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 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 1/22/2019 2:38 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report Date: Time:
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHILDREN'S HOSPITAL OF WISCONSIN (52-3300) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	155,146	-31,359	0	14,193,221	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	155,146	-31,359	0	14,193,221	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/22/2019 2:38 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 9000 W.WISCONSIN AVE	PO Box:			1.00
2.00	City: MILWAUKEE	State: WI	Zip Code: 53226	County: MILWAUKEE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	CHILDREN'S HOSPITAL OF WISCONSIN	523300	33340	7	01/01/1984	O	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
18.01	Renal Dialysis									18.01
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2017	12/31/2017	20.00
21.00	Type of Control (see instructions)	4		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 1/22/2019 2:38 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
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	46.00
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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
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			57.00
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			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/22/2019 2:38 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	110.57	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	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	
	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	128.12	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2200	5.53	57.57	0.087639	67.00
67.01		FAMILY MEDICINE	1350	0.00	5.75	0.000000	67.01
67.02		INTERNAL MED & PEDS	1450	0.81	10.94	0.068936	67.02
67.03		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 1/22/2019 2:38 pm

		1.00	2.00	3.00	
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	Y	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	8.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	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 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
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:	156,955	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
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			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

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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.

	1.00	2.00	3.00	
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

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)

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
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

Multicampus

		1.00	
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

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

		1.00	
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)	0	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

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2017	12/31/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/18/2018	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/21/2018	Y	03/21/2018	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 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HELEN	REMPEL	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHILDREN'S HOSPITAL OF WI		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-266-7653	HREMPEL@CHW.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/22/2019 2:38 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR.FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 1/22/2019 2:38 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	N	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	Y	3.01
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	N	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 1/22/2019 2:38 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	31,390	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	31,390	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	142	68,620	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01	BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE HOT UNIT	35.00	24	8,760	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		298	108,770	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			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 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 1/22/2019 2:38 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	62	8,882	25,839			1.00
2.00	HMO and other (see instructions)	0	18,622				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)	62	8,882	25,839			7.00
8.00	INTENSIVE CARE UNIT	109	14,633	39,630			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE HOT UNIT	34	1,505	5,155			12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	205	25,020	70,624	189.95	2,553.93	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	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)				189.95	2,553.93	27.00
28.00	Observation Bed Days		763	3,913			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 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 1/22/2019 2:38 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		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	36	2,277	9,253	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE HOT UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	36	2,277	9,253	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-5 | Date/Time Prepared: 1/22/2019 2:38 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	29	0	11	0	7	0	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	5.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	8.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	365	0					5.00
6.00	Number of stations	5	0	0	0			6.00
7.00	Treatment capacity per day per station	15	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	Y	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	7		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)	ARANESP, EPOETIN	47,711	0	36,393	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet S-5 Date/Time Prepared: 1/22/2019 2:38 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	522319	4,589	23.00
23.01			0	23.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (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		26,028,911	26,028,911	20,662,445	46,691,356	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,273,459	26,273,459	661,327	26,934,786	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	7,196,099	7,196,099	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,036,043	128,333,566	135,369,609	-24,831,322	110,538,287	5.00
7.00	00700	OPERATION OF PLANT	3,818,459	17,039,080	20,857,539	0	20,857,539	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,186,033	1,186,033	0	1,186,033	8.00
9.00	00900	HOUSEKEEPING	3,293,867	4,084,476	7,378,343	-120,535	7,257,808	9.00
10.00	01000	DIETARY	1,459,590	3,418,428	4,878,018	-63,689	4,814,329	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,736,050	2,812,740	10,548,790	0	10,548,790	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,204,331	1,698,361	3,902,692	-3,836,058	66,634	14.00
15.00	01500	PHARMACY	221,116	3,024,590	3,245,706	-5,364	3,240,342	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,646,405	4,646,405	16.00
17.00	01700	SOCIAL SERVICE	2,125,574	887,350	3,012,924	-134,457	2,878,467	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,668,123	14,668,123	4,778,072	19,446,195	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	369,659	369,659	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,404,407	7,391,568	27,795,975	-1,168,309	26,627,666	30.00
31.00	03100	INTENSIVE CARE UNIT	32,959,094	14,757,716	47,716,810	-3,946,126	43,770,684	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	3,434,411	3,282,632	6,717,043	-19,674	6,697,369	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,818,346	6,414,286	16,232,632	-1,361,692	14,870,940	50.00
51.00	05100	RECOVERY ROOM	1,888,485	519,597	2,408,082	-153	2,407,929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	460,958	1,844,171	2,305,129	-963,840	1,341,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,586,182	5,920,405	13,506,587	-283,615	13,222,972	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	558,245	462,149	1,020,394	0	1,020,394	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	741,430	861,367	1,602,797	-2,072	1,600,725	58.00
59.00	05900	CARDIAC CATHETERIZATION	614,934	2,273,593	2,888,527	0	2,888,527	59.00
60.00	06000	LABORATORY	6,274,079	16,391,916	22,665,995	729,712	23,395,707	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	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	4,009,543	4,009,543	0	4,009,543	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,250,396	5,183,176	11,433,572	-2,878,499	8,555,073	65.00
66.00	06600	PHYSICAL THERAPY	3,287,080	1,199,034	4,486,114	782,204	5,268,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,229,999	1,207,266	3,437,265	271,459	3,708,724	68.00
69.00	06900	ELECTROCARDIOLOGY	2,307,958	3,318,002	5,625,960	277,721	5,903,681	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	848,217	543,745	1,391,962	9,146	1,401,108	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,770,909	2,828,083	4,598,992	18,183,378	22,782,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,104,177	9,104,177	0	9,104,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,164,512	31,635,733	39,800,245	-45,079	39,755,166	73.00
74.00	07400	RENAL DIALYSIS	346,061	409,294	755,355	145,397	900,752	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	586,827	181,965	768,792	52,949	821,741	90.01
90.02	09002	PAIN/PALLATIVE CARE	328,230	219,274	547,504	300,136	847,640	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (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	631,632	249,020	880,652	111,028	991,680	90.03
90.04	09004	GI CLINIC	1,183,464	463,261	1,646,725	32,727	1,679,452	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,057,572	1,218,189	2,275,761	958,012	3,233,773	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	285,718	135,396	421,114	28,520	449,634	90.07
90.08	09008	CARDIOLOGY CLINIC	1,113,951	455,622	1,569,573	-63	1,569,510	90.08
90.09	09009	PULMONARY CLINIC	415,640	218,189	633,829	125,722	759,551	90.09
90.10	09010	ENT CLINIC	676,161	283,261	959,422	338,597	1,298,019	90.10
90.11	09011	ORTHOPEDIC CLINIC	686,275	289,714	975,989	-59,784	916,205	90.11
90.12	09012	EYE CLINIC	280,134	136,096	416,230	96,294	512,524	90.12
90.13	09013	ONCOLOGY CLINIC	1,613,720	687,368	2,301,088	-48,475	2,252,613	90.13
90.14	09014	SURGICAL SPECIALTIES	557,192	246,370	803,562	14,176	817,738	90.14
90.15	09015	ALLERGY CLINIC	711,888	338,344	1,050,232	22,994	1,073,226	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	408,509	194,026	602,535	15,150	617,685	90.17
90.18	09018	CLINIC ADMINISTRATOR	2,240,650	4,640,725	6,881,375	-6,777,917	103,458	90.18
90.19	09019	CRANIOFACIAL CENTER	154,618	52,947	207,565	3,914	211,479	90.19
90.20	09020	HEMATOLOGY CLINIC	303,125	74,130	377,255	-98,148	279,107	90.20
90.21	09021	SPINA BIFIDA	207,578	62,740	270,318	-10,343	259,975	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,233,401	380,841	1,614,242	203,934	1,818,176	90.22
90.23	09023	RHEUMATOLOGY CLINIC	207,053	80,828	287,881	141,715	429,596	90.23
90.24	09024	ENDOCRINE CLINIC	172,003	61,553	233,556	37,610	271,166	90.24
90.25	09025	RENAL CLINIC	309,882	94,000	403,882	0	403,882	90.25
90.26	09026	GREENFIELD CLINIC	624,507	767,084	1,391,591	-326,753	1,064,838	90.26
90.27	09027	NEW BERLIN CLINIC	1,345,929	2,794,300	4,140,229	-1,323,999	2,816,230	90.27
90.28	09028	FOX POINT CLINIC	0	9,538	9,538	-3,925	5,613	90.28
90.29	09029	DELAFIELD CLINIC	202,305	115,477	317,782	268,475	586,257	90.29
90.30	09030	MEQUON CLINIC	482,588	214,375	696,963	-476,859	220,104	90.30
90.31	09031	KENOSHA CLINIC	225,718	285,369	511,087	8,383	519,470	90.31
90.32	09032	WEST DEPERE CLINIC	37,637	17,140	54,777	15,035	69,812	90.32
90.33	09033	APPLETON CLINIC	14,615	6,064	20,679	10,658	31,337	90.33
90.34	09034	GREENFIELD ENT CLINIC	377	182	559	62	621	90.34
90.35	09035	UROLOGY CLINIC	412,712	170,951	583,663	-653	583,010	90.35
91.00	09100	EMERGENCY	6,814,999	3,251,794	10,066,793	-1,103,551	8,963,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	22,112	247,945	270,057	21,559	291,616	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,045,583	714,404	2,759,987	248,232	3,008,219	98.00
98.01	09851	TRANSPORT	2,102,251	915,406	3,017,657	27,251	3,044,908	98.01
98.02	09852	GENETICS CENTER	208,798	784,586	993,384	556,655	1,550,039	98.02
98.03	09853	NUCLEAR MEDICINE	216,585	414,806	631,391	0	631,391	98.03
98.04	09854	CHILD DEVELOPMENT	115,350	438,282	553,632	5,118	558,750	98.04
98.05	09855	CHILD PROTECTION CENTER	1,281,715	1,181,896	2,463,611	-348,113	2,115,498	98.05
98.06	09856	DENTAL SRVS	3,330,303	1,519,661	4,849,964	-952,480	3,897,484	98.06
98.07	09857	ADOLESCENT MEDICINE	105,690	45,535	151,225	3,366	154,591	98.07
98.08	09858	OTHER OFFSITE CLINICS	41,463	13,155	54,618	0	54,618	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	128,722	478,822	607,544	103,878	711,422	105.00
106.00	10600	HEART ACQUISITION	680,881	1,006,397	1,687,278	-489,464	1,197,814	106.00
107.00	10700	LIVER ACQUISITION	140,044	969,843	1,109,887	158,586	1,268,473	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		13,318,533	13,318,533	-13,318,533	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	366,789	366,789	-366,789	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,786,840	389,824,763	563,611,603	-2,742,573	560,869,030	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	284,696	284,696	0	284,696	190.00
191.00	19100	RESEARCH	2,390,030	2,730,661	5,120,691	376,542	5,497,233	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	1,316,714	1,150,107	2,466,821	560,916	3,027,737	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	1,805,266	1,805,266	194.02
194.03	07953	OUTREACH	286,085	105,263	391,348	0	391,348	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	432,640	160,299	592,939	-151	592,788	194.05
194.06	07956	FLIGHT FOR LIFE	0	965,763	965,763	0	965,763	194.06
194.07	07957	CAC WAUKESHA	34,924	42,027	76,951	0	76,951	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	178,247,233	395,263,579	573,510,812	0	573,510,812	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-12,038,317	34,653,039		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	26,934,786		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,196,099		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,745,972	105,792,315		5.00
7.00	00700	OPERATION OF PLANT	-622,659	20,234,880		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,186,033		8.00
9.00	00900	HOUSEKEEPING	0	7,257,808		9.00
10.00	01000	DIETARY	-553,358	4,260,971		10.00
11.00	01100	CAFETERIA	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	10,548,790		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,634		14.00
15.00	01500	PHARMACY	-2,944,091	296,251		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,646,405		16.00
17.00	01700	SOCIAL SERVICE	-35,943	2,842,524		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	19,446,195		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	369,659		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-508,384	26,119,282		30.00
31.00	03100	INTENSIVE CARE UNIT	-311,203	43,459,481		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	-89,105	6,608,264		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-320,621	14,550,319		50.00
51.00	05100	RECOVERY ROOM	0	2,407,929		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,341,289		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-127,136	13,095,836		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	1,020,394		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,600,725		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,888,527		59.00
60.00	06000	LABORATORY	-191,474	23,204,233		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	4,009,543		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	-104,783	8,450,290		65.00
66.00	06600	PHYSICAL THERAPY	0	5,268,318		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	3,708,724		68.00
69.00	06900	ELECTROCARDIOLOGY	-109,850	5,793,831		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-510	1,400,598		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,026	22,780,344		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,104,177		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-4,943,557	34,811,609		73.00
74.00	07400	RENAL DIALYSIS	-38,228	862,524		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	821,741		90.01
90.02	09002	PAIN/PALLATIVE CARE	-65,690	781,950		90.02
90.03	09003	DIABETIC CLINIC	0	991,680		90.03
90.04	09004	GI CLINIC	0	1,679,452		90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	3,233,773		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	449,634		90.07
90.08	09008	CARDIOLOGY CLINIC	0	1,569,510		90.08
90.09	09009	PULMONARY CLINIC	0	759,551		90.09
90.10	09010	ENT CLINIC	-211,131	1,086,888		90.10
90.11	09011	ORTHOPEDIC CLINIC	-176,369	739,836		90.11
90.12	09012	EYE CLINIC	-431	512,093		90.12
90.13	09013	ONCOLOGY CLINIC	0	2,252,613		90.13
90.14	09014	SURGICAL SPECIALTIES	-14,323	803,415		90.14
90.15	09015	ALLERGY CLINIC	-254,000	819,226		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	617,685		90.17
90.18	09018	CLINIC ADMINISTRATOR	-103,458	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	211,479		90.19
90.20	09020	HEMATOLOGY CLINIC	0	279,107		90.20
90.21	09021	SPINA BIFIDA	0	259,975		90.21
90.22	09022	NEUROSCIENCES CLINIC	-159,855	1,658,321		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	429,596		90.23
90.24	09024	ENDOCRINE CLINIC	-1	271,165		90.24
90.25	09025	RENAL CLINIC	-99,417	304,465		90.25
90.26	09026	GREENFIELD CLINIC	-91,024	973,814		90.26
90.27	09027	NEW BERLIN CLINIC	-51,432	2,764,798		90.27
90.28	09028	FOX POINT CLINIC	0	5,613		90.28
90.29	09029	DELAFIELD CLINIC	0	586,257		90.29
90.30	09030	MEQUON CLINIC	0	220,104		90.30
90.31	09031	KENOSHA CLINIC	0	519,470		90.31
90.32	09032	WEST DEPERE CLINIC	0	69,812		90.32
90.33	09033	APPLETON CLINIC	0	31,337		90.33
90.34	09034	GREENFIELD ENT CLINIC	0	621		90.34
90.35	09035	UROLOGY CLINIC	0	583,010		90.35
91.00	09100	EMERGENCY	0	8,963,242		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	291,616		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	-59,130	2,949,089		98.00
98.01	09851	TRANSPORT	0	3,044,908		98.01
98.02	09852	GENETICS CENTER	0	1,550,039		98.02
98.03	09853	NUCLEAR MEDICINE	0	631,391		98.03
98.04	09854	CHILD DEVELOPMENT	-5,410	553,340		98.04
98.05	09855	CHILD PROTECTION CENTER	-11,037	2,104,461		98.05
98.06	09856	DENTAL SRVS	-6,555	3,890,929		98.06
98.07	09857	ADOLESCENT MEDICINE	-1	154,590		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	54,618		98.08
98.09	09859	OTHER	0	0		98.09
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
	SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	711,422		105.00
106.00	10600	HEART ACQUISITION	-77,474	1,120,340		106.00
107.00	10700	LIVER ACQUISITION	0	1,268,473		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,073,955	531,795,075		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	284,696		190.00
191.00	19100	RESEARCH	-28,340	5,468,893		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	0		194.00
194.01	07951	POISON CONTROL	-784,254	2,243,483		194.01
194.02	07952	PUBLIC RELATIONS	0	1,805,266		194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.03	07953	OUTREACH	-123,128	268,220		194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0		194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	592,788		194.05
194.06	07956	FLIGHT FOR LIFE	0	965,763		194.06
194.07	07957	CAC WAUKESHA	0	76,951		194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,009,677	543,501,135		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet Non-CMS W | Date/Time Prepared: 1/22/2019 2:38 pm

