTER	1,802,388		1,802,388	2,406	1,804,794	98.02	
98.03	09853	NUCLEAR MEDICINE	983,000		983,000	0	983,000	98.03	
98.04	09854	CHILD DEVELOPMENT	637,367		637,367	669	638,036	98.04	
98.05	09855	CHILD PROTECTION CENTER	3,746,575		3,746,575	3,229	3,749,804	98.05	
98.06	09856	DENTAL SRVC	9,484,860		9,484,860	0	9,484,860	98.06	
98.07	09857	OTHER	287,250		287,250	0	287,250	98.07	
98.08	09858	WALWORTH CAC MEDICAL	122,718		122,718	0	122,718	98.08	
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	1,722,460		1,722,460		1,722,460	105.00	
106.00	10600	HEART ACQUISITION	626,018		626,018		626,018	106.00	
107.00	10700	LIVER ACQUISITION	917,035		917,035		917,035	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	INSURANCE EXPENSE	0		0		0	117.00	
200.00		Subtotal (see instructions)	634,508,566	0	634,508,566	1,070,937	635,579,503	200.00	
201.00		Less Observation Beds	10,996,149		10,996,149		10,996,149	201.00	
202.00		Total (see instructions)	623,512,417	0	623,512,417	1,070,937	624,583,354	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,760,479		110,760,479		30.00
31.00	03100	INTENSIVE CARE UNIT	288,257,950		288,257,950		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	38,861,074		38,861,074		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,735,749	10,484,609	30,220,358	1.338209	0.000000
51.00	05100	RECOVERY ROOM	3,223,646	13,276,046	16,499,692	0.354535	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	3,342,962	5,743,308	9,086,270	0.779838	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,334,710	47,849,418	62,184,128	0.327658	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	5,629,607	10,589,023	16,218,630	0.179410	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,455,063	27,139,446	35,594,509	0.174384	0.000000
59.00	05900	CARDIAC CATHETERIZATION	2,373,907	3,976,853	6,350,760	0.511563	0.000000
60.00	06000	LABORATORY	54,942,339	89,186,491	144,128,830	0.296247	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,040,019	3,051,951	11,091,970	0.553384	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	25,800,440	7,314,418	33,114,858	0.439975	0.000000
66.00	06600	PHYSICAL THERAPY	5,909,517	20,077,793	25,987,310	0.581027	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	3,021,958	13,020,476	16,042,434	0.692978	0.000000
69.00	06900	ELECTROCARDIOLOGY	9,557,578	20,999,589	30,557,167	0.335395	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	8,184,874	2,827,536	11,012,410	0.375937	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,460,590	42,109,945	70,570,535	0.401966	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,957,974	0	18,957,974	0.563737	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	110,784,892	103,205,226	213,990,118	0.298659	0.000000
74.00	07400	RENAL DIALYSIS	873,791	3,769,655	4,643,446	0.373450	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	INFECTIOUS DISEASES	0	18,266	18,266	75.386346	0.000000
90.02	09002	PAIN/PALLIATIVE CARE	0	119,096	119,096	9.814091	0.000000
90.03	09003	DIABETIC CLINIC	0	743,246	743,246	3.191778	0.000000
90.04	09004	GI CLINIC	94,638	3,174,560	3,269,198	1.756489	0.000000
90.05	09005	CLINIC FOR SPECIAL NEEDS	524	3,297,365	3,297,889	1.612742	0.000000
90.06	09006	NOT USED	0	0	0	0.000000	0.000000
90.07	09007	INFUSION ROOM	9,600	3,306,475	3,316,075	0.393091	0.000000
90.08	09008	CARDIOLOGY CLINIC	7,598	856,795	864,393	4.984351	0.000000
90.09	09009	PULMONARY CLINIC	6,578	440,303	446,881	3.640690	0.000000
90.10	09010	ENT CLINIC	1,958	831,840	833,798	2.622006	0.000000
90.11	09011	ORTHOPEDIC CLINIC	1,026	408,545	409,571	3.270200	0.000000
90.12	09012	EYE CLINIC	855	906,268	907,123	2.548596	0.000000
90.13	09013	ONCOLOGY CLINIC	362,529	6,419,286	6,781,815	1.041452	0.000000
90.14	09014	SURG SPECIALITIES	1,388	408,054	409,442	3.672652	0.000000
90.15	09015	ALLERGY CLINIC	0	799,902	799,902	2.686190	0.000000
90.16	09016	FETAL CONCERNS	102,297	1,208,111	1,310,408	1.224597	0.000000
90.17	09017	DERMATOLOGY CLINIC	0	1,009,608	1,009,608	2.695653	0.000000
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0.000000	0.000000
90.19	09019	CRANIOFACIAL CENTER	0	253,594	253,594	2.554138	0.000000
90.20	09020	HEMATOLOGY CLINIC	0	432,012	432,012	4.156801	0.000000
90.21	09021	SPINA BIFIDA	1,589	805,168	806,757	0.935332	0.000000
90.22	09022	NEUROSCIENCES CLINIC	4,813	868,446	873,259	3.439291	0.000000
90.23	09023	RHEUMATOLOGY CLINIC	0	162,239	162,239	7.154161	0.000000
90.24	09024	ENDOCRINE CLINIC	208	185,707	185,915	3.859403	0.000000
90.25	09025	RENAL CLINIC	751	159,998	160,749	4.840018	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
90.26	09026	GREENFIELD CLINIC	0	3,342,285	3,342,285	1.644242	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	3,959,658	3,959,658	1.424350	0.000000	90.27
90.28	09028	NOT USED	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	1,159,689	1,159,689	2.094267	0.000000	90.29
90.30	09030	MEQUON CLINIC	1,169	2,795,794	2,796,963	1.265888	0.000000	90.30
90.31	09031	NOT USED	0	0	0	0.000000	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	207,615	207,615	1.327876	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	120,723	120,723	2.646836	0.000000	90.33
90.34	09034	UROLOGY CLINIC	623	937,111	937,734	2.370701	0.000000	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	556,464	556,464	1.055125	0.000000	90.35
90.36	09036	KENOSHA CLINIC	659	1,012,112	1,012,771	2.382466	0.000000	90.36
90.37	09037	ADOLESCENT MEDICINE	0	305,539	305,539	1.356554	0.000000	90.37
90.38	09038	COVID VACCINE CLINIC	649,205	0	649,205	0.711506	0.000000	90.38
91.00	09100	EMERGENCY	9,472,793	46,220,258	55,693,051	0.435499	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,158,234	20,253,602	24,411,836	0.450443	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	880,414	880,414	0.394676	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY SERVICES	44,559	1,700,004	1,744,563	2.418384	0.000000	98.00
98.01	09851	NOT USED	0	0	0	0.000000	0.000000	98.01
98.02	09852	GENETICS CENTER	49,023	531,094	580,117	3.106939	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	406,316	2,737,276	3,143,592	0.312700	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	83,406	83,406	7.641740	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	1,334,973	1,334,973	2.806480	0.000000	98.05
98.06	09856	DENTAL SRVC	0	10,062,968	10,062,968	0.942551	0.000000	98.06
98.07	09857	OTHER	0	0	0	0.000000	0.000000	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	38,216	38,216	3.211168	0.000000	98.08
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	2,009,949	0	2,009,949			105.00
106.00	10600	HEART ACQUISITION	1,357,081	0	1,357,081			106.00
107.00	10700	LIVER ACQUISITION	483,646	0	483,646			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	INSURANCE EXPENSE	0	0	0			117.00
200.00		Subtotal (see instructions)	788,738,728	549,675,868	1,338,414,596			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	788,738,728	549,675,868	1,338,414,596			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
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
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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
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	NOT USED	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	SURG SPECIALITIES	0.000000			90.14
90.15	09015	ALLERGY CLINIC	0.000000			90.15
90.16	09016	FETAL CONCERNS	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 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
6/21/2022 8:41 am

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	NOT USED	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	0.000000			90.36
90.37	09037	ADOLESCENT MEDICINE	0.000000			90.37
90.38	09038	COVID VACCINE CLINIC	0.000000			90.38
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 SERVICES	0.000000			98.00
98.01	09851	NOT USED	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 SRVC	0.000000			98.06
98.07	09857	OTHER	0.000000			98.07
98.08	09858	WALWORTH CAC MEDICAL	0.000000			98.08
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	INSURANCE EXPENSE				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 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Title XIX			Hospital	Cost	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,441,154	6,835,911	33,605,243	546,873	0	50.00
51.00	05100	RECOVERY ROOM	5,849,720	752,875	5,096,845	60,230	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,085,823	654,106	6,431,717	52,328	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,375,124	3,208,607	17,166,517	256,689	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,909,788	803,947	2,105,841	64,316	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,207,126	1,887,646	4,319,480	151,012	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,248,811	984,481	2,264,330	78,758	0	59.00
60.00	06000	LABORATORY	42,697,708	2,981,686	39,716,022	238,535	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,138,116	154,793	5,983,323	12,383	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,569,711	1,151,796	13,417,915	92,144	0	65.00
66.00	06600	PHYSICAL THERAPY	15,099,325	1,997,556	13,101,769	159,804	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,117,054	1,997,155	9,119,899	159,772	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,248,726	1,488,722	8,760,004	119,098	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,139,971	622,253	3,517,718	49,780	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,366,979	2,101,454	26,265,525	168,116	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,687,312	237,297	10,450,015	18,984	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,910,181	3,269,415	60,640,766	261,553	0	73.00
74.00	07400	RENAL DIALYSIS	1,714,476	262,631	1,451,845	21,010	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
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	1,377,007	31,557	1,345,450	2,525	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	1,168,819	60,825	1,107,994	4,866	0	90.02
90.03	09003	DIABETIC CLINIC	2,372,276	296,425	2,075,851	23,714	0	90.03
90.04	09004	GI CLINIC	5,742,309	882,130	4,860,179	70,570	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	5,318,643	363,960	4,954,683	29,117	0	90.05
90.06	09006	NOT USED	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	1,303,520	238,422	1,065,098	19,074	0	90.07
90.08	09008	CARDIOLOGY CLINIC	4,308,438	139,107	4,169,331	11,129	0	90.08
90.09	09009	PULMONARY CLINIC	1,626,955	291,517	1,335,438	23,321	0	90.09
90.10	09010	ENT CLINIC	2,186,223	294,236	1,891,987	23,539	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,339,379	509,056	830,323	40,724	0	90.11
90.12	09012	EYE CLINIC	2,311,890	306,060	2,005,830	24,485	0	90.12
90.13	09013	ONCOLOGY CLINIC	7,062,934	928,844	6,134,090	74,308	0	90.13
90.14	09014	SURG SPECIALITIES	1,503,738	143,421	1,360,317	11,474	0	90.14
90.15	09015	ALLERGY CLINIC	2,148,689	363,004	1,785,685	29,040	0	90.15
90.16	09016	FETAL CONCERNS	1,604,722	285,462	1,319,260	22,837	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2,721,553	444,573	2,276,980	35,566	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	647,714	138,913	508,801	11,113	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,795,788	554,079	1,241,709	44,326	0	90.20
90.21	09021	SPINA BIFIDA	754,586	144,319	610,267	11,546	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,003,392	332,454	2,670,938	26,596	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,160,684	112,919	1,047,765	9,034	0	90.23
90.24	09024	ENDOCRINE CLINIC	717,521	60,706	656,815	4,856	0	90.24
90.25	09025	RENAL CLINIC	778,028	167,354	610,674	13,388	0	90.25
90.26	09026	GREENFIELD CLINIC	5,495,526	1,572,499	3,923,027	125,800	0	90.26
90.27	09027	NEW BERLIN CLINIC	5,639,937	1,388,503	4,251,434	111,080	0	90.27
90.28	09028	NOT USED	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2,428,698	954,773	1,473,925	76,382	0	90.29
90.30	09030	MEQUON CLINIC	3,540,642	647,506	2,893,136	51,800	0	90.30
90.31	09031	NOT USED	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	275,687	67,986	207,701	5,439	0	90.32
90.33	09033	APPLETON CLINIC	319,534	94,137	225,397	7,531	0	90.33
90.34	09034	UROLOGY CLINIC	2,223,087	181,195	2,041,892	14,496	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	587,139	145,429	441,710	11,634	0	90.35
90.36	09036	KENOSHA CLINIC	2,412,892	643,106	1,769,786	51,448	0	90.36
90.37	09037	ADOLESCENT MEDICINE	414,480	22,836	391,644	1,827	0	90.37
90.38	09038	COVID VACCINE CLINIC	461,913	10,751	451,162	860	0	90.38