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

COST CENTERS USED IN COST REPORT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet Non-CMS W | Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.02	PAIN/PALLATIVE CARE	09002		90.02
90.03	DIABETIC CLINIC	09003		90.03
90.04	GI CLINIC	09004		90.04
90.05	CLINIC FOR SPECIAL NEEDS	09005		90.05
90.06	DIETETICS	09006		90.06
90.07	INFUSION ROOM	09007		90.07
90.08	CARDIOLOGY CLINIC	09008		90.08
90.09	PULMONARY CLINIC	09009		90.09
90.10	ENT CLINIC	09010		90.10
90.11	ORTHOPEDIC CLINIC	09011		90.11
90.12	EYE CLINIC	09012		90.12
90.13	ONCOLOGY CLINIC	09013		90.13
90.14	SURGICAL SPECIALTIES	09014		90.14
90.15	ALLERGY CLINIC	09015		90.15
90.16	LASER CLINIC	09016		90.16
90.17	DERMATOLOGY CLINIC	09017		90.17
90.18	CLINIC ADMINISTRATOR	09018		90.18
90.19	CRANIOFACIAL CENTER	09019		90.19
90.20	HEMATOLOGY CLINIC	09020		90.20
90.21	SPINA BIFIDA	09021		90.21
90.22	NEUROSCIENCES CLINIC	09022		90.22
90.23	RHEUMATOLOGY CLINIC	09023		90.23
90.24	ENDOCRINE CLINIC	09024		90.24
90.25	RENAL CLINIC	09025		90.25
90.26	GREENFIELD CLINIC	09026		90.26
90.27	NEW BERLIN CLINIC	09027		90.27
90.28	FOX POINT CLINIC	09028		90.28
90.29	DELAFIELD CLINIC	09029		90.29
90.30	MEQUON CLINIC	09030		90.30
90.31	KENOSHA CLINIC	09031		90.31
90.32	WEST DEPERE CLINIC	09032		90.32
90.33	APPLETON CLINIC	09033		90.33
90.34	GREENFIELD ENT CLINIC	09034		90.34
90.35	UROLOGY CLINIC	09035		90.35
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	PSYCHIATRY - OFFICE BLDG	09850		98.00
98.01	TRANSPORT	09851		98.01
98.02	GENETICS CENTER	09852		98.02
98.03	NUCLEAR MEDICINE	09853		98.03
98.04	CHILD DEVELOPMENT	09854		98.04
98.05	CHILD PROTECTION CENTER	09855		98.05
98.06	DENTAL SRVS	09856		98.06
98.07	ADOLESCENT MEDICINE	09857		98.07
98.08	OTHER OFFSITE CLINICS	09858		98.08
98.09	OTHER	09859		98.09
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
117.00	OTHER CAPITAL RELATED COSTS	06950		117.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00

COST CENTERS USED IN COST REPORT	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	DOWNTOWN HEALTH CENTER	07950		194.00
194.01	POISON CONTROL	07951		194.01
194.02	PUBLIC RELATIONS	07952		194.02
194.03	OUTREACH	07953		194.03
194.04	OTHER OFFSITE CLINICS	07954		194.04
194.05	CHILDREN'S SPECIALTY GROUP	07955		194.05
194.06	FLIGHT FOR LIFE	07956		194.06
194.07	CAC WAUKESHA	07957		194.07
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center	Increases 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	184,412		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	182,377		2.00
	0		0	366,789		
	B - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,318,533		1.00
	0		0	13,318,533		
	C - RECLASS MALPRACTICE INSURANCE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	369,659		1.00
	0		0	369,659		
	D - RECLASS DENTAL I&R FROM A&G					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	330,423	91,175		1.00
	0		330,423	91,175		
	F - RECLASS MED SUPP CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,936,178	1,898,417		1.00
	0		1,936,178	1,898,417		
	G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,668,418		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,026,638		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
	0		0	5,695,056		
	H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	236,448		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	0		0	236,448		
	J - RECLASS MCW PURCHASED SERVICES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,536,808		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,819,666		2.00
3.00	TRANSPORT	98.01	0	179,863		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,000		4.00
5.00	PAIN/PALLATIVE CARE	90.02	0	126,184		5.00
6.00	HEART ACQUISITION	106.00	0	44,866		6.00
7.00	RESEARCH	191.00	0	59,640		7.00
8.00	POISON CONTROL	194.01	0	543,324		8.00

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	INTENSIVE CARE UNIT	31.00	0	2,395		9.00
10.00	GENETICS CENTER	98.02	0	614,183		10.00
11.00	POISON CONTROL	194.01	0	17,592		11.00
12.00	PULMONARY CLINIC	90.09	0	37,927		12.00
13.00	CLINIC FOR SPECIAL NEEDS	90.05	0	801,619		13.00
14.00	CLINIC ADMINISTRATOR	90.18	0	200,398		14.00
15.00	SPEECH PATHOLOGY	68.00	0	40,982		15.00
16.00	CHILDREN'S SPECIALTY GROUP	194.05	0	1,500		16.00
17.00	ENT CLINIC	90.10	0	277,535		17.00
18.00	LABORATORY	60.00	0	639,952		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	280,598		19.00
20.00	PAIN/PALLATIVE CARE	90.02	0	149,389		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	65,171		21.00
22.00	PULMONARY CLINIC	90.09	0	39,609		22.00
23.00	ANESTHESIOLOGY	53.00	0	495,782		23.00
24.00	OPERATING ROOM	50.00	0	94,645		24.00
25.00	EYE CLINIC	90.12	0	85,717		25.00
26.00	PHYSICAL THERAPY	66.00	0	55,710		26.00
27.00	OPERATING ROOM	50.00	0	55,576		27.00
28.00	OPERATING ROOM	50.00	0	1,438,030		28.00
29.00	NEUROSCIENCES CLINIC	90.22	0	166,471		29.00
	0		0	10,891,132		
	K - RECLASS TRANSPLANT EXPENSES					
1.00	KIDNEY ACQUISITION	105.00	99,114	28,325		1.00
2.00	LIVER ACQUISITION	107.00	99,114	52,391		2.00
3.00	HEART ACQUISITION	106.00	99,115	45,566		3.00
4.00	RENAL DIALYSIS	74.00	62,587	23,127		4.00
5.00	INFUSION ROOM	90.07	20,862	7,658		5.00
6.00	OPERATING ROOM	50.00	105,956	18,738		6.00
	0		486,748	175,805		
	P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	13,754	3,822		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	16,870	4,689		2.00
	0		30,624	8,511		
	Q - RECLASS CHHS SALARY TO OTHER EXP					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	106,951		1.00
2.00	PUBLIC RELATIONS	194.02	0	1,805,266		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,646,405		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,196,099		4.00
	0		0	13,754,721		
	R - RECLASS AMBULATORY ADMINISTRATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	50,159	31,810		1.00
2.00	OTHER SPECIAL CARE HOT UNIT	35.00	135,432	101,815		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	247,230	382,564		3.00
4.00	LABORATORY	60.00	61,065	111,620		4.00
5.00	RESPIRATORY THERAPY	65.00	98,043	76,107		5.00
6.00	PHYSICAL THERAPY	66.00	413,935	482,828		6.00
7.00	SPEECH PATHOLOGY	68.00	106,988	140,445		7.00
8.00	ELECTROCARDIOLOGY	69.00	4,915	10,364		8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	4,411	4,794		9.00
10.00	INFECTIOUS DISEASES	90.01	32,419	20,530		10.00
11.00	PAIN/PALLATIVE CARE	90.02	15,040	9,523		11.00
12.00	DIABETIC CLINIC	90.03	67,968	43,060		12.00
13.00	GI CLINIC	90.04	20,140	12,700		13.00
14.00	CLINIC FOR SPECIAL NEEDS	90.05	95,755	60,638		14.00
15.00	PULMONARY CLINIC	90.09	30,280	19,174		15.00
16.00	ENT CLINIC	90.10	37,393	23,669		16.00
17.00	EYE CLINIC	90.12	6,487	4,090		17.00
18.00	ONCOLOGY CLINIC	90.13	74,650	55,172		18.00
19.00	SURGICAL SPECIALTIES	90.14	8,723	5,551		19.00
20.00	ALLERGY CLINIC	90.15	14,102	8,892		20.00
21.00	DERMATOLOGY CLINIC	90.17	9,291	5,859		21.00
22.00	CLINIC ADMINISTRATOR	90.18	18,045	11,378		22.00
23.00	CRANIOFACIAL CENTER	90.19	2,400	1,514		23.00
24.00	HEMATOLOGY CLINIC	90.20	10,112	7,602		24.00
25.00	SPINA BIFIDA	90.21	13,374	8,471		25.00
26.00	NEUROSCIENCES CLINIC	90.22	21,386	16,077		26.00
27.00	RHEUMATOLOGY CLINIC	90.23	86,729	54,986		27.00
28.00	ENDOCRINE CLINIC	90.24	23,024	14,586		28.00
29.00	GREENFIELD CLINIC	90.26	16,009	10,097		29.00
30.00	NEW BERLIN CLINIC	90.27	45,652	28,852		30.00
31.00	DELAFIELD CLINIC	90.29	77,265	191,210		31.00
32.00	MEQUON CLINIC	90.30	145,385	204,512		32.00
33.00	KENOSHA CLINIC	90.31	5,141	3,242		33.00

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 1/22/2019 2:38 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
34.00	WEST DEPERE CLINIC	90.32	114	29,918	34.00
35.00	APPLETON CLINIC	90.33	109	28,685	35.00
36.00	GREENFIELD ENT CLINIC	90.34	38	24	36.00
37.00	PSYCHIATRY - OFFICE BLDG	98.00	183,155	116,071	37.00
38.00	GENETICS CENTER	98.02	21,820	13,824	38.00
39.00	CHILD DEVELOPMENT	98.04	3,139	1,979	39.00
40.00	DENTAL SRVS	98.06	15,593	9,833	40.00
41.00	ADOLESCENT MEDICINE	98.07	2,064	1,302	41.00
42.00	RESEARCH	191.00	7,604	5,619	42.00
	0		2,232,584	2,370,987	
	S - RECLASS SUPPLY EX CHARGED TO PTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,398,896	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	0		0	14,398,896	
	T - RECLASS COST OF EPO TO DIALYSIS				
1.00	RENAL DIALYSIS	74.00	0	45,079	1.00
	0		0	45,079	
	U - RECLASS DEPRECIATION EXPENSES				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,357,493	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	242,502	2.00
	TOTALS		0	1,599,995	
	V - RECLASS CLINICAL TRIAL COST				
1.00	RESEARCH	191.00	0	74,565	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
	0		0	74,565	
	W - RECLASS RESEARCH GRANT EXPENSE				
1.00	RESEARCH	191.00	9,491	3,602	1.00
2.00	RESEARCH	191.00	3,119	811	2.00
3.00	RESEARCH	191.00	10,521	3,885	3.00
4.00	RESEARCH	191.00	48,099	10,974	4.00
5.00	RESEARCH	191.00	29,931	6,807	5.00
6.00	RESEARCH	191.00	42,076	14,713	6.00
7.00	RESEARCH	191.00	32,750	10,686	7.00
8.00	RESEARCH	191.00	14,357	8,302	8.00
9.00	RESEARCH	191.00	5,725	3,804	9.00
	0		196,069	63,584	
	X - RECLASS TRANSPLANT SALARY				
1.00	ADMINISTRATIVE & GENERAL	5.00	80,164	22,117	1.00
2.00	KIDNEY ACQUISITION	105.00	23,881	6,589	2.00
3.00	LIVER ACQUISITION	107.00	24,806	6,853	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	0		128,851	35,559	
500.00	Grand Total: Increases		5,341,477	65,394,911	500.00

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 1/22/2019 2:38 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RECLASS INSURANCE EXPENSE					
1.00	OTHER CAPITAL RELATED COSTS	117.00	0	366,789	12	1.00
2.00		0.00	0	0	12	2.00
	0		0	366,789		
	B - RECLASS INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	13,318,533	11	1.00
	0		0	13,318,533		
	C - RECLASS MALPRACTICE INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	369,659	0	1.00
	0		0	369,659		
	D - RECLASS DENTAL I&R FROM A&G					
1.00	DENTAL SRVS	98.06	330,423	91,175	0	1.00
	0		330,423	91,175		
	F - RECLASS MED SUPP CHARGED TO PATIENTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	1,936,178	1,898,417	0	1.00
	0		1,936,178	1,898,417		
	G - RECLASS RENTAL COSTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,463	9	1.00
2.00	GENETICS CENTER	98.02	0	81,123	9	2.00
3.00	GREENFIELD CLINIC	90.26	0	352,859	9	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	98,838	9	4.00
5.00	PHYSICAL THERAPY	66.00	0	169,791	9	5.00
6.00	TRANSPORT	98.01	0	51,655	9	6.00
7.00	RESEARCH	191.00	0	10,435	9	7.00
8.00	CHILD PROTECTION CENTER	98.05	0	348,113	9	8.00
9.00	DENTAL SRVS	98.06	0	382,423	9	9.00
10.00	DENTAL SRVS	98.06	0	95,314	9	10.00
11.00	RESEARCH	191.00	0	15,706	0	11.00
12.00	RESEARCH	191.00	0	3,626	0	12.00
13.00	PSYCHIATRY - OFFICE BLDG	98.00	0	50,994	0	13.00
14.00	APPLETON CLINIC	90.33	0	18,136	0	14.00
15.00	NEW BERLIN CLINIC	90.27	0	1,398,503	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	476,297	0	16.00
17.00	LABORATORY	60.00	0	33,717	0	17.00
18.00	DENTAL SRVS	98.06	0	78,571	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	108,991	0	19.00
20.00	FOX POINT CLINIC	90.28	0	3,925	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	244,167	0	21.00
22.00	LABORATORY	60.00	0	24,484	0	22.00
23.00	CLINIC ADMINISTRATOR	90.18	0	804,172	0	23.00
24.00	MEQUON CLINIC	90.30	0	826,756	0	24.00
25.00	WEST DEPERE CLINIC	90.32	0	14,997	0	25.00
	0		0	5,695,056		
	H - RECLASS EQUIPMENT RENTAL COSTS					
1.00	RENAL DIALYSIS	74.00	0	2,972	9	1.00
2.00	OPERATING ROOM	50.00	0	200	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	50,113	0	3.00
4.00	RESEARCH	191.00	0	126	0	4.00
5.00	PHARMACY	15.00	0	1,893	0	5.00
6.00	RESEARCH	191.00	0	260	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	60	0	7.00
8.00	RESEARCH	191.00	0	386	0	8.00
9.00	CHILDREN'S SPECIALTY GROUP	194.05	0	1,651	0	9.00
10.00	OPERATING ROOM	50.00	0	1,750	0	10.00
11.00	HOUSEKEEPING	9.00	0	120,535	0	11.00
12.00	TRANSPORT	98.01	0	91	0	12.00
13.00	OPERATING ROOM	50.00	0	500	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	44,920	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	10,991	0	15.00
	0		0	236,448		
	J - RECLASS MCW PURCHASED SERVICES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,891,132	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

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 1/22/2019 2:38 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
	0		0	10,891,132			
	K - RECLASS TRANSPLANT EXPENSES						
1.00	HEART ACQUISITION	106.00	486,748	175,805	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		486,748	175,805			
	P - RECLASS SAL & BEN TO RENAL DIALYSIS						
1.00	SOCIAL SERVICE	17.00	12,981	3,608	0		1.00
2.00	DIETARY	10.00	17,643	4,903	0		2.00
	0		30,624	8,511			
	Q - RECLASS CHHS SALARY TO OTHER EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,754,721	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	13,754,721			
	R - RECLASS AMBULATORY ADMINISTRATION						
1.00	CLINIC ADMINISTRATOR	90.18	2,232,584	2,370,987	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 1/22/2019 2:38 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
	0		2,232,584	2,370,987		
	S - RECLASS SUPPLY EX CHARGED TO PTS					
1.00	ADULTS & PEDIATRICS	30.00	0	1,233,480	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,892,610	0	2.00
3.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	256,921	0	3.00
4.00	OPERATING ROOM	50.00	0	3,071,745	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	1,459,518	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	3,051,074	0	6.00
7.00	SPEECH PATHOLOGY	68.00	0	8,001	0	7.00
8.00	ORTHOPEDIC CLINIC	90.11	0	59,784	0	8.00
9.00	ONCOLOGY CLINIC	90.13	0	177,391	0	9.00
10.00	TRANSPORT	98.01	0	100,866	0	10.00
11.00	EMERGENCY	91.00	0	1,087,506	0	11.00
	0		0	14,398,896		
	T - RECLASS COST OF EPO TO DIALYSIS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,079	0	1.00
	0		0	45,079		
	U - RECLASS DEPRECIATION EXPENSES					
1.00	CLINIC ADMINISTRATOR	90.18	0	1,599,995	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	1,599,995		
	V - RECLASS CLINICAL TRIAL COST					
1.00	OPERATING ROOM	50.00	0	442	0	1.00
2.00	RECOVERY ROOM	51.00	0	153	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	104	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,116	0	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,072	0	5.00
6.00	LABORATORY	60.00	0	24,724	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	1,575	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	478	0	8.00
9.00	SPEECH PATHOLOGY	68.00	0	8,955	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	18,156	0	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	59	0	11.00
12.00	PHARMACY	15.00	0	1,511	0	12.00
13.00	GI CLINIC	90.04	0	113	0	13.00
14.00	CARDIOLOGY CLINIC	90.08	0	63	0	14.00
15.00	PULMONARY CLINIC	90.09	0	1,268	0	15.00
16.00	ONCOLOGY CLINIC	90.13	0	906	0	16.00
17.00	SURGICAL SPECIALTIES	90.14	0	98	0	17.00
18.00	UROLOGY CLINIC	90.35	0	653	0	18.00
19.00	GENETICS CENTER	98.02	0	8,119	0	19.00
	0		0	74,565		
	W - RECLASS RESEARCH GRANT EXPENSE					
1.00	DIETARY	10.00	9,491	3,602	0	1.00
2.00	GENETICS CENTER	98.02	3,119	811	0	2.00
3.00	DIETARY	10.00	10,521	3,885	0	3.00
4.00	HEMATOLOGY CLINIC	90.20	48,099	10,974	0	4.00
5.00	SOCIAL SERVICE	17.00	29,931	6,807	0	5.00
6.00	HEMATOLOGY CLINIC	90.20	42,076	14,713	0	6.00
7.00	SOCIAL SERVICE	17.00	32,750	10,686	0	7.00
8.00	SPINA BIFIDA	90.21	14,357	8,302	0	8.00
9.00	SPINA BIFIDA	90.21	5,725	3,804	0	9.00
	0		196,069	63,584		
	X - RECLASS TRANSPLANT SALARY					
1.00	DIETARY	10.00	10,694	2,950	0	1.00
2.00	PHARMACY	15.00	1,536	424	0	2.00
3.00	SOCIAL SERVICE	17.00	29,543	8,151	0	3.00
4.00	EMERGENCY	91.00	12,571	3,474	0	4.00
5.00	KIDNEY ACQUISITION	105.00	42,348	11,683	0	5.00
6.00	LIVER ACQUISITION	107.00	19,263	5,315	0	6.00
7.00	HEART ACQUISITION	106.00	12,896	3,562	0	7.00
	0		128,851	35,559		
500.00	Grand Total: Decreases		5,341,477	65,394,911		500.00

RECLASSIFICATIONS

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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	184,412	OTHER CAPITAL RELATED COSTS	117.00	0	366,789	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	182,377		0.00	0	0	2.00
	0		0	366,789	0		0	366,789	
	B - RECLASS INTEREST EXPENSE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,318,533	INTEREST EXPENSE	113.00	0	13,318,533	1.00
	0		0	13,318,533	0		0	13,318,533	
	C - RECLASS MALPRACTICE INSURANCE								
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	369,659	ADMINISTRATIVE & GENERAL	5.00	0	369,659	1.00
	0		0	369,659	0		0	369,659	
	D - RECLASS DENTAL I&R FROM A&G								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	330,423	91,175	DENTAL SRVS	98.06	330,423	91,175	1.00
	0		330,423	91,175	0		330,423	91,175	
	F - RECLASS MED SUPP CHARGED TO PATIENTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1,936,178	1,898,417	CENTRAL SERVICES & SUPPLY	14.00	1,936,178	1,898,417	1.00
	0		1,936,178	1,898,417	0		1,936,178	1,898,417	
	G - RECLASS RENTAL COSTS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,668,418	CENTRAL SERVICES & SUPPLY	14.00	0	1,463	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,026,638	GENETICS CENTER	98.02	0	81,123	2.00
3.00		0.00	0	0	GREENFIELD CLINIC	90.26	0	352,859	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	98,838	4.00
5.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	169,791	5.00
6.00		0.00	0	0	TRANSPORT	98.01	0	51,655	6.00
7.00		0.00	0	0	RESEARCH	191.00	0	10,435	7.00
8.00		0.00	0	0	CHILD PROTECTION CENTER	98.05	0	348,113	8.00
9.00		0.00	0	0	DENTAL SRVS	98.06	0	382,423	9.00
10.00		0.00	0	0	DENTAL SRVS	98.06	0	95,314	10.00
11.00		0.00	0	0	RESEARCH	191.00	0	15,706	11.00
12.00		0.00	0	0	RESEARCH	191.00	0	3,626	12.00
13.00		0.00	0	0	PSYCHIATRY - OFFICE BLDG	98.00	0	50,994	13.00
14.00		0.00	0	0	APPLETON CLINIC	90.33	0	18,136	14.00
15.00		0.00	0	0	NEW BERLIN CLINIC	90.27	0	1,398,503	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	476,297	16.00
17.00		0.00	0	0	LABORATORY	60.00	0	33,717	17.00
18.00		0.00	0	0	DENTAL SRVS	98.06	0	78,571	18.00
19.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	108,991	19.00
20.00		0.00	0	0	FOX POINT CLINIC	90.28	0	3,925	20.00
21.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	244,167	21.00
22.00		0.00	0	0	LABORATORY	60.00	0	24,484	22.00
23.00		0.00	0	0	CLINIC ADMINISTRATOR	90.18	0	804,172	23.00
24.00		0.00	0	0	MEQUON CLINIC	90.30	0	826,756	24.00
25.00		0.00	0	0	WEST DEPERE CLINIC	90.32	0	14,997	25.00
	0		0	5,695,056	0		0	5,695,056	
	H - RECLASS EQUIPMENT RENTAL COSTS								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	236,448	RENAL DIALYSIS	74.00	0	2,972	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	200	2.00
3.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	50,113	3.00
4.00		0.00	0	0	RESEARCH	191.00	0	126	4.00
5.00		0.00	0	0	PHARMACY	15.00	0	1,893	5.00
6.00		0.00	0	0	RESEARCH	191.00	0	260	6.00
7.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	60	7.00
8.00		0.00	0	0	RESEARCH	191.00	0	386	8.00
9.00		0.00	0	0	CHILDREN'S SPECIALTY GROUP	194.05	0	1,651	9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	1,750	10.00
11.00		0.00	0	0	HOUSEKEEPING	9.00	0	120,535	11.00
12.00		0.00	0	0	TRANSPORT	98.01	0	91	12.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	500	13.00
14.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	44,920	14.00
15.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	10,991	15.00
	0		0	236,448	0		0	236,448	