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

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Title XIX			Hospital	Cost
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
91.00	09100	EMERGENCY	24,254,262	1,935,597	22,318,665	154,848	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,996,149	1,790,998	9,205,151	143,280	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	264,889	9,582	255,307	767	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09850	PSYCHIATRY SERVICES	4,219,023	664,269	3,554,754	53,142	0
98.01	09851	NOT USED	0	41,619	-41,619	3,330	0
98.02	09852	GENETICS CENTER	1,802,388	244,643	1,557,745	19,571	0
98.03	09853	NUCLEAR MEDICINE	983,000	36,669	946,331	2,934	0
98.04	09854	CHILD DEVELOPMENT	637,367	15,306	622,061	1,224	0
98.05	09855	CHILD PROTECTION CENTER	3,746,575	510,461	3,236,114	40,837	0
98.06	09856	DENTAL SRVC	9,484,860	729,504	8,755,356	58,360	0
98.07	09857	OTHER	287,250	131,822	155,428	10,546	0
98.08	09858	WALWORTH CAC MEDICAL	122,718	2,855	119,863	228	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,722,460	92,720	1,629,740	7,418	0
106.00	10600	HEART ACQUISITION	626,018	27,203	598,815	2,176	0
107.00	10700	LIVER ACQUISITION	917,035	34,373	882,662	2,750	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
117.00	06950	INSURANCE EXPENSE	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	431,727,651	50,478,016	381,147,426	4,038,241	0
201.00		Less Observation Beds	10,996,149	1,790,998	9,205,151	143,280	0
202.00		Total (line 200 minus line 201)	420,731,502	48,687,018	371,942,275	3,894,961	0

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

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
6/21/2022 8:41 am

				Title XIX		Hospital	Cost
Cost Center Description				Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
				6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		39,894,281	30,220,358	1.320113	50.00
51.00	05100	RECOVERY ROOM		5,789,490	16,499,692	0.350885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		7,033,495	9,086,270	0.774079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		20,118,435	62,184,128	0.323530	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		2,845,472	16,218,630	0.175445	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		6,056,114	35,594,509	0.170142	58.00
59.00	05900	CARDIAC CATHETERIZATION		3,170,053	6,350,760	0.499161	59.00
60.00	06000	LABORATORY		42,459,173	144,128,830	0.294592	60.00
60.01	06001	BLOOD LABORATORY		0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		6,125,733	11,091,970	0.552267	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		14,477,567	33,114,858	0.437192	65.00
66.00	06600	PHYSICAL THERAPY		14,939,521	25,987,310	0.574878	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		10,957,282	16,042,434	0.683019	68.00
69.00	06900	ELECTROCARDIOLOGY		10,129,628	30,557,167	0.331498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		4,090,191	11,012,410	0.371417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		28,198,863	70,570,535	0.399584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,668,328	18,957,974	0.562736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		63,648,628	213,990,118	0.297437	73.00
74.00	07400	RENAL DIALYSIS		1,693,466	4,643,446	0.364700	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0.000000	77.00
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		1,374,482	18,266	75.248111	90.01
90.02	09002	PAIN/PALLIATIVE CARE		1,163,953	119,096	9.773233	90.02
90.03	09003	DIABETIC CLINIC		2,348,562	743,246	3.159872	90.03
90.04	09004	GI CLINIC		5,671,739	3,269,198	1.734902	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		5,289,526	3,297,889	1.603913	90.05
90.06	09006	NOT USED		0	0	0.000000	90.06
90.07	09007	INFUSION ROOM		1,284,446	3,316,075	0.387339	90.07
90.08	09008	CARDIOLOGY CLINIC		4,297,309	864,393	4.971476	90.08
90.09	09009	PULMONARY CLINIC		1,603,634	446,881	3.588503	90.09
90.10	09010	ENT CLINIC		2,162,684	833,798	2.593775	90.10
90.11	09011	ORTHOPEDIC CLINIC		1,298,655	409,571	3.170769	90.11
90.12	09012	EYE CLINIC		2,287,405	907,123	2.521604	90.12
90.13	09013	ONCOLOGY CLINIC		6,988,626	6,781,815	1.030495	90.13
90.14	09014	SURG SPECIALITIES		1,492,264	409,442	3.644629	90.14
90.15	09015	ALLERGY CLINIC		2,119,649	799,902	2.649886	90.15
90.16	09016	FETAL CONCERNS		1,581,885	1,310,408	1.207170	90.16
90.17	09017	DERMATOLOGY CLINIC		2,685,987	1,009,608	2.660426	90.17
90.18	09018	CLINIC ADMINISTRATION		0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER		636,601	253,594	2.510316	90.19
90.20	09020	HEMATOLOGY CLINIC		1,751,462	432,012	4.054198	90.20
90.21	09021	SPINA BIFIDA		743,040	806,757	0.921021	90.21
90.22	09022	NEUROSCIENCES CLINIC		2,976,796	873,259	3.408835	90.22
90.23	09023	RHEUMATOLOGY CLINIC		1,151,650	162,239	7.098478	90.23
90.24	09024	ENDOCRINE CLINIC		712,665	185,915	3.833284	90.24
90.25	09025	RENAL CLINIC		764,640	160,749	4.756733	90.25
90.26	09026	GREENFIELD CLINIC		5,369,726	3,342,285	1.606603	90.26
90.27	09027	NEW BERLIN CLINIC		5,528,857	3,959,658	1.396297	90.27
90.28	09028	NOT USED		0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC		2,352,316	1,159,689	2.028402	90.29
90.30	09030	MEQUON CLINIC		3,488,842	2,796,963	1.247368	90.30
90.31	09031	NOT USED		0	0	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC		270,248	207,615	1.301679	90.32
90.33	09033	APPLETON CLINIC		312,003	120,723	2.584454	90.33
90.34	09034	UROLOGY CLINIC		2,208,591	937,734	2.355243	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC		575,505	556,464	1.034218	90.35
90.36	09036	KENOSHA CLINIC		2,361,444	1,012,771	2.331666	90.36
90.37	09037	ADOLESCENT MEDICINE		412,653	305,539	1.350574	90.37
90.38	09038	COVID VACCINE CLINIC		461,053	649,205	0.710181	90.38

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

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Title XIX		Hospital	Cost
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
91.00	09100	EMERGENCY	6.00	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	24,099,414	55,693,051	0.432719	91.00
		OTHER REIMBURSABLE COST CENTERS	10,852,869	24,411,836	0.444574	92.00
94.00	09400	HOME PROGRAM DIALYSIS	264,122	880,414	0.299998	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 SERVICES	4,165,881	1,744,563	2.387922	98.00
98.01	09851	NOT USED	-3,330	0	0.000000	98.01
98.02	09852	GENETICS CENTER	1,782,817	580,117	3.073202	98.02
98.03	09853	NUCLEAR MEDICINE	980,066	3,143,592	0.311766	98.03
98.04	09854	CHILD DEVELOPMENT	636,143	83,406	7.627065	98.04
98.05	09855	CHILD PROTECTION CENTER	3,705,738	1,334,973	2.775890	98.05
98.06	09856	DENTAL SRVC	9,426,500	10,062,968	0.936751	98.06
98.07	09857	OTHER	276,704	0	0.000000	98.07
98.08	09858	WALWORTH CAC MEDICAL	122,490	38,216	3.205202	98.08
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	1,715,042	2,009,949	0.853276	105.00
106.00	10600	HEART ACQUISITION	623,842	1,357,081	0.459694	106.00
107.00	10700	LIVER ACQUISITION	914,285	483,646	1.890401	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	INSURANCE EXPENSE	0	0	0.000000	117.00
200.00		Subtotal (sum of lines 50 thru 199)	427,587,201	900,535,093		200.00
201.00		Less Observation Beds	10,852,869	0		201.00
202.00		Total (line 200 minus line 201)	416,734,332	900,535,093		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
6/21/2022 8:41 am

			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	10,085,208	0	10,085,208	26,601	379.13	30.00	
31.00	INTENSIVE CARE UNIT	12,589,578		12,589,578	38,330	328.45	31.00	
32.00	CORONARY CARE UNIT	102,631		102,631	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	1,741,884		1,741,884	5,942	293.15	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	
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)	24,519,301		24,519,301	70,873		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	63	23,885					30.00
31.00	INTENSIVE CARE UNIT	43	14,123					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	0	0					35.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
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)	106	38,008					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
6/21/2022 8:41 am