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 1/22/2019 2:38 pm

	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	
	J - RECLASS MCW PURCHASED SERVICES								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,536,808	ADMINISTRATIVE & GENERAL	5.00	0	10,891,132	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,819,666		0.00	0	0	2.00
3.00	TRANSPORT	98.01	0	179,863		0.00	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,000		0.00	0	0	4.00
5.00	PAIN/PALLATIVE CARE	90.02	0	126,184		0.00	0	0	5.00
6.00	HEART ACQUISITION	106.00	0	44,866		0.00	0	0	6.00
7.00	RESEARCH	191.00	0	59,640		0.00	0	0	7.00
8.00	POISON CONTROL	194.01	0	543,324		0.00	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	2,395		0.00	0	0	9.00
10.00	GENETICS CENTER	98.02	0	614,183		0.00	0	0	10.00
11.00	POISON CONTROL	194.01	0	17,592		0.00	0	0	11.00
12.00	PULMONARY CLINIC	90.09	0	37,927		0.00	0	0	12.00
13.00	CLINIC FOR SPECIAL NEEDS	90.05	0	801,619		0.00	0	0	13.00
14.00	CLINIC ADMINISTRATOR	90.18	0	200,398		0.00	0	0	14.00
15.00	SPEECH PATHOLOGY	68.00	0	40,982		0.00	0	0	15.00
16.00	CHILDREN'S SPECIALTY GROUP	194.05	0	1,500		0.00	0	0	16.00
17.00	ENT CLINIC	90.10	0	277,535		0.00	0	0	17.00
18.00	LABORATORY	60.00	0	639,952		0.00	0	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	280,598		0.00	0	0	19.00
20.00	PAIN/PALLATIVE CARE	90.02	0	149,389		0.00	0	0	20.00
21.00	ADULTS & PEDIATRICS	30.00	0	65,171		0.00	0	0	21.00
22.00	PULMONARY CLINIC	90.09	0	39,609		0.00	0	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	495,782		0.00	0	0	23.00
24.00	OPERATING ROOM	50.00	0	94,645		0.00	0	0	24.00
25.00	EYE CLINIC	90.12	0	85,717		0.00	0	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	55,710		0.00	0	0	26.00
27.00	OPERATING ROOM	50.00	0	55,576		0.00	0	0	27.00
28.00	OPERATING ROOM	50.00	0	1,438,030		0.00	0	0	28.00
29.00	NEUROSCIENCES CLINIC	90.22	0	166,471		0.00	0	0	29.00
	0		0	10,891,132	0		0	10,891,132	
	K - RECLASS TRANSPLANT EXPENSES								
1.00	KIDNEY ACQUISITION	105.00	99,114	28,325	HEART ACQUISITION	106.00	486,748	175,805	1.00
2.00	LIVER ACQUISITION	107.00	99,114	52,391		0.00	0	0	2.00
3.00	HEART ACQUISITION	106.00	99,115	45,566		0.00	0	0	3.00
4.00	RENAL DIALYSIS	74.00	62,587	23,127		0.00	0	0	4.00
5.00	INFUSION ROOM	90.07	20,862	7,658		0.00	0	0	5.00
6.00	OPERATING ROOM	50.00	105,956	18,738		0.00	0	0	6.00
	0		486,748	175,805	0		486,748	175,805	
	P - RECLASS SAL & BEN TO RENAL DIALYSIS								
1.00	RENAL DIALYSIS	74.00	13,754	3,822	SOCIAL SERVICE	17.00	12,981	3,608	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	16,870	4,689	DIETARY	10.00	17,643	4,903	2.00
	0		30,624	8,511	0		30,624	8,511	
	Q - RECLASS CHHS SALARY TO OTHER EXP								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	106,951	ADMINISTRATIVE & GENERAL	5.00	0	13,754,721	1.00
2.00	PUBLIC RELATIONS	194.02	0	1,805,266		0.00	0	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,646,405		0.00	0	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,196,099		0.00	0	0	4.00
	0		0	13,754,721	0		0	13,754,721	
	R - RECLASS AMBULATORY ADMINISTRATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	50,159	31,810	CLINIC ADMINISTRATOR	90.18	2,232,584	2,370,987	1.00
2.00	OTHER SPECIAL CARE HOT UNIT	35.00	135,432	101,815		0.00	0	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	247,230	382,564		0.00	0	0	3.00
4.00	LABORATORY	60.00	61,065	111,620		0.00	0	0	4.00
5.00	RESPIRATORY THERAPY	65.00	98,043	76,107		0.00	0	0	5.00
6.00	PHYSICAL THERAPY	66.00	413,935	482,828		0.00	0	0	6.00
7.00	SPEECH PATHOLOGY	68.00	106,988	140,445		0.00	0	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	4,915	10,364		0.00	0	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	4,411	4,794		0.00	0	0	9.00
10.00	INFECTIOUS DISEASES	90.01	32,419	20,530		0.00	0	0	10.00
11.00	PAIN/PALLATIVE CARE	90.02	15,040	9,523		0.00	0	0	11.00
12.00	DIABETIC CLINIC	90.03	67,968	43,060		0.00	0	0	12.00
13.00	GI CLINIC	90.04	20,140	12,700		0.00	0	0	13.00

RECLASSIFICATIONS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 1/22/2019 2:38 pm

	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	
14.00	CLINIC FOR SPECIAL NEEDS	90.05	95,755	60,638		0.00	0	0	14.00
15.00	PULMONARY CLINIC	90.09	30,280	19,174		0.00	0	0	15.00
16.00	ENT CLINIC	90.10	37,393	23,669		0.00	0	0	16.00
17.00	EYE CLINIC	90.12	6,487	4,090		0.00	0	0	17.00
18.00	ONCOLOGY CLINIC	90.13	74,650	55,172		0.00	0	0	18.00
19.00	SURGICAL SPECIALTIES	90.14	8,723	5,551		0.00	0	0	19.00
20.00	ALLERGY CLINIC	90.15	14,102	8,892		0.00	0	0	20.00
21.00	DERMATOLOGY CLINIC	90.17	9,291	5,859		0.00	0	0	21.00
22.00	CLINIC ADMINISTRATOR	90.18	18,045	11,378		0.00	0	0	22.00
23.00	CRANIOFACIAL CENTER	90.19	2,400	1,514		0.00	0	0	23.00
24.00	HEMATOLOGY CLINIC	90.20	10,112	7,602		0.00	0	0	24.00
25.00	SPINA BIFIDA	90.21	13,374	8,471		0.00	0	0	25.00
26.00	NEUROSCIENCES CLINIC	90.22	21,386	16,077		0.00	0	0	26.00
27.00	RHEUMATOLOGY CLINIC	90.23	86,729	54,986		0.00	0	0	27.00
28.00	ENDOCRINE CLINIC	90.24	23,024	14,586		0.00	0	0	28.00
29.00	GREENFIELD CLINIC	90.26	16,009	10,097		0.00	0	0	29.00
30.00	NEW BERLIN CLINIC	90.27	45,652	28,852		0.00	0	0	30.00
31.00	DELAFIELD CLINIC	90.29	77,265	191,210		0.00	0	0	31.00
32.00	MEQUON CLINIC	90.30	145,385	204,512		0.00	0	0	32.00
33.00	KENOSHA CLINIC	90.31	5,141	3,242		0.00	0	0	33.00
34.00	WEST DEPERE CLINIC	90.32	114	29,918		0.00	0	0	34.00
35.00	APPLETON CLINIC	90.33	109	28,685		0.00	0	0	35.00
36.00	GREENFIELD ENT CLINIC	90.34	38	24		0.00	0	0	36.00
37.00	PSYCHIATRY - OFFICE BLDG	98.00	183,155	116,071		0.00	0	0	37.00
38.00	GENETICS CENTER	98.02	21,820	13,824		0.00	0	0	38.00
39.00	CHILD DEVELOPMENT	98.04	3,139	1,979		0.00	0	0	39.00
40.00	DENTAL SRVS	98.06	15,593	9,833		0.00	0	0	40.00
41.00	ADOLESCENT MEDICINE	98.07	2,064	1,302		0.00	0	0	41.00
42.00	RESEARCH	191.00	7,604	5,619		0.00	0	0	42.00
	0		2,232,584	2,370,987	0		2,232,584	2,370,987	
	S - RECLASS SUPPLY EX CHARGED TO PTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,398,896	ADULTS & PEDIATRICS	30.00	0	1,233,480	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	3,892,610	2.00
3.00		0.00	0	0	OTHER SPECIAL CARE HOT UNIT	35.00	0	256,921	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	3,071,745	4.00
5.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,459,518	5.00
6.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,051,074	6.00
7.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	8,001	7.00
8.00		0.00	0	0	ORTHOPEDIC CLINIC	90.11	0	59,784	8.00
9.00		0.00	0	0	ONCOLOGY CLINIC	90.13	0	177,391	9.00
10.00		0.00	0	0	TRANSPORT	98.01	0	100,866	10.00
11.00		0.00	0	0	EMERGENCY	91.00	0	1,087,506	11.00
	0		0	14,398,896	0		0	14,398,896	
	T - RECLASS COST OF EPO TO DIALYSIS								
1.00	RENAL DIALYSIS	74.00	0	45,079	DRUGS CHARGED TO PATIENTS	73.00	0	45,079	1.00
	0		0	45,079	0		0	45,079	
	U - RECLASS DEPRECIATION EXPENSES								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,357,493	CLINIC ADMINISTRATOR	90.18	0	1,599,995	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	242,502		0.00	0	0	2.00
	TOTALS		0	1,599,995	TOTALS		0	1,599,995	
	V - RECLASS CLINICAL TRIAL COST								
1.00	RESEARCH	191.00	0	74,565	OPERATING ROOM	50.00	0	442	1.00
2.00		0.00	0	0	RECOVERY ROOM	51.00	0	153	2.00
3.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	104	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	5,116	4.00
5.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,072	5.00
6.00		0.00	0	0	LABORATORY	60.00	0	24,724	6.00
7.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,575	7.00
8.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	478	8.00
9.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	8,955	9.00
10.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	18,156	10.00
11.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	59	11.00
12.00		0.00	0	0	PHARMACY	15.00	0	1,511	12.00
13.00		0.00	0	0	GI CLINIC	90.04	0	113	13.00
14.00		0.00	0	0	CARDIOLOGY CLINIC	90.08	0	63	14.00

RECLASSIFICATIONS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 1/22/2019 2:38 pm