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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,835,911	30,220,358	0.226202	36,412	8,236	50.00
51.00	05100 RECOVERY ROOM	752,875	16,499,692	0.045630	757	35	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	654,106	9,086,270	0.071988	5,863	422	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,208,607	62,184,128	0.051598	30,077	1,552	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	803,947	16,218,630	0.049569	8,217	407	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,887,646	35,594,509	0.053032	17,681	938	58.00
59.00	05900 CARDIAC CATHETERIZATION	984,481	6,350,760	0.155018	0	0	59.00
60.00	06000 LABORATORY	2,981,686	144,128,830	0.020688	84,206	1,742	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	154,793	11,091,970	0.013955	19,487	272	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,151,796	33,114,858	0.034782	19,456	677	65.00
66.00	06600 PHYSICAL THERAPY	1,997,556	25,987,310	0.076867	8,507	654	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,997,155	16,042,434	0.124492	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,488,722	30,557,167	0.048719	22,816	1,112	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	622,253	11,012,410	0.056505	7,899	446	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,101,454	70,570,535	0.029778	203,977	6,074	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	237,297	18,957,974	0.012517	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,269,415	213,990,118	0.015278	158,466	2,421	73.00
74.00	07400 RENAL DIALYSIS	262,631	4,643,446	0.056560	82,586	4,671	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 INFECTIOUS DISEASES	31,557	18,266	1.727636	0	0	90.01
90.02	09002 PAIN/PALLIATIVE CARE	60,825	119,096	0.510722	0	0	90.02
90.03	09003 DIABETIC CLINIC	296,425	743,246	0.398825	0	0	90.03
90.04	09004 GI CLINIC	882,130	3,269,198	0.269831	0	0	90.04
90.05	09005 CLINIC FOR SPECIAL NEEDS	363,960	3,297,889	0.110362	0	0	90.05
90.06	09006 NOT USED	0	0	0.000000	0	0	90.06
90.07	09007 INFUSION ROOM	238,422	3,316,075	0.071899	0	0	90.07
90.08	09008 RADIOLOGY CLINIC	139,107	864,393	0.160930	0	0	90.08
90.09	09009 PULMONARY CLINIC	291,517	446,881	0.652337	0	0	90.09
90.10	09010 ENT CLINIC	294,236	833,798	0.352886	0	0	90.10
90.11	09011 ORTHOPEDIC CLINIC	509,056	409,571	1.242900	0	0	90.11
90.12	09012 EYE CLINIC	306,060	907,123	0.337396	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	928,844	6,781,815	0.136961	0	0	90.13
90.14	09014 SURG SPECIALITIES	143,421	409,442	0.350284	0	0	90.14
90.15	09015 ALLERGY CLINIC	363,004	799,902	0.453811	0	0	90.15
90.16	09016 FETAL CONCERNS	285,462	1,310,408	0.217842	0	0	90.16
90.17	09017 DERMATOLOGY CLINIC	444,573	1,009,608	0.440342	0	0	90.17
90.18	09018 CLINIC ADMINISTRATION	0	0	0.000000	0	0	90.18
90.19	09019 CRANIOFACIAL CENTER	138,913	253,594	0.547777	0	0	90.19
90.20	09020 HEMATOLOGY CLINIC	554,079	432,012	1.282555	0	0	90.20
90.21	09021 SPINA BIFIDA	144,319	806,757	0.178888	0	0	90.21
90.22	09022 NEUROSCIENCES CLINIC	332,454	873,259	0.380705	0	0	90.22
90.23	09023 RHEUMATOLOGY CLINIC	112,919	162,239	0.696004	0	0	90.23
90.24	09024 ENDOCRINE CLINIC	60,706	185,915	0.326526	0	0	90.24
90.25	09025 RENAL CLINIC	167,354	160,749	1.041089	0	0	90.25
90.26	09026 GREENFIELD CLINIC	1,572,499	3,342,285	0.470486	0	0	90.26
90.27	09027 NEW BERLIN CLINIC	1,388,503	3,959,658	0.350662	0	0	90.27
90.28	09028 NOT USED	0	0	0.000000	0	0	90.28
90.29	09029 DELAFIELD CLINIC	954,773	1,159,689	0.823301	0	0	90.29
90.30	09030 MEQUON CLINIC	647,506	2,796,963	0.231503	0	0	90.30
90.31	09031 NOT USED	0	0	0.000000	0	0	90.31
90.32	09032 WEST DEPERE CLINIC	67,986	207,615	0.327462	0	0	90.32
90.33	09033 APPLETON CLINIC	94,137	120,723	0.779777	0	0	90.33
90.34	09034 UROLOGY CLINIC	181,195	937,734	0.193226	0	0	90.34
90.35	09035 GREENFIELD ENT/ ENT CLINIC	145,429	556,464	0.261345	0	0	90.35
90.36	09036 KENOSHA CLINIC	643,106	1,012,771	0.634996	0	0	90.36
90.37	09037 ADOLESCENT MEDICINE	22,836	305,539	0.074740	0	0	90.37

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
6/21/2022 8:41 am

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	
90.38	09038	COVID VACCINE CLINIC	10,751	649,205	0.016560	0	0	90.38
91.00	09100	EMERGENCY	1,935,597	55,693,051	0.034755	5,450	189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,790,998	24,411,836	0.073366	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	9,582	880,414	0.010884	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 SERVICES	664,269	1,744,563	0.380765	0	0	98.00
98.01	09851	NOT USED	41,619	0	0.000000	0	0	98.01
98.02	09852	GENETICS CENTER	244,643	580,117	0.421713	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	36,669	3,143,592	0.011665	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	15,306	83,406	0.183512	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	510,461	1,334,973	0.382376	0	0	98.05
98.06	09856	DENTAL SRVC	729,504	10,062,968	0.072494	0	0	98.06
98.07	09857	OTHER	131,822	0	0.000000	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	2,855	38,216	0.074707	0	0	98.08
200.00		Total (lines 50 through 199)	50,323,720	896,684,417		711,857	29,848	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 6/21/2022 8:41 am	
					Title XVIII		Hospital		TEFRA	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	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	
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	26,601	0.00	63	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	38,330	0.00	43	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	5,942	0.00	0	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		
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	70,873		106	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					
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 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
6/21/2022 8:41 am

			Title XVIII		Hospital		TEFRA
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
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	NOT USED	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	SURG SPECIALITIES	0	0	0	0	0 90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	0 90.15
90.16	09016	FETAL CONCERNS	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	NOT USED	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	0	0	0	0	0 90.36
90.37	09037	ADOLESCENT MEDICINE	0	0	0	0	0 90.37
90.38	09038	COVID VACCINE CLINIC	0	0	0	0	0 90.38

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Title XVIII		Hospital		TEFRA	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						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 SERVICES	0	0	0	0	0	98.00
98.01	09851	NOT USED	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 SRVC	0	0	0	0	0	98.06
98.07	09857	OTHER	0	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0	0	0	0	98.08
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 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	30,220,358	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	16,499,692	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,086,270	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	62,184,128	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	16,218,630	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	35,594,509	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	6,350,760	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	144,128,830	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	11,091,970	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	33,114,858	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	25,987,310	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	16,042,434	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	30,557,167	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	11,012,410	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	70,570,535	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,957,974	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	213,990,118	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,643,446	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	18,266	0.000000	90.01
90.02	09002	PAIN/PALLIATIVE CARE	0	0	0	0	119,096	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	743,246	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	0	3,269,198	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	3,297,889	0.000000	90.05
90.06	09006	NOT USED	0	0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	3,316,075	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	864,393	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	446,881	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	0	833,798	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	409,571	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	0	907,123	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	6,781,815	0.000000	90.13
90.14	09014	SURG SPECIALITIES	0	0	0	0	409,442	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	799,902	0.000000	90.15
90.16	09016	FETAL CONCERNS	0	0	0	0	1,310,408	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	1,009,608	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATION	0	0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	253,594	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	432,012	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	806,757	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	873,259	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	162,239	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	185,915	0.000000	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	160,749	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	3,342,285	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	3,959,658	0.000000	90.27
90.28	09028	NOT USED	0	0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	1,159,689	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	2,796,963	0.000000	90.30
90.31	09031	NOT USED	0	0	0	0	0	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	207,615	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	120,723	0.000000	90.33
90.34	09034	UROLOGY CLINIC	0	0	0	0	937,734	0.000000	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	0	0	0	556,464	0.000000	90.35
90.36	09036	KENOSHA CLINIC	0	0	0	0	1,012,771	0.000000	90.36

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII		Hospital	TEFRA	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				4.00	5.00	6.00	7.00	8.00
90.37	09037	ADOLESCENT MEDICINE		0	0	0	305,539	0.000000
90.38	09038	COVID VACCINE CLINIC		0	0	0	649,205	0.000000
91.00	09100	EMERGENCY		0	0	0	55,693,051	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	24,411,836	0.000000
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	880,414	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 SERVICES		0	0	0	1,744,563	0.000000
98.01	09851	NOT USED		0	0	0	0	0.000000
98.02	09852	GENETICS CENTER		0	0	0	580,117	0.000000
98.03	09853	NUCLEAR MEDICINE		0	0	0	3,143,592	0.000000
98.04	09854	CHILD DEVELOPMENT		0	0	0	83,406	0.000000
98.05	09855	CHILD PROTECTION CENTER		0	0	0	1,334,973	0.000000
98.06	09856	DENTAL SRVC		0	0	0	10,062,968	0.000000
98.07	09857	OTHER		0	0	0	0	0.000000
98.08	09858	WALWORTH CAC MEDICAL		0	0	0	38,216	0.000000
200.00		Total (lines 50 through 199)		0	0	0	896,684,417	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
6/21/2022 8:41 am