	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	
15.00		0.00	0	0	PULMONARY CLINIC	90.09	0	1,268	15.00
16.00		0.00	0	0	ONCOLOGY CLINIC	90.13	0	906	16.00
17.00		0.00	0	0	SURGICAL SPECIALTIES	90.14	0	98	17.00
18.00		0.00	0	0	UROLOGY CLINIC	90.35	0	653	18.00
19.00		0.00	0	0	GENETICS CENTER	98.02	0	8,119	19.00
	0		0	74,565	0		0	74,565	
	W - RECLASS RESEARCH GRANT EXPENSE								
1.00	RESEARCH	191.00	9,491	3,602	DIETARY	10.00	9,491	3,602	1.00
2.00	RESEARCH	191.00	3,119	811	GENETICS CENTER	98.02	3,119	811	2.00
3.00	RESEARCH	191.00	10,521	3,885	DIETARY	10.00	10,521	3,885	3.00
4.00	RESEARCH	191.00	48,099	10,974	HEMATOLOGY CLINIC	90.20	48,099	10,974	4.00
5.00	RESEARCH	191.00	29,931	6,807	SOCIAL SERVICE	17.00	29,931	6,807	5.00
6.00	RESEARCH	191.00	42,076	14,713	HEMATOLOGY CLINIC	90.20	42,076	14,713	6.00
7.00	RESEARCH	191.00	32,750	10,686	SOCIAL SERVICE	17.00	32,750	10,686	7.00
8.00	RESEARCH	191.00	14,357	8,302	SPINA BIFIDA	90.21	14,357	8,302	8.00
9.00	RESEARCH	191.00	5,725	3,804	SPINA BIFIDA	90.21	5,725	3,804	9.00
	0		196,069	63,584	0		196,069	63,584	
	X - RECLASS TRANSPLANT SALARY								
1.00	ADMINISTRATIVE & GENERAL	5.00	80,164	22,117	DIETARY	10.00	10,694	2,950	1.00
2.00	KIDNEY ACQUISITION	105.00	23,881	6,589	PHARMACY	15.00	1,536	424	2.00
3.00	LIVER ACQUISITION	107.00	24,806	6,853	SOCIAL SERVICE	17.00	29,543	8,151	3.00
4.00		0.00	0	0	EMERGENCY	91.00	12,571	3,474	4.00
5.00		0.00	0	0	KIDNEY ACQUISITION	105.00	42,348	11,683	5.00
6.00		0.00	0	0	LIVER ACQUISITION	107.00	19,263	5,315	6.00
7.00		0.00	0	0	HEART ACQUISITION	106.00	12,896	3,562	7.00
	0		128,851	35,559	0		128,851	35,559	
500.00	Grand Total: Increases		5,341,477	65,394,911	Grand Total: Decreases		5,341,477	65,394,911	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part I Date/Time Prepared: 1/22/2019 2:38 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	10,716,972	0	0	0	0	2.00
3.00	Buildings and Fixtures	373,043,995	0	0	0	209,346	3.00
4.00	Building Improvements	184,463,048	64,570,247	0	64,570,247	50,056,840	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	226,861,827	23,261,750	0	23,261,750	19,135,057	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	795,085,842	87,831,997	0	87,831,997	69,401,243	8.00
9.00	Reconciling Items	31,797,255	28,454,131	0	28,454,131	46,941,820	9.00
10.00	Total (line 8 minus line 9)	763,288,587	59,377,866	0	59,377,866	22,459,423	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	10,716,972	0	2.00
3.00	Buildings and Fixtures	372,834,649	0	3.00
4.00	Building Improvements	198,976,455	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	230,988,520	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	813,516,596	0	8.00
9.00	Reconciling Items	13,309,566	0	9.00
10.00	Total (line 8 minus line 9)	800,207,030	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part II Date/Time Prepared: 1/22/2019 2:38 pm

	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	20,955,981	5,072,930	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,158,411	115,048	0	0	0	2.00
3.00	Total (sum of lines 1-2)	47,114,392	5,187,978	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	26,028,911	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,273,459	2.00
3.00	Total (sum of lines 1-2)	0	52,302,370	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part III Date/Time Prepared: 1/22/2019 2:38 pm

	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	383,760,967	0	383,760,967	0.502773	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	379,527,620	0	379,527,620	0.497227	0	2.00
3.00	Total (sum of lines 1-2)	763,288,587	0	763,288,587	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	23,678,256	5,072,930	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	26,637,361	115,048	2.00
3.00	Total (sum of lines 1-2)	0	0	0	50,315,617	5,187,978	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	5,717,441	184,412	0	0	34,653,039	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	182,377	0	0	26,934,786	2.00
3.00	Total (sum of lines 1-2)	5,717,441	366,789	0	0	61,587,825	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,178,518	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-109,239	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-3,470	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-12,404	CAP REL COSTS-BLDG & FIXT	1.00	9	9.00
10.00	Provider-based physician adjustment	A-8-2	-3			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	-257,744	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others	B	-5,195,745	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	-4,943,557	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	-30,593	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	REBATES REVENUE	B	-2,026	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.00
33.01	GREENFIELD RADIOLOGY	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02	ADDBACK SITE SELECTION COSTS	A	125,840	CAP REL COSTS-BLDG & FIXT	1.00	9	33.02
33.03	ADDBACK BUILDER'S RISK INSURANCE CRC	A	1,161	CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04	1989 CAPITALIZED INTEREST	A	105,865	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05	INTEREST OFF-SET 1998 REVENUE BONDS	A	-422,574	CAP REL COSTS-BLDG & FIXT	1.00	11	33.05
33.06	DEDUCT PRESIDENT ADMINISTRATION	A	-3,280,131	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	SALE OF DRUGS OTHER THAN PATIENTS	B	-2,944,091	PHARMACY	15.00	11	33.07
33.08	CHW-CHRONIC DIALYSIS	B	0	RENAL DIALYSIS	74.00	0	33.08
33.09	CHW - NUTRITION SERVICES	B	-248,150	DIETARY	10.00	0	33.09
33.10	CHW- DIAGNOSTIC NEUROLOGY	B	0	ELECTROENCEPHALOGRAPHY	70.00	0	33.10
33.11	MISCELLANEOUS REVENUE	B	-1,353,132	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	CLINICAL ENGINEERING	B	-622,659	OPERATION OF PLANT	7.00	10	33.12
33.13	MISCELLANEOUS REVENUE	B	-311,203	INTENSIVE CARE UNIT	31.00	0	33.13
33.14	LAB REVENUE	B	-191,474	LABORATORY	60.00	0	33.14
33.15	CARDIOVASCULAR SURGERY	B	-320,621	OPERATING ROOM	50.00	0	33.15
33.16	CHILD PROTECTION	B	-11,037	CHILD PROTECTION CENTER	98.05	0	33.16
33.17	CHILD LIFE - MISC REVENUE	B	-507,484	ADULTS & PEDIATRICS	30.00	0	33.17
33.18	MISC REVENUE - OUTREACH	B	-123,128	OUTREACH	194.03	0	33.18
33.19	ALLERGY REVENUE	B	-254,000	ALLERGY CLINIC	90.15	0	33.19
33.20	MISCELLANEOUS REVENUE - EKG	B	-109,850	ELECTROCARDIOLOGY	69.00	0	33.20
33.21	MISC REVENUE - RESEARCH	B	-28,340	RESEARCH	191.00	0	33.21
33.22	MISC REVENUE - HEART TRANSPLANT	B	-77,474	HEART ACQUISITION	106.00	0	33.22
33.23	MISC REVENUE - POISON CENTER	B	-784,254	POISON CONTROL	194.01	0	33.23
33.24	MISC REVENUE - RADIOLOGY	B	-83,804	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	MISC REVENUE/OUTSIDE SALARY SUPPORT	B	-900	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	MISC REVENUE - RESP THERAPY	B	-104,783	RESPIRATORY THERAPY	65.00	0	33.26
33.27	PSYCHIATRY - MISC REVENUE	B	-59,130	PSYCHIATRY - OFFICE BLDG	98.00	0	33.27
33.28	FAMILY SERVICES - MISC REVENUE	B	-35,943	SOCIAL SERVICE	17.00	0	33.28
33.29	TRANSPORT	B	0	TRANSPORT	98.01	0	33.29
33.30	ONCOLOGY - MISC REVENUE	B	-89,105	OTHER SPECIAL CARE HOT UNIT	35.00	0	33.30
33.31	MISC REVENUE - AMBULATORY ADMIN	B	-103,458	CLINIC ADMINISTRATOR	90.18	0	33.31
33.32	OUTSIDE SUPPORT - ORTHOPEDIC CLINIC	B	-176,369	ORTHOPEDIC CLINIC	90.11	0	33.32
33.33	OUTSIDE SUPPORT - RENAL CLINIC	B	-99,417	RENAL CLINIC	90.25	0	33.33
33.34	OUTSIDE REVENUE - PALLATIVE CARE	B	-65,690	PAIN/PALLATIVE CARE	90.02	0	33.34
33.35	AHA GUIDELINE	A	23,603	CAP REL COSTS-BLDG & FIXT	1.00	9	33.35
33.36	MISC REVENUE - CHILD DEVELOPMENT	B	-5,410	CHILD DEVELOPMENT	98.04	0	33.36
33.37	MISC REVENUE - EYE CLINIC	B	-430	EYE CLINIC	90.12	0	33.37
33.38	MISC REVENUE - NEUROSCIENCES CLINIC	B	-159,855	NEUROSCIENCES CLINIC	90.22	0	33.38
33.39	MISC REVENUE - GREENFIELD CLINIC	B	-91,024	GREENFIELD CLINIC	90.26	0	33.39
33.40	MISC REVENUE -CHW- NEW BERLIC CLINIC	B	-51,432	NEW BERLIN CLINIC	90.27	0	33.40
33.41	MISC REVENUE -CHW - SURG SPECIALTIES	B	-14,323	SURGICAL SPECIALTIES	90.14	9	33.41
33.42	MISC REVENUE - CLINICAL NUTRITION	B	-16,871	DIETARY	10.00	9	33.42
33.43	MISC REVENUE - CHW-ENT CLINIC	B	-211,131	ENT CLINIC	90.10	0	33.43
33.44	MISC REVENUE DENTAL CTR CLINICS BLDG	B	-6,555	DENTAL SRVS	98.06	0	33.44
33.45	MISC REVENUE - CHRONIC DIALYSIS	B	-38,228	RENAL DIALYSIS	74.00	0	33.45
33.46	MISC REVENUE - FOX POINT SCEP CLINIC	B	0	FOX POINT CLINIC	90.28	0	33.46
33.47	MISC REVENUE - DIAGNOSTIC NEUROLOGY	B	-510	ELECTROENCEPHALOGRAPHY	70.00	0	33.47
33.48	GREENFIELD RADIOLOGY	B	-43,332	RADIOLOGY-DIAGNOSTIC	54.00	0	33.48
33.49	INTEREST EXPENSE TO 2017 BOND	A	35,968	CAP REL COSTS-BLDG & FIXT	1.00	9	33.49

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet A-8

Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.50	ALLOWABLE LOSS ON REFINANCING	A	478,487	CAP REL COSTS-BLDG & FIXT	1.00	9	33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,009,677				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 1/22/2019 2:38 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES	79,191,999	79,191,999	1.00
2.00	98.05	CHILD PROTECTION CENTER	PURCHASED SERVICES	157,468	157,468	2.00
3.00	191.00	RESEARCH	PURCHASED SERVICES	78,166	78,166	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			79,427,633	79,427,633	5.00

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

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

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

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

6.00	G	CHIILD HEALTH	0.00		0.00	6.00
7.00	G	CHILD SER SCTY	0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 1/22/2019 2:38 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
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 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 1/22/2019 2:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,916,444	0	8,916,444	169,700	166,423	1.00
2.00	30.00	ADULTS & PEDIATRICS	278,137	0	278,137	169,700	6,839	2.00
3.00	31.00	INTENSIVE CARE UNIT	355,590	0	355,590	169,700	5,049	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	66,795	0	66,795	169,700	1,445	4.00
5.00	50.00	OPERATING ROOM	220,921	0	220,921	246,400	8,351	5.00
6.00	53.00	ANESTHESIOLOGY	17,709	0	17,709	239,400	1,896	6.00
7.00	60.00	LABORATORY	17,829	0	17,829	260,300	792	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	16,429	0	16,429	271,900	769	8.00
9.00	90.09	PULMONARY CLINIC	10,610	0	10,610	169,700	151	9.00
10.00	69.00	ELECTROCARDIOLOGY	38,267	0	38,267	169,700	543	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	1,695	0	1,695	169,700	458	11.00
12.00	74.00	RENAL DIALYSIS	10,648	0	10,648	169,700	151	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	413,138	0	413,138	181,300	11,670	13.00
14.00	98.02	GENETICS CENTER	64,359	0	64,359	169,700	914	14.00
15.00	98.04	CHILD DEVELOPMENT	115,106	0	115,106	169,700	1,634	15.00
16.00	98.05	CHILD PROTECTION CENTER	124,914	0	124,914	169,700	1,774	16.00
17.00	90.01	INFECTIOUS DISEASES	129,923	0	129,923	169,700	1,845	17.00
18.00	90.02	PAIN/PALLATIVE CARE	18,008	0	18,008	169,700	256	18.00
19.00	90.04	GI CLINIC	27,726	0	27,726	169,700	394	19.00
20.00	90.10	ENT CLINIC	5,547	0	5,547	169,700	352	20.00
21.00	90.12	EYE CLINIC	3,685	0	3,684	169,700	264	21.00
22.00	90.15	ALLERGY CLINIC	20,079	0	20,079	169,700	285	22.00
23.00	90.17	DERMATOLOGY CLINIC	27,100	0	27,100	169,700	987	23.00
24.00	66.00	PHYSICAL THERAPY	3,599	0	3,599	169,700	254	24.00
25.00	90.22	NEUROSCIENCES CLINIC	1,695	0	1,695	169,700	458	25.00
26.00	90.23	RHEUMATOLOGY CLINIC	51,288	0	51,288	169,700	728	26.00
27.00	90.24	ENDOCRINE CLINIC	49,832	0	49,831	169,700	708	27.00
28.00	91.00	EMERGENCY	12,984	0	12,984	169,700	184	28.00
29.00	98.07	ADOLESCENT MEDICINE	60,937	0	60,936	169,700	865	29.00
200.00			11,080,994	0	11,080,991		216,439	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,577,877	678,894	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	557,970	27,899	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	411,930	20,597	0	0	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	117,893	5,895	0	0	0	4.00
5.00	50.00	OPERATING ROOM	989,272	49,464	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	218,222	10,911	0	0	0	6.00
7.00	60.00	LABORATORY	99,114	4,956	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	100,525	5,026	0	0	0	8.00
9.00	90.09	PULMONARY CLINIC	12,320	616	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	44,302	2,215	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	37,367	1,868	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	12,320	616	0	0	0	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	1,017,198	50,860	0	0	0	13.00
14.00	98.02	GENETICS CENTER	74,570	3,729	0	0	0	14.00
15.00	98.04	CHILD DEVELOPMENT	133,312	6,666	0	0	0	15.00
16.00	98.05	CHILD PROTECTION CENTER	144,735	7,237	0	0	0	16.00
17.00	90.01	INFECTIOUS DISEASES	150,527	7,526	0	0	0	17.00
18.00	90.02	PAIN/PALLATIVE CARE	20,886	1,044	0	0	0	18.00
19.00	90.04	GI CLINIC	32,145	1,607	0	0	0	19.00
20.00	90.10	ENT CLINIC	28,719	1,436	0	0	0	20.00
21.00	90.12	EYE CLINIC	21,539	1,077	0	0	0	21.00
22.00	90.15	ALLERGY CLINIC	23,252	1,163	0	0	0	22.00
23.00	90.17	DERMATOLOGY CLINIC	80,526	4,026	0	0	0	23.00
24.00	66.00	PHYSICAL THERAPY	20,723	1,036	0	0	0	24.00
25.00	90.22	NEUROSCIENCES CLINIC	37,367	1,868	0	0	0	25.00
26.00	90.23	RHEUMATOLOGY CLINIC	59,395	2,970	0	0	0	26.00
27.00	90.24	ENDOCRINE CLINIC	57,763	2,888	0	0	0	27.00
28.00	91.00	EMERGENCY	15,012	751	0	0	0	28.00
29.00	98.07	ADOLESCENT MEDICINE	70,572	3,529	0	0	0	29.00
200.00			18,167,353	908,370	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 1/22/2019 2:38 pm