				Title XVIII		Hospital		TEFRA	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	36,412	0	7,068	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	757	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	5,863	0	6,156	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	30,077	0	22,277	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	8,217	0	21,802	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	17,681	0	50,561	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	35,683	0	59.00	
60.00	06000	LABORATORY	0.000000	84,206	0	157,999	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						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	19,487	0	1,161	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	19,456	0	29,814	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	8,507	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	6,371	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	22,816	0	270,709	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	7,899	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	203,977	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	158,466	0	1,263,092	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	82,586	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00	
	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	64	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	547	0	90.04	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000	0	0	665	0	90.05	
90.06	09006	NOT USED	0.000000	0	0	0	0	90.06	
90.07	09007	INFUSION ROOM	0.000000	0	0	84,962	0	90.07	
90.08	09008	CARDIOLOGY CLINIC	0.000000	0	0	9,813	0	90.08	
90.09	09009	PULMONARY CLINIC	0.000000	0	0	1,012	0	90.09	
90.10	09010	ENT CLININC	0.000000	0	0	634	0	90.10	
90.11	09011	ORTHOPEDIC CLINIC	0.000000	0	0	0	0	90.11	
90.12	09012	EYE CLINIC	0.000000	0	0	1,499	0	90.12	
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	1,427	0	90.13	
90.14	09014	SURG SPECIALITIES	0.000000	0	0	128	0	90.14	
90.15	09015	ALLERGY CLINIC	0.000000	0	0	31,469	0	90.15	
90.16	09016	FETAL CONCERNS	0.000000	0	0	16,600	0	90.16	
90.17	09017	DERMATOLOGY CLINIC	0.000000	0	0	1,175	0	90.17	
90.18	09018	CLININC ADMINISTRATION	0.000000	0	0	0	0	90.18	
90.19	09019	CRANIOFACIAL CENTER	0.000000	0	0	613	0	90.19	
90.20	09020	HEMATOLOGY CLINIC	0.000000	0	0	3,346	0	90.20	
90.21	09021	SPINA BIFIDA	0.000000	0	0	2,110	0	90.21	
90.22	09022	NEUROSCIENCES CLINIC	0.000000	0	0	465	0	90.22	
90.23	09023	RHEUMATOLOGY CLINIC	0.000000	0	0	128	0	90.23	
90.24	09024	ENDOCRINE CLINIC	0.000000	0	0	64	0	90.24	
90.25	09025	RENAL CLINIC	0.000000	0	0	64	0	90.25	
90.26	09026	GREENFIELD CLINIC	0.000000	0	0	128	0	90.26	
90.27	09027	NEW BERLIN CLINIC	0.000000	0	0	11,483	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	64	0	90.29	
90.30	09030	MEQUON CLINIC	0.000000	0	0	2,091	0	90.30	
90.31	09031	NOT USED	0.000000	0	0	0	0	90.31	
90.32	09032	WEST DEPERE CLINIC	0.000000	0	0	64	0	90.32	
90.33	09033	APPLETON CLINIC	0.000000	0	0	128	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	576	0	90.35	
90.36	09036	KENOSHA CLINIC	0.000000	0	0	3,789	0	90.36	
90.37	09037	ADOLESCENT MEDICINE	0.000000	0	0	64	0	90.37	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description			Title XVIII		Hospital		TEFRA	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
90.38	09038	COVID VACCINE CLINIC	0.000000	0	0	0	0	90.38
91.00	09100	EMERGENCY	0.000000	5,450	0	7,002	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						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 SERVICES	0.000000	0	0	219	0	98.00
98.01	09851	NOT USED	0.000000	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0.000000	0	0	2,943	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.000000	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	0.000000	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	0.000000	0	0	0	0	98.05
98.06	09856	DENTAL SRVC	0.000000	0	0	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	0.000000	0	0	0	0	98.08
200.00		Total (lines 50 through 199)		711,857	0	2,058,029	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
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/PALLIATIVE 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	NOT USED	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 CLININC	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	SURG SPECIALITIES	0	0					90.14
90.15	09015	ALLERGY CLINIC	0	0					90.15
90.16	09016	FETAL CONCERNS	0	0					90.16
90.17	09017	DERMATOLOGY CLINIC	0	0					90.17
90.18	09018	CLININC 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	NOT USED	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	0	0					90.36
90.37	09037	ADOLESCENT MEDICINE	0	0					90.37
90.38	09038	COVID VACCINE CLINIC	0	0					90.38

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 6/21/2022 8:41 am
				Title XVIII		Hospital	TEFRA
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
				21.00	24.00		
91.00	09100	EMERGENCY		0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
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 SERVICES		0	0		98.00
98.01	09851	NOT USED		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 SRVC		0	0		98.06
98.07	09857	OTHER		0	0		98.07
98.08	09858	WALWORTH CAC MEDICAL		0	0		98.08
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 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		1.259696	7,068	0	0	8,904	50.00
51.00	05100	RECOVERY ROOM		0.354535	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.510749	6,156	0	0	3,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.313469	22,277	0	0	6,983	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		0.179410	21,802	0	0	3,911	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.174384	50,561	0	0	8,817	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.511563	35,683	0	0	18,254	59.00
60.00	06000	LABORATORY		0.296247	157,999	1,925	0	46,807	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.		0.553384	1,161	0	0	642	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.439975	29,814	0	0	13,117	65.00
66.00	06600	PHYSICAL THERAPY		0.562800	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.692978	6,371	0	0	4,415	68.00
69.00	06900	ELECTROCARDIOLOGY		0.335395	270,709	0	0	90,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.325694	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.401966	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.563737	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.298659	1,263,092	0	1,924	377,234	73.00
74.00	07400	RENAL DIALYSIS		0.357292	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
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		70.738969	0	0	0	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE		9.769237	64	0	0	625	90.02
90.03	09003	DIABETIC CLINIC		3.191778	0	0	0	0	90.03
90.04	09004	GI CLINIC		1.482623	547	0	0	811	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS		1.608007	665	0	0	1,069	90.05
90.06	09006	NOT USED		0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM		0.393091	84,962	0	0	33,398	90.07
90.08	09008	CARDIOLOGY CLINIC		4.167516	9,813	0	0	40,896	90.08
90.09	09009	PULMONARY CLINIC		3.514909	1,012	0	0	3,557	90.09
90.10	09010	ENT CLINIC		1.897311	634	0	0	1,203	90.10
90.11	09011	ORTHOPEDIC CLINIC		3.270200	0	0	0	0	90.11
90.12	09012	EYE CLINIC		2.177717	1,499	0	0	3,264	90.12
90.13	09013	ONCOLOGY CLINIC		1.041452	1,427	0	0	1,486	90.13
90.14	09014	SURG SPECIALITIES		3.672652	128	0	0	470	90.14
90.15	09015	ALLERGY CLINIC		2.542466	31,469	0	0	80,009	90.15
90.16	09016	FETAL CONCERNS		1.224597	16,600	0	0	20,328	90.16
90.17	09017	DERMATOLOGY CLINIC		2.113598	1,175	0	0	2,483	90.17
90.18	09018	CLINIC ADMINISTRATION		0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER		2.554138	613	0	0	1,566	90.19
90.20	09020	HEMATOLOGY CLINIC		4.156801	3,346	0	0	13,909	90.20
90.21	09021	SPINA BIFIDA		0.935332	2,110	0	0	1,974	90.21
90.22	09022	NEUROSCIENCES CLINIC		3.439291	465	0	0	1,599	90.22
90.23	09023	RHEUMATOLOGY CLINIC		4.891037	128	0	0	626	90.23
90.24	09024	ENDOCRINE CLINIC		3.435511	64	0	0	220	90.24
90.25	09025	RENAL CLINIC		4.840018	64	0	0	310	90.25
90.26	09026	GREENFIELD CLINIC		1.644242	128	0	0	210	90.26
90.27	09027	NEW BERLIN CLINIC		1.424350	11,483	0	0	16,356	90.27
90.28	09028	NOT USED		0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC		2.094267	64	0	0	134	90.29
90.30	09030	MEQUON CLINIC		1.265888	2,091	0	0	2,647	90.30
90.31	09031	NOT USED		0.000000	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		1.327876	64	0	0	85	90.32
90.33	09033	APPLETON CLINIC		2.646836	128	0	0	339	90.33
90.34	09034	UROLOGY CLINIC		1.748852	0	0	0	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC		1.055125	576	0	0	608	90.35

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 6/21/2022 8:41 am	
			Title XVIII		Hospital		TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.36	09036	KENOSHA CLINIC	2.382466	3,789	0	0	9,027	90.36
90.37	09037	ADOLESCENT MEDICINE	1.356554	64	0	0	87	90.37
90.38	09038	COVID VACCINE CLINIC	0.711506	0	0	0	0	90.38
91.00	09100	EMERGENCY	0.380717	7,002	0	0	2,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450443	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.394676		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 SERVICES	1.798957	219	0	0	394	98.00
98.01	09851	NOT USED	0.000000	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	3.043760	2,943	0	0	8,958	98.02
98.03	09853	NUCLEAR MEDICINE	0.312700	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	4.730283	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.806480	0	0	0	0	98.05
98.06	09856	DENTAL SRVC	0.813801	0	0	0	0	98.06
98.07	09857	OTHER	0.000000	0	0	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL	3.211168	0	0	0	0	98.08
200.00		Subtotal (see instructions)		2,058,029	1,925	1,924	834,336	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,058,029	1,925	1,924	834,336	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0				50.00	
51.00	05100	RECOVERY ROOM	0	0				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00	
53.00	05300	ANESTHESIOLOGY	0	0				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00	
56.00	05600	RADIOISOTOPE	0	0				56.00	
57.00	05700	CT SCAN	0	0				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00	
60.00	06000	LABORATORY	570	0				60.00	
60.01	06001	BLOOD LABORATORY	0	0				60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00	
65.00	06500	RESPIRATORY THERAPY	0	0				65.00	
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	575				73.00	
74.00	07400	RENAL DIALYSIS	0	0				74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0				77.00	
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/PALLIATIVE 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	NOT USED	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 CLININC	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	SURG SPECIALITIES	0	0				90.14	
90.15	09015	ALLERGY CLINIC	0	0				90.15	
90.16	09016	FETAL CONCERNS	0	0				90.16	
90.17	09017	DERMATOLOGY CLINIC	0	0				90.17	
90.18	09018	CLININC 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	NOT USED	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	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 6/21/2022 8:41 am
			Title XVIII		Hospital	TEFRA
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.36	09036	KENOSHA CLINIC	0	0		90.36
90.37	09037	ADOLESCENT MEDICINE	0	0		90.37
90.38	09038	COVID VACCINE CLINIC	0	0		90.38
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 SERVICES	0	0		98.00
98.01	09851	NOT USED	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 SRVC	0	0		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	WALWORTH CAC MEDICAL	0	0		98.08
200.00		Subtotal (see instructions)	570	575		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	570	575		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
6/21/2022 8:41 am