	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13,577,877	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	557,970	0	0		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	411,930	0	0		3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	0	117,893	0	0		4.00
5.00	50.00	OPERATING ROOM	0	989,272	0	0		5.00
6.00	53.00	ANESTHESIOLOGY	0	218,222	0	0		6.00
7.00	60.00	LABORATORY	0	99,114	0	0		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	100,525	0	0		8.00
9.00	90.09	PULMONARY CLINIC	0	12,320	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	44,302	0	0		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	37,367	0	0		11.00
12.00	74.00	RENAL DIALYSIS	0	12,320	0	0		12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	0	1,017,198	0	0		13.00
14.00	98.02	GENETICS CENTER	0	74,570	0	0		14.00
15.00	98.04	CHILD DEVELOPMENT	0	133,312	0	0		15.00
16.00	98.05	CHILD PROTECTION CENTER	0	144,735	0	0		16.00
17.00	90.01	INFECTIOUS DISEASES	0	150,527	0	0		17.00
18.00	90.02	PAIN/PALLATIVE CARE	0	20,886	0	0		18.00
19.00	90.04	GI CLINIC	0	32,145	0	0		19.00
20.00	90.10	ENT CLINIC	0	28,719	0	0		20.00
21.00	90.12	EYE CLINIC	0	21,539	0	1		21.00
22.00	90.15	ALLERGY CLINIC	0	23,252	0	0		22.00
23.00	90.17	DERMATOLOGY CLINIC	0	80,526	0	0		23.00
24.00	66.00	PHYSICAL THERAPY	0	20,723	0	0		24.00
25.00	90.22	NEUROSCIENCES CLINIC	0	37,367	0	0		25.00
26.00	90.23	RHEUMATOLOGY CLINIC	0	59,395	0	0		26.00
27.00	90.24	ENDOCRINE CLINIC	0	57,763	0	1		27.00
28.00	91.00	EMERGENCY	0	15,012	0	0		28.00
29.00	98.07	ADOLESCENT MEDICINE	0	70,572	0	1		29.00
200.00			0	18,167,353	0	3		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	34,653,039	34,653,039				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	26,934,786		26,934,786			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,196,099	292,518	159	7,488,776		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	105,792,315	3,735,488	13,917,113	299,980	123,744,896	5.00
7.00	00700	OPERATION OF PLANT	20,234,880	728,730	304,721	157,809	21,426,140	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,186,033	0	5,075	0	1,191,108	8.00
9.00	00900	HOUSEKEEPING	7,257,808	207,180	195,903	136,129	7,797,020	9.00
10.00	01000	DIETARY	4,260,971	616,480	221,639	60,322	5,159,412	10.00
11.00	01100	CAFETERIA	0	264,622	0	0	264,622	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,548,790	253,309	38,143	319,715	11,159,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66,634	348,661	29,521	91,101	535,917	14.00
15.00	01500	PHARMACY	296,251	461,297	3,875	9,138	770,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,646,405	0	0	0	4,646,405	16.00
17.00	01700	SOCIAL SERVICE	2,842,524	256,296	13,620	87,846	3,200,286	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,446,195	49,889	554	0	19,496,638	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	369,659	0	0	0	369,659	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	26,119,282	4,869,478	1,014,199	843,273	32,846,232	30.00
31.00	03100	INTENSIVE CARE UNIT	43,459,481	5,307,304	1,784,964	1,362,154	51,913,903	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	6,608,264	723,741	103,480	147,534	7,583,019	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,550,319	1,971,457	1,874,410	405,773	18,801,959	50.00
51.00	05100	RECOVERY ROOM	2,407,929	397,039	29,877	78,047	2,912,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,341,289	168,041	431,214	19,050	1,959,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,095,836	1,794,210	945,716	352,940	16,188,702	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,020,394	0	135,448	23,071	1,178,913	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,600,725	0	974,779	30,642	2,606,146	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,888,527	138,389	399,789	25,414	3,452,119	59.00
60.00	06000	LABORATORY	23,204,233	854,506	640,173	261,819	24,960,731	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	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,009,543	0	44,859	0	4,054,402	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,450,290	359,306	251,580	262,368	9,323,544	65.00
66.00	06600	PHYSICAL THERAPY	5,268,318	1,011,235	30,782	189,943	6,500,278	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,708,724	341,915	38,558	96,583	4,185,780	68.00
69.00	06900	ELECTROCARDIOLOGY	5,793,831	689,276	283,070	95,550	6,861,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,400,598	0	182,654	35,237	1,618,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,780,344	492,601	559,947	73,188	23,906,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,104,177	0	0	0	9,104,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,811,609	0	65,563	337,423	35,214,595	73.00
74.00	07400	RENAL DIALYSIS	862,524	72,234	13,111	14,302	962,171	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
90.01	09001	INFECTIOUS DISEASES	821,741	142,605	0	25,592	989,938	90.01
90.02	09002	PAIN/PALLATIVE CARE	781,950	0	6,278	14,187	802,415	90.02
90.03	09003	DIABETIC CLINIC	991,680	145,767	16,265	28,913	1,182,625	90.03
90.04	09004	GI CLINIC	1,679,452	57,161	76,882	49,743	1,863,238	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	3,233,773	175,173	15,234	47,665	3,471,845	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	449,634	120,682	22,084	11,808	604,208	90.07
90.08	09008	CARDIOLOGY CLINIC	1,569,510	1,686	8,789	46,037	1,626,022	90.08
90.09	09009	PULMONARY CLINIC	759,551	82,106	10,340	18,429	870,426	90.09
90.10	09010	ENT CLINIC	1,086,888	108,842	49,050	29,490	1,274,270	90.10
90.11	09011	ORTHOPEDIC CLINIC	739,836	407,403	8,001	28,362	1,183,602	90.11
90.12	09012	EYE CLINIC	512,093	120,577	49,279	11,845	693,794	90.12
90.13	09013	ONCOLOGY CLINIC	2,252,613	708,634	164,092	66,692	3,192,031	90.13
90.14	09014	SURGICAL SPECIALTIES	803,415	104,451	3,029	23,388	934,283	90.14
90.15	09015	ALLERGY CLINIC	819,226	0	32,845	30,004	882,075	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	617,685	120,612	27,617	17,267	783,181	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	211,479	120,612	481	6,489	339,061	90.19
90.20	09020	HEMATOLOGY CLINIC	279,107	168,744	0	12,945	460,796	90.20
90.21	09021	SPINA BIFIDA	259,975	0	0	9,132	269,107	90.21
90.22	09022	NEUROSCIENCES CLINIC	1,658,321	342,618	18,924	51,858	2,071,721	90.22
90.23	09023	RHEUMATOLOGY CLINIC	429,596	99,497	848	12,141	542,082	90.23
90.24	09024	ENDOCRINE CLINIC	271,165	73,182	0	8,060	352,407	90.24
90.25	09025	RENAL CLINIC	304,465	84,214	5,740	12,807	407,226	90.25
90.26	09026	GREENFIELD CLINIC	973,814	397,917	38,983	26,470	1,437,184	90.26
90.27	09027	NEW BERLIN CLINIC	2,764,798	940,231	206,835	57,511	3,969,375	90.27
90.28	09028	FOX POINT CLINIC	5,613	0	10,282	0	15,895	90.28
90.29	09029	DELAFIELD CLINIC	586,257	232,581	702,056	26,154	1,547,048	90.29
90.30	09030	MEQUON CLINIC	220,104	399,568	373,416	42,500	1,035,588	90.30
90.31	09031	KENOSHA CLINIC	519,470	0	16,413	9,541	545,424	90.31
90.32	09032	WEST DEPERE CLINIC	69,812	19,358	0	1,560	90,730	90.32
90.33	09033	APPLETON CLINIC	31,337	20,834	0	609	52,780	90.33
90.34	09034	GREENFIELD ENT CLINIC	621	0	0	17	638	90.34
90.35	09035	UROLOGY CLINIC	583,010	0	27,389	20,142	630,541	90.35
91.00	09100	EMERGENCY	8,963,242	731,892	142,109	281,650	10,118,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	291,616	0	0	914	292,530	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,949,089	44,514	23,151	92,109	3,108,863	98.00
98.01	09851	TRANSPORT	3,044,908	5,621	99,881	86,882	3,237,292	98.01
98.02	09852	GENETICS CENTER	1,550,039	322,627	5,415	9,531	1,887,612	98.02
98.03	09853	NUCLEAR MEDICINE	631,391	0	17,070	8,951	657,412	98.03
98.04	09854	CHILD DEVELOPMENT	553,340	118,434	6,704	4,897	683,375	98.04
98.05	09855	CHILD PROTECTION CENTER	2,104,461	373,570	88,462	52,971	2,619,464	98.05
98.06	09856	DENTAL SRVS	3,890,929	301,969	89,425	138,279	4,420,602	98.06
98.07	09857	ADOLESCENT MEDICINE	154,590	88,465	11,850	4,453	259,358	98.07
98.08	09858	OTHER OFFSITE CLINICS	54,618	0	0	1,714	56,332	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	711,422	8,537	530	11,351	731,840	105.00
106.00	10600	HEART ACQUISITION	1,120,340	8,537	532	13,596	1,143,005	106.00
107.00	10700	LIVER ACQUISITION	1,268,473	8,537	530	15,790	1,293,330	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	531,795,075	33,612,960	26,911,307	7,286,797	530,529,538	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	284,696	49,713	263	0	334,672	190.00
191.00	19100	RESEARCH	5,468,893	838,696	17,688	107,193	6,432,470	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,243,483	105,224	2,388	54,417	2,405,512	194.01
194.02	07952	PUBLIC RELATIONS	1,805,266	40,614	837	0	1,846,717	194.02
194.03	07953	OUTREACH	268,220	0	0	11,823	280,043	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	592,788	5,832	2,092	26,687	627,399	194.05
194.06	07956	FLIGHT FOR LIFE	965,763	0	0	416	966,179	194.06
194.07	07957	CAC WAUKESHA	76,951	0	211	1,443	78,605	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)	543,501,135	34,653,039	26,934,786	7,488,776	543,501,135	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	123,744,896					5.00
7.00	00700	OPERATION OF PLANT	6,316,469	27,742,609				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	351,141	0	1,542,249			8.00
9.00	00900	HOUSEKEEPING	2,298,577	192,255	1,341	10,289,193		9.00
10.00	01000	DIETARY	1,521,005	572,069	303	150,247	7,403,036	10.00
11.00	01100	CAFETERIA	78,011	245,559	0	180,428	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,289,978	235,061	0	68,762	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	157,989	323,543	0	81,947	0	14.00
15.00	01500	PHARMACY	227,163	428,066	66	11,775	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,369,769	0	0	52,056	0	16.00
17.00	01700	SOCIAL SERVICE	943,451	237,832	0	96,187	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,747,648	46,295	0	18,723	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	108,976	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	9,683,135	4,518,686	457,038	1,866,954	5,098,033	30.00
31.00	03100	INTENSIVE CARE UNIT	15,304,243	4,924,976	244,882	2,222,603	1,203,977	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	2,235,489	671,604	68,088	271,618	804,287	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,542,855	1,829,435	262,577	739,883	14,513	50.00
51.00	05100	RECOVERY ROOM	858,726	368,437	33,677	149,008	1,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	577,692	155,936	0	63,066	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,772,462	1,664,958	46,856	628,744	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	347,546	0	11,969	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	768,297	0	18,214	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,017,692	128,420	11,953	51,937	0	59.00
60.00	06000	LABORATORY	7,358,473	792,949	79	332,812	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,195,246	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,748,599	333,422	6,593	123,059	6,578	65.00
66.00	06600	PHYSICAL THERAPY	1,916,295	938,387	6,014	315,816	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,233,976	317,284	26	100,209	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,022,851	639,621	0	260,450	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	477,134	0	16,833	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,047,560	457,114	75,096	180,415	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,683,930	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,381,333	0	66	161,349	0	73.00
74.00	07400	RENAL DIALYSIS	283,650	67,030	1,974	27,109	1,984	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	291,836	132,332	0	752	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	236,554	0	566	0	0	90.02
90.03	09003	DIABETIC CLINIC	348,640	135,266	0	53,664	17,228	90.03
90.04	09004	GI CLINIC	549,286	53,044	321	21,453	27,043	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,023,507	162,554	0	65,742	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	178,122	111,988	0	45,292	86,662	90.07
90.08	09008	CARDIOLOGY CLINIC	479,355	1,565	6,362	725	0	90.08
90.09	09009	PULMONARY CLINIC	256,603	76,191	920	30,379	835	90.09
90.10	09010	ENT CLINIC	375,657	101,001	1,472	40,848	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	348,928	378,054	10,668	152,897	0	90.11
90.12	09012	EYE CLINIC	204,532	111,890	0	45,252	0	90.12
90.13	09013	ONCOLOGY CLINIC	941,017	657,585	10,563	212,363	65,780	90.13
90.14	09014	SURGICAL SPECIALTIES	275,428	96,926	671	91,915	0	90.14
90.15	09015	ALLERGY CLINIC	260,037	0	920	53,190	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	230,883	111,923	0	51,845	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	99,956	111,923	0	38,673	0	90.19
90.20	09020	HEMATOLOGY CLINIC	135,844	156,588	0	64,186	19,838	90.20
90.21	09021	SPINA BIFIDA	79,333	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	610,747	317,936	0	128,584	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	159,807	92,329	0	41,943	0	90.23
90.24	09024	ENDOCRINE CLINIC	103,890	67,910	0	28,507	0	90.24
90.25	09025	RENAL CLINIC	120,051	78,147	0	31,605	0	90.25
90.26	09026	GREENFIELD CLINIC	423,685	369,252	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,170,180	872,498	39,856	0	0	90.27
90.28	09028	FOX POINT CLINIC	4,686	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	456,073	215,826	5,995	0	0	90.29
90.30	09030	MEQUON CLINIC	305,293	370,784	23,111	0	0	90.30
90.31	09031	KENOSHA CLINIC	160,792	0	483	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	26,747	17,964	0	0	0	90.32
90.33	09033	APPLETON CLINIC	15,560	19,333	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	188	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	185,885	0	68	0	0	90.35
91.00	09100	EMERGENCY	2,983,070	679,167	161,331	274,677	55,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	86,238	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	916,499	41,307	0	16,706	0	98.00
98.01	09851	TRANSPORT	954,360	5,216	0	0	0	98.01
98.02	09852	GENETICS CENTER	556,472	299,385	0	121,081	0	98.02
98.03	09853	NUCLEAR MEDICINE	193,806	0	4,010	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	201,460	109,902	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	772,223	346,658	1,731	14,926	0	98.05
98.06	09856	DENTAL SRVS	1,303,202	280,215	9,556	113,328	0	98.06
98.07	09857	ADOLESCENT MEDICINE	76,459	82,092	0	28,599	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	16,607	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	215,748	7,922	0	3,204	0	105.00
106.00	10600	HEART ACQUISITION	336,960	7,922	0	3,204	0	106.00
107.00	10700	LIVER ACQUISITION	381,276	7,922	0	3,204	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,920,843	26,777,456	1,542,249	9,933,901	7,403,036	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,662	46,132	0	18,657	0	190.00
191.00	19100	RESEARCH	1,896,305	778,278	0	288,403	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	709,150	97,643	0	39,490	0	194.01
194.02	07952	PUBLIC RELATIONS	544,416	37,688	0	0	0	194.02
194.03	07953	OUTREACH	82,557	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	184,958	5,412	0	8,742	0	194.05
194.06	07956	FLIGHT FOR LIFE	284,832	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	23,173	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)	123,744,896	27,742,609	1,542,249	10,289,193	7,403,036	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	768,620					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	34,754	0	14,788,512			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,099,396		14.00
15.00	01500	PHARMACY	959	0	0	188	1,438,778	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,034	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,441	0	460,249	756	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	24,825	0	0	3,389	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	100,441	0	4,311,802	97,706	17	30.00
31.00	03100	INTENSIVE CARE UNIT	150,930	0	6,479,812	128,935	11	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	17,723	0	738,820	18,135	5	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,424	0	127,174	105,966	20	50.00
51.00	05100	RECOVERY ROOM	7,680	0	0	3,170	2	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,201	0	0	5,959	5,949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,711	0	0	36,593	1,635	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	2,454	0	0	1,239	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,215	0	0	3,445	3,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,478	0	109,006	5,000	0	59.00
60.00	06000	LABORATORY	33,584	0	0	45,910	425	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,027	0	1,011,336	22,490	4	65.00
66.00	06600	PHYSICAL THERAPY	10,241	0	0	15,605	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,552	0	0	35,331	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,548	0	381,522	3,788	19	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,759	0	211,957	241	65	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,329	0	0	236,103	18	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,943	0	0	162,775	1,424,831	73.00
74.00	07400	RENAL DIALYSIS	1,679	0	0	641	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	2,475	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	1,505	0	12,112	252	0	90.02
90.03	09003	DIABETIC CLINIC	3,714	0	0	3,637	1	90.03
90.04	09004	GI CLINIC	5,915	0	0	1,956	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	7,306	0	0	238	0	90.05
90.06	09006	DIETETICS	0	0	0	0	1	90.06
90.07	09007	INFUSION ROOM	1,544	0	0	1,365	1	90.07
90.08	09008	CARDIOLOGY CLINIC	5,437	0	236,180	5,431	0	90.08
90.09	09009	PULMONARY CLINIC	2,419	0	0	1,225	0	90.09
90.10	09010	ENT CLINIC	3,717	0	0	5,184	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	4,056	0	0	3,803	0	90.11
90.12	09012	EYE CLINIC	1,907	0	0	963	0	90.12
90.13	09013	ONCOLOGY CLINIC	8,770	0	363,354	3,943	0	90.13
90.14	09014	SURGICAL SPECIALTIES	2,561	0	0	692	1	90.14
90.15	09015	ALLERGY CLINIC	4,143	0	0	2,986	5	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	2,727	0	0	3,715	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	696	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,322	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	855	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	6,295	0	272,516	912	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,512	0	0	397	1	90.23
90.24	09024	ENDOCRINE CLINIC	1,256	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	1,440	0	0	185	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	2,011	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	24,224	20,593	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	10,067	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	12,294	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	1,892	220	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	24,224	3	0	90.32
90.33	09033	APPLETON CLINIC	0	0	24,224	54	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	1,506	0	90.35
91.00	09100	EMERGENCY	34,121	0	0	34,125	9	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	69	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	7,039	0	0	2,729	1	98.00
98.01	09851	TRANSPORT	9,583	0	0	5,619	0	98.01
98.02	09852	GENETICS CENTER	3,340	0	0	599	19	98.02
98.03	09853	NUCLEAR MEDICINE	779	0	0	95	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	828	0	98.04
98.05	09855	CHILD PROTECTION CENTER	692	0	0	2,885	303	98.05
98.06	09856	DENTAL SRVS	14,027	0	0	13,433	42	98.06
98.07	09857	ADOLESCENT MEDICINE	599	0	0	671	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	19	1	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	485	0	0	266	0	105.00
106.00	10600	HEART ACQUISITION	2,409	0	0	266	0	106.00
107.00	10700	LIVER ACQUISITION	242	0	0	266	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	745,889	0	14,788,512	1,080,470	1,437,430	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	14,290	0	0	13,118	1,348	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	5,167	0	0	22	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
194.02	07952	PUBLIC RELATIONS	2,045	0	0	0	0	194.02
194.03	07953	OUTREACH	1,229	0	0	3,450	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	2,336	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	768,620	0	14,788,512	1,099,396	1,438,778	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,085,264					16.00
17.00	01700	SOCIAL SERVICE	0	4,949,202				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	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	630,310	2,178,343	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,363,920	639,793	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	150,696	139,200	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	235,209	103,480	0	0	0	50.00
51.00	05100	RECOVERY ROOM	88,936	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	47,473	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	306,587	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	72,437	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,822	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,083	0	0	0	0	59.00
60.00	06000	LABORATORY	573,934	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43,654	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	177,047	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	81,635	9,455	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	56,944	1,051	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	155,634	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	62,995	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	376,538	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,671	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	808,632	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,573	2,101	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	99	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	612	2,626	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.03	09003	DIABETIC CLINIC	4,429	0	0	0	0	90.03
90.04	09004	GI CLINIC	13,060	22,587	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	1,575	35,194	0	0	0	90.05
90.06	09006	DIETETICS	1,536	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	18,080	3,152	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	5,096	11,556	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	3,558	0	0	0	0	90.09
90.10	09010	ENT CLINIC	5,650	2,626	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	10,033	2,101	0	0	0	90.11
90.12	09012	EYE CLINIC	3,714	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	27,410	301,512	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	2,593	74,065	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	8,516	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	5,035	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	1,400	2,626	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	1,650	2,101	0	0	0	90.20
90.21	09021	SPINA BIFIDA	2,249	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,130	32,042	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	876	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	1,139	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	926	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	7,856	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	17,265	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,285	525	0	0	0	90.29
90.30	09030	MEQUON CLINIC	12,880	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	2,318	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	335	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	178	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	5,178	0	0	0	0	90.35
91.00	09100	EMERGENCY	275,997	1,315,830	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	2,635	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	20,044	3,677	0	0	0	98.00
98.01	09851	TRANSPORT	12,728	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	3,062	0	0	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	8,703	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	1,000	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	8,828	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	51,573	0	0	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1,523	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	28	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,944	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	10,059	4,202	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	9,352	5,253	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	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,074,867	4,895,098	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	622	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	54,104	0	0	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	532	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	9,243	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,085,264	4,949,202	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,337,518					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		478,635				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,766,677	165,603	0	70,720,977	-8,932,280	30.00
31.00	03100	INTENSIVE CARE UNIT	1,304,195	24,637	0	85,906,817	-1,328,832	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	624,102	11,790	0	13,334,576	-635,892	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,956,673	36,962	0	29,801,130	-1,993,635	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,423,572	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,078,076	39,256	0	4,936,202	-2,117,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	831,628	15,710	0	24,522,586	-847,338	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	1,614,558	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,543,963	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,823,688	0	59.00
60.00	06000	LABORATORY	0	0	0	34,098,897	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		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,293,302	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,786,699	0	65.00
66.00	06600	PHYSICAL THERAPY	231,105	4,366	0	10,029,197	-235,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,940,153	0	68.00
69.00	06900	ELECTROCARDIOLOGY	590,577	11,156	0	10,935,893	-601,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,392,473	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	32,298,253	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,836,778	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,183,524	0	73.00
74.00	07400	RENAL DIALYSIS	187,751	3,547	0	1,562,210	-239,009	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
90.01	09001	INFECTIOUS DISEASES	175,757	3,320	0	1,596,509	-179,077	90.01
90.02	09002	PAIN/PALLATIVE CARE	52,715	996	0	1,110,353	-53,711	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	1,749,204	0	90.03
90.04	09004	GI CLINIC	710,576	13,423	0	3,281,902	-723,999	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	4,767,961	0	90.05
90.06	09006	DIETETICS	0	0	0	1,537	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	1,050,414	0	90.07
90.08	09008	CARDIOLOGY CLINIC	1,070,515	20,222	0	3,468,466	-1,090,737	90.08
90.09	09009	PULMONARY CLINIC	258,487	4,883	0	1,505,926	-263,370	90.09
90.10	09010	ENT CLINIC	484,093	9,145	0	2,303,663	-493,238	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	2,094,142	0	90.11
90.12	09012	EYE CLINIC	108,707	2,054	0	1,172,813	-110,761	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	5,784,328	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	1,479,135	0	90.14
90.15	09015	ALLERGY CLINIC	400,134	7,559	0	1,619,565	-407,693	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	354,908	6,704	0	1,550,921	-361,612	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	594,335	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	842,325	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	351,544	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	473,444	8,944	0	3,926,271	-482,388	90.22
90.23	09023	RHEUMATOLOGY CLINIC	230,871	4,361	0	1,074,179	-235,232	90.23
90.24	09024	ENDOCRINE CLINIC	238,536	4,506	0	798,151	-243,042	90.24
90.25	09025	RENAL CLINIC	0	0	0	639,580	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	2,239,988	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	6,113,991	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	20,581	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	2,241,819	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	1,759,950	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	711,129	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	160,003	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	112,129	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	826	0	90.34
90.35	09035	UROLOGY CLINIC	347,594	6,566	0	1,177,338	-354,160	90.35
91.00	09100	EMERGENCY	2,093,581	39,549	0	18,065,584	-2,133,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	381,472	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	518,846	9,801	0	4,645,512	-528,647	98.00
98.01	09851	TRANSPORT	0	0	0	4,224,798	0	98.01
98.02	09852	GENETICS CENTER	150,599	2,845	0	3,025,014	-153,444	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	864,805	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	996,565	0	98.04
98.05	09855	CHILD PROTECTION CENTER	116,489	2,201	0	3,886,400	-118,690	98.05
98.06	09856	DENTAL SRVS	980,882	18,529	0	7,205,389	-999,411	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	449,301	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	72,987	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	964,409	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,508,027	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	1,700,845	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	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,337,518	478,635	0	525,277,534	-25,863,864	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	498,123	0	190.00
191.00	19100	RESEARCH	0	0	0	9,424,834	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	3,256,984	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	2,430,866	0	194.02
194.03	07953	OUTREACH	0	0	0	421,383	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	532	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	828,847	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	1,260,254	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	101,778	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,337,518	478,635	0	543,501,135	-25,863,864	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	61,788,697		30.00
31.00	03100	INTENSIVE CARE UNIT	84,577,985		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	12,698,684		35.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
45.00	04500	NURSING FACILITY	0		45.00
46.00	04600	OTHER LONG TERM CARE	0		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	27,807,495		50.00
51.00	05100	RECOVERY ROOM	4,423,572		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	2,818,870		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,675,248		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,614,558		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,543,963		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,823,688		59.00
60.00	06000	LABORATORY	34,098,897		60.00
60.01	06001	BLOOD LABORATORY	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,293,302		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	13,786,699		65.00
66.00	06600	PHYSICAL THERAPY	9,793,726		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	5,940,153		68.00
69.00	06900	ELECTROCARDIOLOGY	10,334,160		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,392,473		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,298,253		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,836,778		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,183,524		73.00
74.00	07400	RENAL DIALYSIS	1,323,201		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	INFECTIOUS DISEASES	1,417,432		90.01
90.02	09002	PAIN/PALLATIVE CARE	1,056,642		90.02
90.03	09003	DIABETIC CLINIC	1,749,204		90.03
90.04	09004	GI CLINIC	2,557,903		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,767,961		90.05
90.06	09006	DIETETICS	1,537		90.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total		
			26.00		
90.07	09007	INFUSION ROOM	1,050,414		90.07
90.08	09008	CARDIOLOGY CLINIC	2,377,729		90.08
90.09	09009	PULMONARY CLINIC	1,242,556		90.09
90.10	09010	ENT CLINIC	1,810,425		90.10
90.11	09011	ORTHOPEDIC CLINIC	2,094,142		90.11
90.12	09012	EYE CLINIC	1,062,052		90.12
90.13	09013	ONCOLOGY CLINIC	5,784,328		90.13
90.14	09014	SURGICAL SPECIALTIES	1,479,135		90.14
90.15	09015	ALLERGY CLINIC	1,211,872		90.15
90.16	09016	LASER CLINIC	0		90.16
90.17	09017	DERMATOLOGY CLINIC	1,189,309		90.17
90.18	09018	CLINIC ADMINISTRATOR	0		90.18
90.19	09019	CRANIOFACIAL CENTER	594,335		90.19
90.20	09020	HEMATOLOGY CLINIC	842,325		90.20
90.21	09021	SPINA BIFIDA	351,544		90.21
90.22	09022	NEUROSCIENCES CLINIC	3,443,883		90.22
90.23	09023	RHEUMATOLOGY CLINIC	838,947		90.23
90.24	09024	ENDOCRINE CLINIC	555,109		90.24
90.25	09025	RENAL CLINIC	639,580		90.25
90.26	09026	GREENFIELD CLINIC	2,239,988		90.26
90.27	09027	NEW BERLIN CLINIC	6,113,991		90.27
90.28	09028	FOX POINT CLINIC	20,581		90.28
90.29	09029	DELAFIELD CLINIC	2,241,819		90.29
90.30	09030	MEQUON CLINIC	1,759,950		90.30
90.31	09031	KENOSHA CLINIC	711,129		90.31
90.32	09032	WEST DEPERE CLINIC	160,003		90.32
90.33	09033	APPLETON CLINIC	112,129		90.33
90.34	09034	GREENFIELD ENT CLINIC	826		90.34
90.35	09035	UROLOGY CLINIC	823,178		90.35
91.00	09100	EMERGENCY	15,932,454		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	381,472		94.00
95.00	09500	AMBULANCE SERVICES	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,116,865		98.00
98.01	09851	TRANSPORT	4,224,798		98.01
98.02	09852	GENETICS CENTER	2,871,570		98.02
98.03	09853	NUCLEAR MEDICINE	864,805		98.03
98.04	09854	CHILD DEVELOPMENT	996,565		98.04
98.05	09855	CHILD PROTECTION CENTER	3,767,710		98.05
98.06	09856	DENTAL SRVS	6,205,978		98.06
98.07	09857	ADOLESCENT MEDICINE	449,301		98.07
98.08	09858	OTHER OFFSITE CLINICS	72,987		98.08
98.09	09859	OTHER	0		98.09
99.00	09900	CMHC	0		99.00
99.10	09910	CORF	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	964,409		105.00
106.00	10600	HEART ACQUISITION	1,508,027		106.00
107.00	10700	LIVER ACQUISITION	1,700,845		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	11600	HOSPICE	0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	499,413,670		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	498,123		190.00
191.00	19100	RESEARCH	9,424,834		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0		194.00
194.01	07951	POISON CONTROL	3,256,984		194.01
194.02	07952	PUBLIC RELATIONS	2,430,866		194.02
194.03	07953	OUTREACH	421,383		194.03
194.04	07954	OTHER OFFSITE CLINICS	532		194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	828,847		194.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total		
			26.00		
194.06	07956	FLIGHT FOR LIFE	1,260,254		194.06
194.07	07957	CAC WAUKESHA	101,778		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)	517,637,271		202.00