			Title XIX		Hospital	Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1.320113	0	0	1,883,395	0
51.00	05100	RECOVERY ROOM	0.350885	0	0	2,447,768	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.774079	0	0	1,083,136	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.323530	0	0	5,505,511	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.175445	0	0	1,575,908	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.170142	0	0	5,318,077	0
59.00	05900	CARDIAC CATHETERIZATION	0.499161	0	0	1,080,738	0
60.00	06000	LABORATORY	0.294592	0	0	14,060,687	0
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.552267	0	0	1,318,587	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.437192	0	0	1,820,156	0
66.00	06600	PHYSICAL THERAPY	0.574878	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.683019	0	0	1,192,831	0
69.00	06900	ELECTROCARDIOLOGY	0.331498	0	0	3,515,566	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.371417	0	0	545,851	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399584	0	0	7,537,112	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.562736	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.297437	0	0	27,059,224	0
74.00	07400	RENAL DIALYSIS	0.364700	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0
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
90.01	09001	INFECTIOUS DISEASES	75.248111	0	0	3,404	0
90.02	09002	PAIN/PALLIATIVE CARE	9.773233	0	0	7,866	0
90.03	09003	DIABETIC CLINIC	3.159872	0	0	83,611	0
90.04	09004	GI CLINIC	1.734902	0	0	625,406	0
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.603913	0	0	119,523	0
90.06	09006	NOT USED	0.000000	0	0	0	0
90.07	09007	INFUSION ROOM	0.387339	0	0	584,726	0
90.08	09008	CARDIOLOGY CLINIC	4.971476	0	0	185,215	0
90.09	09009	PULMONARY CLINIC	3.588503	0	0	125,770	0
90.10	09010	ENT CLINIC	2.593775	0	0	171,775	0
90.11	09011	ORTHOPEDIC CLINIC	3.170769	0	0	56,258	0
90.12	09012	EYE CLINIC	2.521604	0	0	220,751	0
90.13	09013	ONCOLOGY CLINIC	1.030495	0	0	2,178,864	0
90.14	09014	SURG SPECIALITIES	3.644629	0	0	62,233	0
90.15	09015	ALLERGY CLINIC	2.649886	0	0	67,044	0
90.16	09016	FETAL CONCERNS	1.207170	0	0	0	0
90.17	09017	DERMATOLOGY CLINIC	2.660426	0	0	64,268	0
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0	0	0
90.19	09019	CRANIOFACIAL CENTER	2.510316	0	0	23,485	0
90.20	09020	HEMATOLOGY CLINIC	4.054198	0	0	86,286	0
90.21	09021	SPINA BIFIDA	0.921021	0	0	484,251	0
90.22	09022	NEUROSCIENCES CLINIC	3.408835	0	0	221,672	0
90.23	09023	RHEUMATOLOGY CLINIC	7.098478	0	0	9,909	0
90.24	09024	ENDOCRINE CLINIC	3.833284	0	0	33,700	0
90.25	09025	RENAL CLINIC	4.756733	0	0	31,361	0
90.26	09026	GREENFIELD CLINIC	1.606603	0	0	263,926	0
90.27	09027	NEW BERLIN CLINIC	1.396297	0	0	421,574	0
90.28	09028	NOT USED	0.000000	0	0	0	0
90.29	09029	DELAFIELD CLINIC	2.028402	0	0	94,592	0
90.30	09030	MEQUON CLINIC	1.247368	0	0	313,795	0
90.31	09031	NOT USED	0.000000	0	0	0	0
90.32	09032	WEST DEPERE CLINIC	1.301679	0	0	32,282	0
90.33	09033	APPLETON CLINIC	2.584454	0	0	17,810	0
90.34	09034	UROLOGY CLINIC	2.355243	0	0	229,138	0
90.35	09035	GREENFIELD ENT/ ENT CLINIC	1.034218	0	0	54,391	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
6/21/2022 8:41 am

				Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
90.36	09036	KENOSHA CLINIC	2.331666	0	0	115,317	0	90.36	
90.37	09037	ADOLESCENT MEDICINE	1.350574	0	0	36,193	0	90.37	
90.38	09038	COVID VACCINE CLINIC	0.710181	0	0	0	0	90.38	
91.00	09100	EMERGENCY	0.432719	0	0	4,800,960	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.444574	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.299998	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850	PSYCHIATRY SERVICES	2.387922	0	0	112,231	0	98.00	
98.01	09851	NOT USED	0.000000	0	0	0	0	98.01	
98.02	09852	GENETICS CENTER	3.073202	0	0	127,104	0	98.02	
98.03	09853	NUCLEAR MEDICINE	0.311766	0	0	510,063	0	98.03	
98.04	09854	CHILD DEVELOPMENT	7.627065	0	0	25,925	0	98.04	
98.05	09855	CHILD PROTECTION CENTER	2.775890	0	0	56,692	0	98.05	
98.06	09856	DENTAL SRVC	0.936751	0	0	3,038,977	0	98.06	
98.07	09857	OTHER	0.000000	0	0	0	0	98.07	
98.08	09858	WALWORTH CAC MEDICAL	3.205202	0	0	1,818	0	98.08	
200.00		Subtotal (see instructions)		0	0	91,644,713	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00	
202.00		Net Charges (line 200 - line 201)		0	0	91,644,713	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 6/21/2022 8:41 am	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	2,486,294				50.00	
51.00	05100	RECOVERY ROOM	0	858,885				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00	
53.00	05300	ANESTHESIOLOGY	0	838,433				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,781,198				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	276,485				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	904,828				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	539,462				59.00	
60.00	06000	LABORATORY	0	4,142,166				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	728,212				63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00	
65.00	06500	RESPIRATORY THERAPY	0	795,758				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	814,726				68.00	
69.00	06900	ELECTROCARDIOLOGY	0	1,165,403				69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	202,738				70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,011,709				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,048,414				73.00	
74.00	07400	RENAL DIALYSIS	0	0				74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0				77.00	
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	256,145				90.01	
90.02	09002	PAIN/PALLIATIVE CARE	0	76,876				90.02	
90.03	09003	DIABETIC CLINIC	0	264,200				90.03	
90.04	09004	GI CLINIC	0	1,085,018				90.04	
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	191,704				90.05	
90.06	09006	NOT USED	0	0				90.06	
90.07	09007	INFUSION ROOM	0	226,487				90.07	
90.08	09008	CARDIOLOGY CLINIC	0	920,792				90.08	
90.09	09009	PULMONARY CLINIC	0	451,326				90.09	
90.10	09010	ENT CLINIC	0	445,546				90.10	
90.11	09011	ORTHOPEDIC CLINIC	0	178,381				90.11	
90.12	09012	EYE CLINIC	0	556,647				90.12	
90.13	09013	ONCOLOGY CLINIC	0	2,245,308				90.13	
90.14	09014	SURG SPECIALITIES	0	226,816				90.14	
90.15	09015	ALLERGY CLINIC	0	177,659				90.15	
90.16	09016	FETAL CONCERNS	0	0				90.16	
90.17	09017	DERMATOLOGY CLINIC	0	170,980				90.17	
90.18	09018	CLININC ADMINISTRATION	0	0				90.18	
90.19	09019	CRANIOFACIAL CENTER	0	58,955				90.19	
90.20	09020	HEMATOLOGY CLINIC	0	349,821				90.20	
90.21	09021	SPINA BIFIDA	0	446,005				90.21	
90.22	09022	NEUROSCIENCES CLINIC	0	755,643				90.22	
90.23	09023	RHEUMATOLOGY CLINIC	0	70,339				90.23	
90.24	09024	ENDOCRINE CLINIC	0	129,182				90.24	
90.25	09025	RENAL CLINIC	0	149,176				90.25	
90.26	09026	GREENFIELD CLINIC	0	424,024				90.26	
90.27	09027	NEW BERLIN CLINIC	0	588,643				90.27	
90.28	09028	NOT USED	0	0				90.28	
90.29	09029	DELAFIELD CLINIC	0	191,871				90.29	
90.30	09030	MEQUON CLINIC	0	391,418				90.30	
90.31	09031	NOT USED	0	0				90.31	
90.32	09032	WEST DEPERE CLINIC	0	42,021				90.32	
90.33	09033	APPLETON CLINIC	0	46,029				90.33	
90.34	09034	UROLOGY CLINIC	0	539,676				90.34	
90.35	09035	GREENFIELD ENT/ ENT CLINIC	0	56,252				90.35	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 6/21/2022 8:41 am
			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
90.36	09036	KENOSHA CLINIC	0	268,881		90.36
90.37	09037	ADOLESCENT MEDICINE	0	48,881		90.37
90.38	09038	COVID VACCINE CLINIC	0	0		90.38
91.00	09100	EMERGENCY	0	2,077,467		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 SERVICES	0	267,999		98.00
98.01	09851	NOT USED	0	0		98.01
98.02	09852	GENETICS CENTER	0	390,616		98.02
98.03	09853	NUCLEAR MEDICINE	0	159,020		98.03
98.04	09854	CHILD DEVELOPMENT	0	197,732		98.04
98.05	09855	CHILD PROTECTION CENTER	0	157,371		98.05
98.06	09856	DENTAL SRVC	0	2,846,765		98.06
98.07	09857	OTHER	0	0		98.07
98.08	09858	WALWORTH CAC MEDICAL	0	5,827		98.08
200.00		Subtotal (see instructions)	0	44,728,210		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	44,728,210		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 6/21/2022 8:41 am
		Title XVIII	Hospital	TEFRA
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,601	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,601	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)		21,877	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)		63	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)		61,919,769	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)		61,919,769	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)		61,919,769	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)		2,327.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		146,646	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)		146,646	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
6/21/2022 8:41 am

			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	104,326,740	38,330	2,721.80	43	117,037	43.00
44.00	CORONARY CARE UNIT	1,398,985	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	16,611,466	5,942	2,795.60	0	0	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					283,320	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					547,003	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)					38,008	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,848	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					67,856	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					479,147	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					8	54.00
55.00	Target amount per discharge					13,187.62	55.00
56.00	Target amount (line 54 x line 55)					105,501	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-373,646	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)					10,550	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					183,907	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,724	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,327.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,996,149	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII		Hospital		TEFRA	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
							1.00	2.00	3.00
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	10,085,208	61,919,769	0.162875	10,996,149	1,790,998	90.00		
91.00	Nursing Program cost	0	61,919,769	0.000000	10,996,149	0	91.00		
92.00	Allied health cost	0	61,919,769	0.000000	10,996,149	0	92.00		
93.00	All other Medical Education	0	61,919,769	0.000000	10,996,149	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 6/21/2022 8:41 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,601	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,601	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)		21,877	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)		7,896	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)		75,819,782	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)		75,819,782	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)		75,819,782	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)		2,850.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,505,653	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		22,505,653	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet D-1

Date/Time Prepared:
6/21/2022 8:41 am

			Title XIX		Hospital	Cost	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	108,113,133	38,330	2,820.59	11,037	31,130,852	43.00
44.00	CORONARY CARE UNIT	1,398,985	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	17,449,015	5,942	2,936.56	2,036	5,978,836	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,040,545	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					98,655,886	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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,724	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,850.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,464,628	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 6/21/2022 8:41 am	
				Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
							1.00	2.00	3.00
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	10,085,208	75,819,782	0.133016	13,464,628	1,791,011	90.00		
91.00	Nursing Program cost	0	75,819,782	0.000000	13,464,628	0	91.00		
92.00	Allied health cost	0	75,819,782	0.000000	13,464,628	0	92.00		
93.00	All other Medical Education	0	75,819,782	0.000000	13,464,628	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/21/2022 8:41 am
			Title XVIII	Hospital	TEFRA
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		87,429	30.00
31.00	03100	INTENSIVE CARE UNIT		664,305	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		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.259696	36,412	50.00
51.00	05100	RECOVERY ROOM	0.354535	757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.510749	5,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313469	30,077	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	0.179410	8,217	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.174384	17,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.511563	0	59.00
60.00	06000	LABORATORY	0.296247	84,206	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.	0.553384	19,487	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.439975	19,456	65.00
66.00	06600	PHYSICAL THERAPY	0.562800	8,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.692978	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.335395	22,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.325694	7,899	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.401966	203,977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.563737	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298659	158,466	73.00
74.00	07400	RENAL DIALYSIS	0.357292	82,586	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
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	70.738969	0	90.01
90.02	09002	PAIN/PALLIATIVE CARE	9.769237	0	90.02
90.03	09003	DIABETIC CLINIC	3.191778	0	90.03
90.04	09004	GI CLINIC	1.482623	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.608007	0	90.05
90.06	09006	NOT USED	0.000000	0	90.06
90.07	09007	INFUSION ROOM	0.393091	0	90.07
90.08	09008	CARDIOLOGY CLINIC	4.167516	0	90.08
90.09	09009	PULMONARY CLINIC	3.514909	0	90.09
90.10	09010	ENT CLINIC	1.897311	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	3.270200	0	90.11
90.12	09012	EYE CLINIC	2.177717	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.041452	0	90.13
90.14	09014	SURG SPECIALITIES	3.672652	0	90.14
90.15	09015	ALLERGY CLINIC	2.542466	0	90.15
90.16	09016	FETAL CONCERNS	1.224597	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2.113598	0	90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.554138	0	90.19
90.20	09020	HEMATOLOGY CLINIC	4.156801	0	90.20
90.21	09021	SPINA BIFIDA	0.935332	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3.439291	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	4.891037	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.435511	0	90.24
90.25	09025	RENAL CLINIC	4.840018	0	90.25
90.26	09026	GREENFIELD CLINIC	1.644242	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.424350	0	90.27
90.28	09028	NOT USED	0.000000	0	90.28

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/21/2022 8:41 am	
				Title XVIII	Hospital	TEFRA	
Cost Center Description				Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
				1.00	2.00	3.00	
90.29	09029	DELAFIELD CLINIC		2.094267	0	0	90.29
90.30	09030	MEQUON CLINIC		1.265888	0	0	90.30
90.31	09031	NOT USED		0.000000	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		1.327876	0	0	90.32
90.33	09033	APPLETON CLINIC		2.646836	0	0	90.33
90.34	09034	UROLOGY CLINIC		1.748852	0	0	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC		1.055125	0	0	90.35
90.36	09036	KENOSHA CLINIC		2.382466	0	0	90.36
90.37	09037	ADOLESCENT MEDICINE		1.356554	0	0	90.37
90.38	09038	COVID VACCINE CLINIC		0.711506	0	0	90.38
91.00	09100	EMERGENCY		0.380717	5,450	2,075	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.450443	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0.394676	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 SERVICES		1.798957	0	0	98.00
98.01	09851	NOT USED		0.000000	0	0	98.01
98.02	09852	GENETICS CENTER		3.043760	0	0	98.02
98.03	09853	NUCLEAR MEDICINE		0.312700	0	0	98.03
98.04	09854	CHILD DEVELOPMENT		4.730283	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER		2.806480	0	0	98.05
98.06	09856	DENTAL SRVC		0.813801	0	0	98.06
98.07	09857	OTHER		0.000000	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL		3.211168	0	0	98.08
200.00		Total (sum of lines 50 through 94 and 96 through 98)			711,857	283,320	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)			711,857		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/21/2022 8:41 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,935,923	30.00
31.00	03100	INTENSIVE CARE UNIT		101,057,007	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		12,675,063	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.338209	4,237,775	5,671,029 50.00
51.00	05100	RECOVERY ROOM	0.354535	727,982	258,095 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.779838	776,308	605,394 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.327658	3,757,441	1,231,156 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	0.179410	1,379,554	247,506 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.174384	1,851,080	322,799 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.511563	688,588	352,256 59.00
60.00	06000	LABORATORY	0.296247	15,169,228	4,493,838 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.	0.553384	2,373,353	1,313,376 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.439975	10,752,224	4,730,710 65.00
66.00	06600	PHYSICAL THERAPY	0.581027	1,755,499	1,019,992 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.692978	805,617	558,275 68.00
69.00	06900	ELECTROCARDIOLOGY	0.335395	2,344,678	786,393 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.375937	2,364,690	888,974 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.401966	11,434,103	4,596,121 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.563737	105,768	59,625 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298659	34,682,072	10,358,113 73.00
74.00	07400	RENAL DIALYSIS	0.373450	432,720	161,599 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	INFECTIOUS DISEASES	75.386346	0	0 90.01
90.02	09002	PAIN/PALLIATIVE CARE	9.814091	0	0 90.02
90.03	09003	DIABETIC CLINIC	3.191778	0	0 90.03
90.04	09004	GI CLINIC	1.756489	38,248	67,182 90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1.612742	255	411 90.05
90.06	09006	NOT USED	0.000000	0	0 90.06
90.07	09007	INFUSION ROOM	0.393091	3,697	1,453 90.07
90.08	09008	CARDIOLOGY CLINIC	4.984351	2,087	10,402 90.08
90.09	09009	PULMONARY CLINIC	3.640690	1,282	4,667 90.09
90.10	09010	ENT CLINIC	2.622006	67	176 90.10
90.11	09011	ORTHOPEDIC CLINIC	3.270200	0	0 90.11
90.12	09012	EYE CLINIC	2.548596	380	968 90.12
90.13	09013	ONCOLOGY CLINIC	1.041452	139,607	145,394 90.13
90.14	09014	SURG SPECIALITIES	3.672652	394	1,447 90.14
90.15	09015	ALLERGY CLINIC	2.686190	0	0 90.15
90.16	09016	FETAL CONCERNS	1.224597	102,297	125,273 90.16
90.17	09017	DERMATOLOGY CLINIC	2.695653	0	0 90.17
90.18	09018	CLINIC ADMINISTRATION	0.000000	0	0 90.18
90.19	09019	CRANIOFACIAL CENTER	2.554138	0	0 90.19
90.20	09020	HEMATOLOGY CLINIC	4.156801	0	0 90.20
90.21	09021	SPINA BIFIDA	0.935332	1,465	1,370 90.21
90.22	09022	NEUROSCIENCES CLINIC	3.439291	1,488	5,118 90.22
90.23	09023	RHEUMATOLOGY CLINIC	7.154161	0	0 90.23
90.24	09024	ENDOCRINE CLINIC	3.859403	135	521 90.24
90.25	09025	RENAL CLINIC	4.840018	202	978 90.25
90.26	09026	GREENFIELD CLINIC	1.644242	0	0 90.26
90.27	09027	NEW BERLIN CLINIC	1.424350	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 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 6/21/2022 8:41 am	
				Title XIX	Hospital	Cost	
Cost Center Description				Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
				1.00	2.00	3.00	
90.29	09029	DELAFIELD CLINIC		2.094267	0	0	90.29
90.30	09030	MEQUON CLINIC		1.265888	191	242	90.30
90.31	09031	NOT USED		0.000000	0	0	90.31
90.32	09032	WEST DEPERE CLINIC		1.327876	0	0	90.32
90.33	09033	APPLETON CLINIC		2.646836	0	0	90.33
90.34	09034	UROLOGY CLINIC		2.370701	135	320	90.34
90.35	09035	GREENFIELD ENT/ ENT CLINIC		1.055125	0	0	90.35
90.36	09036	KENOSHA CLINIC		2.382466	450	1,072	90.36
90.37	09037	ADOLESCENT MEDICINE		1.356554	0	0	90.37
90.38	09038	COVID VACCINE CLINIC		0.711506	138	98	90.38
91.00	09100	EMERGENCY		0.435499	2,130,765	927,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.450443	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0.394676	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 SERVICES		2.418384	10,442	25,253	98.00
98.01	09851	NOT USED		0.000000	0	0	98.01
98.02	09852	GENETICS CENTER		3.106939	7,783	24,181	98.02
98.03	09853	NUCLEAR MEDICINE		0.312700	130,546	40,822	98.03
98.04	09854	CHILD DEVELOPMENT		7.641740	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER		2.806480	0	0	98.05
98.06	09856	DENTAL SRVC		0.942551	0	0	98.06
98.07	09857	OTHER		0.000000	0	0	98.07
98.08	09858	WALWORTH CAC MEDICAL		3.211168	0	0	98.08
200.00		Total (sum of lines 50 through 94 and 96 through 98)			98,210,734	39,040,545	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)			98,210,734		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 6/21/2022 8:41 am	
				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	2,327.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,721.80	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	2,795.60	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	1.259696	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.354535	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.510749	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.313469	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	0.179410	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.174384	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.511563	0	0	17.00
18.00	LABORATORY		60.00	0.296247	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	0.553384	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.439975	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.562800	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.692978	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.335395	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.325694	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.401966	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.563737	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.298659	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.357292	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	70.738969	0	0	37.01
37.02	PAIN/PALLIATIVE CARE		90.02	9.769237	0	0	37.02
37.03	DIABETIC CLINIC		90.03	3.191778	0	0	37.03
37.04	GI CLINIC		90.04	1.482623	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	1.608007	0	0	37.05
37.06	NOT USED		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.393091	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	4.167516	0	0	37.08
37.09	PULMONARY CLINIC		90.09	3.514909	0	0	37.09
37.10	ENT CLININC		90.10	1.897311	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	3.270200	0	0	37.11
37.12	EYE CLINIC		90.12	2.177717	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.041452	0	0	37.13
37.14	SURG SPECIALITIES		90.14	3.672652	0	0	37.14
37.15	ALLERGY CLINIC		90.15	2.542466	0	0	37.15
37.16	FETAL CONCERNS		90.16	1.224597	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	2.113598	0	0	37.17
37.18	CLININC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.554138	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	4.156801	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.935332	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	3.439291	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	4.891037	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	3.435511	0	0	37.24
37.25	RENAL CLINIC		90.25	4.840018	0	0	37.25
37.26	GREENFIELD CLINIC		90.26	1.644242	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 01/01/2021
To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		Kidney		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.27	NEW BERLIN CLINIC	90.27	1.424350	0	0	0	37.27
37.28	NOT USED	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	2.094267	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.265888	0	0	0	37.30
37.31	NOT USED	90.31	0.000000	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	1.327876	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	2.646836	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.748852	0	0	0	37.34
37.35	GREENFIELD ENT/ ENT CLINIC	90.35	1.055125	0	0	0	37.35
37.36	KENOSHA CLINIC	90.36	2.382466	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	1.356554	0	0	0	37.37
37.38	COVID VACCINE CLINIC	90.38	0.711506	0	0	0	37.38
38.00	EMERGENCY	91.00	0.380717	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.450443	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	NOT USED	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	SURG SPECIALITIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	FETAL CONCERNS	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

(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 01/01/2021

To 12/31/2021

Worksheet D-4

Date/Time Prepared:

6/21/2022 8:41 am

Cost Center Description		Kidney		Hospital		TEFRA	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.31	NOT USED	23.31	0	0.000000	0	51.31	
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
51.38	COVID VACCINE CLINIC	23.38	0	0.000000	0	51.38	
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)	1,722,460		1,537,046		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)	1,722,460		1,537,046		61.00	
62.00	Total Usable Organs (see instructions)		13			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)		4	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)		4	9		74.00	
75.00	Organs Transplanted		0	0	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	0		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 01/01/2021 To 12/31/2021	Worksheet D-4 Date/Time Prepared: 6/21/2022 8:41 am	
				Component CCN:			
				Liver	Hospital	TEFRA	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,327.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,721.80	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	2,795.60	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	1.259696	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.354535	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.510749	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.313469	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	0.179410	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.174384	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.511563	0	0	17.00
18.00	LABORATORY		60.00	0.296247	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	0.553384	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.439975	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.562800	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.692978	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.335395	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.325694	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.401966	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.563737	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.298659	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.357292	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	70.738969	0	0	37.01
37.02	PAIN/PALLIATIVE CARE		90.02	9.769237	0	0	37.02
37.03	DIABETIC CLINIC		90.03	3.191778	0	0	37.03
37.04	GI CLINIC		90.04	1.482623	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	1.608007	0	0	37.05
37.06	NOT USED		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.393091	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	4.167516	0	0	37.08
37.09	PULMONARY CLINIC		90.09	3.514909	0	0	37.09
37.10	ENT CLINIC		90.10	1.897311	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	3.270200	0	0	37.11
37.12	EYE CLINIC		90.12	2.177717	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.041452	0	0	37.13
37.14	SURG SPECIALITIES		90.14	3.672652	0	0	37.14
37.15	ALLERGY CLINIC		90.15	2.542466	0	0	37.15
37.16	FETAL CONCERNS		90.16	1.224597	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	2.113598	0	0	37.17
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.554138	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	4.156801	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.935332	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	3.439291	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	4.891037	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	3.435511	0	0	37.24
37.25	RENAL CLINIC		90.25	4.840018	0	0	37.25
37.26	GREENFIELD CLINIC		90.26	1.644242	0	0	37.26

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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 01/01/2021
To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:

6/21/2022 8:41 am

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		
37.27	NEW BERLIN CLINIC	90.27	1.424350	0	0	0	37.27
37.28	NOT USED	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	2.094267	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.265888	0	0	0	37.30
37.31	NOT USED	90.31	0.000000	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	1.327876	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	2.646836	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.748852	0	0	0	37.34
37.35	GREENFIELD ENT/ ENT CLINIC	90.35	1.055125	0	0	0	37.35
37.36	KENOSHA CLINIC	90.36	2.382466	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	1.356554	0	0	0	37.37
37.38	COVID VACCINE CLINIC	90.38	0.711506	0	0	0	37.38
38.00	EMERGENCY	91.00	0.380717	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.450443	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)		
	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)		
	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	NOT USED	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	SURG SPECIALITIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	FETAL CONCERNS	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

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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 01/01/2021

To 12/31/2021

Worksheet D-4

Date/Time Prepared:

6/21/2022 8:41 am

Cost Center Description		Liver		Hospital		TEFRA	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.31	NOT USED	23.31	0	0.000000	0	51.31	
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32	
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33	
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34	
51.35	GREENFIELD ENT/ ENT CLINIC	23.35	0	0.000000	0	51.35	
51.36	KENOSHA CLINIC	23.36	0	0.000000	0	51.36	
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37	
51.38	COVID VACCINE CLINIC	23.38	0	0.000000	0	51.38	
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)	917,035		868,552		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)	917,035		868,552		61.00	
62.00	Total Usable Organs (see instructions)		2			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	2		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	2		74.00	
75.00	Organs Transplanted		0	0	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	0		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 01/01/2021 To 12/31/2021	Worksheet D-4 Date/Time Prepared: 6/21/2022 8:41 am	
				Component CCN:	Heart	Hospital	TEFRA
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,327.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,721.80	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	2,795.60	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	1.259696	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.354535	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.510749	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.313469	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	0.179410	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.174384	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.511563	0	0	17.00
18.00	LABORATORY		60.00	0.296247	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	0.553384	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.439975	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.562800	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.692978	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.335395	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.325694	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.401966	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.563737	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.298659	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.357292	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	INFECTIOUS DISEASES		90.01	70.738969	0	0	37.01
37.02	PAIN/PALLIATIVE CARE		90.02	9.769237	0	0	37.02
37.03	DIABETIC CLINIC		90.03	3.191778	0	0	37.03
37.04	GI CLINIC		90.04	1.482623	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	1.608007	0	0	37.05
37.06	NOT USED		90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM		90.07	0.393091	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	4.167516	0	0	37.08
37.09	PULMONARY CLINIC		90.09	3.514909	0	0	37.09
37.10	ENT CLININC		90.10	1.897311	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	3.270200	0	0	37.11
37.12	EYE CLINIC		90.12	2.177717	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	1.041452	0	0	37.13
37.14	SURG SPECIALITIES		90.14	3.672652	0	0	37.14
37.15	ALLERGY CLINIC		90.15	2.542466	0	0	37.15
37.16	FETAL CONCERNS		90.16	1.224597	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	2.113598	0	0	37.17
37.18	CLININC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	2.554138	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	4.156801	0	0	37.20
37.21	SPINA BIFIDA		90.21	0.935332	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	3.439291	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	4.891037	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	3.435511	0	0	37.24
37.25	RENAL CLINIC		90.25	4.840018	0	0	37.25
37.26	GREENFIELD CLINIC		90.26	1.644242	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 01/01/2021
To 12/31/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		Heart		Hospital		TEFRA	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.27	NEW BERLIN CLINIC	90.27	1.424350	0	0	0	37.27
37.28	NOT USED	90.28	0.000000	0	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	2.094267	0	0	0	37.29
37.30	MEQUON CLINIC	90.30	1.265888	0	0	0	37.30
37.31	NOT USED	90.31	0.000000	0	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	1.327876	0	0	0	37.32
37.33	APPLETON CLINIC	90.33	2.646836	0	0	0	37.33
37.34	UROLOGY CLINIC	90.34	1.748852	0	0	0	37.34
37.35	GREENFIELD ENT/ ENT CLINIC	90.35	1.055125	0	0	0	37.35
37.36	KENOSHA CLINIC	90.36	2.382466	0	0	0	37.36
37.37	ADOLESCENT MEDICINE	90.37	1.356554	0	0	0	37.37
37.38	COVID VACCINE CLINIC	90.38	0.711506	0	0	0	37.38
38.00	EMERGENCY	91.00	0.380717	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.450443	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	NOT USED	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	SURG SPECIALITIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	FETAL CONCERNS	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

(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 01/01/2021

To 12/31/2021

Worksheet D-4

Date/Time Prepared:

6/21/2022 8:41 am

Cost Center Description		Heart		Hospital		TEFRA		
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
51.31	NOT USED	23.31	0	0.000000	0	51.31		
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32		
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33		
51.34	UROLOGY CLINIC	23.34	0	0.000000	0	51.34		
51.35	GREENFIELD ENT/ ENT CLINIC	23.35	0	0.000000	0	51.35		
51.36	KENOSHA CLINIC	23.36	0	0.000000	0	51.36		
51.37	ADOLESCENT MEDICINE	23.37	0	0.000000	0	51.37		
51.38	COVID VACCINE CLINIC	23.38	0	0.000000	0	51.38		
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)	626,018		551,660		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)	626,018		551,660		61.00		
62.00	Total Usable Organs (see instructions)		9			62.00		
63.00	Medicare Usable Organs (see instructions)		0			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00		
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00		
66.00	Revenue for Organs Sold	0		0		66.00		
67.00	Subtotal (line 65 minus line 66)	0		0		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00		
Cost Center Description			Living Related		Cadaveric		Revenue	
			1.00	2.00	3.00			
	PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	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	0	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	0		84.00		

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 6/21/2022 8:41 am
		Title XVIII	Hospital	TEFRA
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,145	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		834,336	2.00
3.00	OPPS payments		648,922	3.00
4.00	Outlier payment (see instructions)		11,961	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		742,559	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		89.00	7.00
8.00	Transitional corridor payment (see instructions)		81,676	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)		1,145	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,849	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		3,849	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,849	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,704	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)		1,145	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)		742,559	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,106	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		124,265	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)		615,333	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		9,924	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)		625,257	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		625,257	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)		625,257	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)		625,257	40.00
40.01	Sequestration adjustment (see instructions)		0	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		656,447	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)		-31,190	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 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 6/21/2022 8:41 am
	Title XVIII	Hospital	TEFRA
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
6/21/2022 8:41 am

		Title XVIII		Hospital		TEFRA
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		230,515		656,447	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)		230,515		656,447	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		57,176		31,190	6.02
7.00	Total Medicare program liability (see instructions)		173,339		625,257	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 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 6/21/2022 8:41 am
		Title XVIII	Hospital	TEFRA
				1.00
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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 01/01/2021 To 12/31/2021	Worksheet E-3 Part I Date/Time Prepared: 6/21/2022 8:41 am
		Title XVIII	Hospital	TEFRA
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			183,907 1.00
1.01	Nursing and allied health managed care payment (see instructions)			0 1.01
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			183,907 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			183,907 6.00
7.00	Deductibles			5,936 7.00
8.00	Subtotal (line 6 minus line 7)			177,971 8.00
9.00	Coinsurance			11,130 9.00
10.00	Subtotal (line 8 minus line 9)			166,841 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)			166,841 14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			6,498 15.00
16.00	DO NOT USE THIS LINE			0 16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.98	Recovery of accelerated depreciation.			0 17.98
17.99	Demonstration payment adjustment amount before sequestration			0 17.99
18.00	Total amount payable to the provider (see instructions)			173,339 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
18.02	Demonstration payment adjustment amount after sequestration			0 18.02
19.00	Interim payments			230,515 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)			-57,176 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 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 6/21/2022 8:41 am
		Title XIX	Hospital	Cost
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	98,655,886		1.00
2.00	Medical and other services		44,728,210	2.00
3.00	Organ acquisition (certified transplant centers only)	1,862,943		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	100,518,829	44,728,210	4.00
5.00	Inpatient primary payer payments	6,566,987		5.00
6.00	Outpatient primary payer payments		960,951	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	93,951,842	43,767,259	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	143,770,429		8.00
9.00	Ancillary service charges	98,210,734	91,644,713	9.00
10.00	Organ acquisition charges, net of revenue	1,862,943		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	243,844,106	91,644,713	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)	243,844,106	91,644,713	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	143,325,277	46,916,503	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)	100,518,829	44,728,210	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)	100,518,829	44,728,210	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)	93,951,842	43,767,259	31.00
32.00	Deductibles	3,699	1,909	32.00
33.00	Coinurance	0	1,398	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)	93,948,143	43,763,952	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	93,948,143	43,763,952	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)	93,948,143	43,763,952	40.00
41.00	Interim payments	83,093,687	21,458,165	41.00
42.00	Balance due provider/program (line 40 minus line 41)	10,854,456	22,305,787	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 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 6/21/2022 8:41 am	
		Title XVIII	Hospital	TEFRA	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			200.36	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.	91.73	77.10	168.83	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.	55.01	46.24	101.25	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.59		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		7.59		10.01
11.00	Total weighted FTE count	55.01	53.83		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.28	54.33		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.37	53.28		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.89	53.81		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	53.89	53.81		17.00
18.00	Per resident amount	95,183.24	95,183.24		18.00
19.00	Approved amount for resident costs	5,129,425	5,121,810	10,251,235	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)			80.20	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.95	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)			10,251,235	25.00
		Inpatient Part A	Managed Care	Total	
		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)	106	0		26.00
27.00	Total Inpatient Days (see instructions)	66,149	66,149		27.00
28.00	Ratio of inpatient days to total inpatient days	0.001602	0.000000		28.00
29.00	Program direct GME amount	16,422	0	16,422	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			16,422	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 6/21/2022 8:41 am	
		Title XVIII	Hospital	TEFRA	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,523,860		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)		547,003		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		0		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		547,003		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		835,481		42.00
43.00	Primary payer payments (see instructions)		0		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		835,481		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,382,484		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.395667		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.604333		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		16,422		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,498		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		9,924		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 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
6/21/2022 8:41 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	125,951,275	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	120,678,166	0	0	0	4.00
5.00	Other receivable	78,783,547	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,353,988	0	0	0	6.00
7.00	Inventory	11,017,918	0	0	0	7.00
8.00	Prepaid expenses	3,748,987	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)	337,825,905	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,115,408	0	0	0	12.00
13.00	Land improvements	13,477,968	0	0	0	13.00
14.00	Accumulated depreciation	-6,316,292	0	0	0	14.00
15.00	Buildings	560,035,358	0	0	0	15.00
16.00	Accumulated depreciation	-249,598,851	0	0	0	16.00
17.00	Leasehold improvements	274,444,227	0	0	0	17.00
18.00	Accumulated depreciation	-104,154,047	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	51,593	0	0	0	21.00
22.00	Accumulated depreciation	-36,324	0	0	0	22.00
23.00	Major movable equipment	248,248,022	0	0	0	23.00
24.00	Accumulated depreciation	-164,955,921	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)	584,311,141	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	368,216,720	0	0	0	31.00
32.00	Deposits on leases	1,189,457,042	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)	1,557,673,762	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,479,810,808	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	44,711,653	0	0	0	37.00
38.00	Salaries, wages, and fees payable	39,267,985	0	0	0	38.00
39.00	Payroll taxes payable	18,035,266	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,896,122	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	6,812,346	0	0	0	43.00
44.00	Other current liabilities	8,364,248	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	123,087,620	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	467,475,046	0	0	0	47.00
48.00	Unsecured loans	19,072,691	0	0	0	48.00
49.00	Other long term liabilities	35,096,811	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	521,644,548	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	644,732,168	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,835,078,640				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,835,078,640	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,479,810,808	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
6/21/2022 8:41 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,604,358,769		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		103,722,710				2.00
3.00	Total (sum of line 1 and line 2)		1,708,081,479		0		3.00
4.00	CAPITAL ACQUISITION	1,197,916		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,197,916		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,709,279,395		0		11.00
12.00	TRANSFER TO AFFILIATES	-125,799,243		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)		-125,799,243		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,835,078,638		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CAPITAL ACQUISITION		0				4.00
5.00			0				5.00
6.00			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 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
6/21/2022 8:41 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	106,495,994		106,495,994	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	106,495,994		106,495,994	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	283,671,988		283,671,988	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	32,602,505		32,602,505	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	316,274,493		316,274,493	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	422,770,487		422,770,487	17.00
18.00	Ancillary services	350,200,327	478,696,567	828,896,894	18.00
19.00	Outpatient services	0	91,665,792	91,665,792	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)	772,970,814	570,362,359	1,343,333,173	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		685,617,125		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)		685,617,125		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
6/21/2022 8:41 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,343,333,173	1.00
2.00	Less contractual allowances and discounts on patients' accounts	610,188,330	2.00
3.00	Net patient revenues (line 1 minus line 2)	733,144,843	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	685,617,125	4.00
5.00	Net income from service to patients (line 3 minus line 4)	47,527,718	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,136,558	6.00
7.00	Income from investments	-11,146,654	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	1,839,014	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	11,558,286	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	385,164	20.00
21.00	Rental of vending machines	30,388	21.00
22.00	Rental of hospital space	12,746,517	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	30,498,419	24.00
24.50	COVID-19 PHE Funding	2,147,300	24.50
25.00	Total other income (sum of lines 6-24)	56,194,992	25.00
26.00	Total (line 5 plus line 25)	103,722,710	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)	103,722,710	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300

Period:

Worksheet I-1

Component CCN: 52-2319

From 01/01/2021
To 12/31/2021Date/Time Prepared:
6/21/2022 8:41 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	264,745	HOURS OF SERVICE	5,982.00	2.88
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	59,924	HOURS OF SERVICE	2,720.00	1.31
5.00	SOCIAL WORKERS	5,463	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	7,426	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)	337,558			9.00
10.00	EMPLOYEE BENEFITS	95,273	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	84,149	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	16,638	REQUISITIONS		14.00
15.00	DRUGS	102,509	REQUISITIONS		15.00
16.00	OTHER	241,122	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	877,249			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	176,542	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	31,941	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	13,942	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	322,010	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	201,737	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	2,683	REQUISITIONS		24.00
25.00	PHARMACY	507	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	52,077	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,678,688			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0	30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,678,688			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 01/01/2021
To 12/31/2021Date/Time Prepared:
6/21/2022 8:41 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	378,279	116,090	264,745	72,813	109,215	83,396	1.00
MAINTENANCE								
2.00	Hemodialysis	304,682	97,620	219,378	61,219	97,961	83,396	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	73,597	18,470	45,367	11,594	11,254	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0	0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	378,279	116,090	264,745	72,813	109,215	83,396	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	19,321	0	1,043,859	615,209	1,659,068		1.00
MAINTENANCE								
2.00	Hemodialysis	15,564	0	879,820	518,531	1,398,351		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	3,757	0	164,039	96,678	260,717		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)	19,321	0	1,043,859	615,209	1,659,068		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,659,068		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2021
To 12/31/2021Worksheet I-3
Date/Time Prepared:
6/21/2022 8:41 am

						Renal Dialysis		07/21/2022 07:41 am	
			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		378,279	116,090	264,745	72,813	109,215		1.00
MAINTENANCE									
2.00	Hemodialysis		1,391	84.09	1,030.00	565.00	291,139		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	0	336	15.91	213.00	107.00	33,446		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	672.00	324,585		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		219.038217	1,160.900000	212.988737	108.352679	0.336476		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	83,396	19,321	0	1,043,859	615,209			1.00
MAINTENANCE									
2.00	Hemodialysis	135	148,729	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	35,896	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	184,625	0		1,043,859			17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	617.748148	0.104650	0.000000		0.589360			18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300
Component CCN: 52-2319Period:
From 01/01/2021
To 12/31/2021Worksheet I-4
Date/Time Prepared:
6/21/2022 8:41 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,620	1,398,351	863.18	100	86,318
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	7	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,627	1,398,351		100	86,318
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,627				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	9,051	90.51			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
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)	9,051				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS			Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet I-1 Date/Time Prepared: 6/21/2022 8:41 am	
				Home 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
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		0	HOURS OF SERVICE	0.00	0.00
5.00	SOCIAL WORKERS	7,517	0	HOURS OF SERVICE	312.00	0.15
6.00	DIETICIANS	10,218	0	HOURS OF SERVICE	374.00	0.18
7.00	PHYSICIANS		0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY		0	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	17,735				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	306,985		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)*	328,203				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	732		SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	96,700		ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		0	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS		0			23.00
24.00	CENTRAL SERVICE & SUPPLIES		0	REQUISITIONS		24.00
25.00	PHARMACY		0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	3,132		ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	428,767				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)	428,767				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 01/01/2021 To 12/31/2021		Worksheet I-2 Date/Time Prepared: 6/21/2022 8:41 am	
						Home Program Dialysis		TEFRA	
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department		Drugs	
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00			6.00	
1.00	Total Renal Department Costs	0	0	0	17,735	4,215		-82,589	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	72	21		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	17,233	4,091		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	430	103		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	17,735	4,215		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	306,985	0	246,346	99,832	346,178			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	768	0	861	261	1,122			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	302,707	0	324,031	98,344	422,375			11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0			12.00
13.00	Method II Home Patient	3,510	0	4,043	1,227	5,270			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)	306,985	0	328,935	99,832	428,767			17.00
18.00	Medical Educational Program Costs					0			18.00
19.00	Total Renal Costs (line 17 + line 18)					428,767			19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 52-3300		Period: From 01/01/2021 To 12/31/2021	Worksheet I-3 Date/Time Prepared: 6/21/2022 8:41 am	
						Home Program Dialysis	TEFRA	
		Capital Related Costs		Direct Patient Care Salary			Employee Benefits Department (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	17,735	4,215	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0.00	0.00	0.00	0	0	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0.00	0.00	0.00	0	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	0	6.00
7.00	CCPD	1	0.49	0.00	2.00	25	7.00	7.00
HOME								
8.00	Hemodialysis	0	0.00	0.00	0.00	0	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	0	10.00
11.00	CCPD	329	97.05	1.00	481.00	4,865	11.00	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	0	12.00
13.00	Method II Home Patient	0	2.52	0.00	12.00	123	13.00	13.00
14.00	ESAs						14.00	14.00
15.00							15.00	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00	16.00
17.00	Total Statistical Basis	330	100.06	1.00	495.00	5,013	17.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	0.000000	35.828283	0.840814	18.00	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	-82,589	306,985	0	246,346	99,832		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	768	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	302,707	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	3,510	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	306,985	0		328,935		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.303501		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 52-3300

Period:
From 01/01/2021
To 12/31/2021

Worksheet I-4

Date/Time Prepared:
6/21/2022 8:41 am

		Rate 0		Home Program Dialysis		TEFRA	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	7	1,122	160.29	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	2,760	422,375	153.03	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)	7	423,497		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)	8,287					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	0	0.00				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - CAPD	0	0.00				
6.00	Training - CCPD	0	0.00				
7.00	Home Program - Hemodialysis	0	0.00				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				
10.00	Home Program - CCPD	0	0.00				
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					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 52-3300	Period: From 01/01/2021 To 12/31/2021	Worksheet I-5 Date/Time Prepared: 6/21/2022 8:41 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	86,318		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	9,051	8,570	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)	9,051	8,570	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	6,856	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,924,057		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,821,848		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.946878		14.00