COST ALLOCATION STATISTICS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet Non-CMS W | Date/Time Prepared: 1/22/2019 2:38 pm

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	292,518	159	292,677	292,677	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,921	3,735,488	13,917,113	17,663,522	11,722	5.00
7.00	00700	OPERATION OF PLANT	0	728,730	304,721	1,033,451	6,167	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,075	5,075	0	8.00
9.00	00900	HOUSEKEEPING	0	207,180	195,903	403,083	5,320	9.00
10.00	01000	DIETARY	0	616,480	221,639	838,119	2,357	10.00
11.00	01100	CAFETERIA	0	264,622	0	264,622	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	253,309	38,143	291,452	12,494	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	231,735	348,661	29,521	609,917	3,560	14.00
15.00	01500	PHARMACY	0	461,297	3,875	465,172	357	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	256,296	13,620	269,916	3,433	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	49,889	554	50,443	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,869,478	1,014,199	5,883,677	32,953	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,307,304	1,784,964	7,092,268	53,266	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	723,741	103,480	827,221	5,765	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,971,457	1,874,410	3,845,867	15,857	50.00
51.00	05100	RECOVERY ROOM	0	397,039	29,877	426,916	3,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	168,041	431,214	599,255	744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	343,005	1,794,210	945,716	3,082,931	13,792	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	135,448	135,448	902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	974,779	974,779	1,197	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	138,389	399,789	538,178	993	59.00
60.00	06000	LABORATORY	24,484	854,506	640,173	1,519,163	10,231	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	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	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	44,859	44,859	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	359,306	251,580	610,886	10,253	65.00
66.00	06600	PHYSICAL THERAPY	169,791	1,011,235	30,782	1,211,808	7,423	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	341,915	38,558	380,473	3,774	68.00
69.00	06900	ELECTROCARDIOLOGY	0	689,276	283,070	972,346	3,734	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	182,654	182,654	1,377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	492,601	559,947	1,052,548	2,860	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	65,563	65,563	13,186	73.00
74.00	07400	RENAL DIALYSIS	0	72,234	13,111	85,345	559	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	142,605	0	142,605	1,000	90.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
90.02	09002	PAIN/PALLATIVE CARE	0	0	6,278	6,278	554	90.02
90.03	09003	DIABETIC CLINIC	0	145,767	16,265	162,032	1,130	90.03
90.04	09004	GI CLINIC	0	57,161	76,882	134,043	1,944	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	175,173	15,234	190,407	1,863	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	120,682	22,084	142,766	461	90.07
90.08	09008	CARDIOLOGY CLINIC	0	1,686	8,789	10,475	1,799	90.08
90.09	09009	PULMONARY CLINIC	0	82,106	10,340	92,446	720	90.09
90.10	09010	ENT CLINIC	0	108,842	49,050	157,892	1,152	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	407,403	8,001	415,404	1,108	90.11
90.12	09012	EYE CLINIC	0	120,577	49,279	169,856	463	90.12
90.13	09013	ONCOLOGY CLINIC	0	708,634	164,092	872,726	2,606	90.13
90.14	09014	SURGICAL SPECIALTIES	0	104,451	3,029	107,480	914	90.14
90.15	09015	ALLERGY CLINIC	0	0	32,845	32,845	1,172	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	120,612	27,617	148,229	675	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	120,612	481	121,093	254	90.19
90.20	09020	HEMATOLOGY CLINIC	0	168,744	0	168,744	506	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	357	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	342,618	18,924	361,542	2,026	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	99,497	848	100,345	474	90.23
90.24	09024	ENDOCRINE CLINIC	0	73,182	0	73,182	315	90.24
90.25	09025	RENAL CLINIC	0	84,214	5,740	89,954	500	90.25
90.26	09026	GREENFIELD CLINIC	352,859	397,917	38,983	789,759	1,034	90.26
90.27	09027	NEW BERLIN CLINIC	0	940,231	206,835	1,147,066	2,247	90.27
90.28	09028	FOX POINT CLINIC	0	0	10,282	10,282	0	90.28
90.29	09029	DELAFIELD CLINIC	0	232,581	702,056	934,637	1,022	90.29
90.30	09030	MEQUON CLINIC	0	399,568	373,416	772,984	1,661	90.30
90.31	09031	KENOSHA CLINIC	83,490	0	16,413	99,903	373	90.31
90.32	09032	WEST DEPERE CLINIC	0	19,358	0	19,358	61	90.32
90.33	09033	APPLETON CLINIC	0	20,834	0	20,834	24	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	1	90.34
90.35	09035	UROLOGY CLINIC	0	0	27,389	27,389	787	90.35
91.00	09100	EMERGENCY	0	731,892	142,109	874,001	11,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	36	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	44,514	23,151	67,665	3,599	98.00
98.01	09851	TRANSPORT	0	5,621	99,881	105,502	3,395	98.01
98.02	09852	GENETICS CENTER	0	322,627	5,415	328,042	372	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	17,070	17,070	350	98.03
98.04	09854	CHILD DEVELOPMENT	0	118,434	6,704	125,138	191	98.04
98.05	09855	CHILD PROTECTION CENTER	401,491	373,570	88,462	863,523	2,070	98.05
98.06	09856	DENTAL SRVS	477,737	301,969	89,425	869,131	5,404	98.06
98.07	09857	ADOLESCENT MEDICINE	0	88,465	11,850	100,315	174	98.07
98.08	09858	OTHER OFFSITE CLINICS	78,571	0	0	78,571	67	98.08
98.09	09859	OTHER	7,845	0	0	7,845	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	8,537	530	9,067	444	105.00
106.00	10600	HEART ACQUISITION	0	8,537	532	9,069	531	106.00
107.00	10700	LIVER ACQUISITION	0	8,537	530	9,067	617	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,181,929	33,612,960	26,911,307	62,706,196	284,785	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,713	263	49,976	0	190.00
191.00	19100	RESEARCH	0	838,696	17,688	856,384	4,189	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	105,224	2,388	107,612	2,126	194.01
194.02	07952	PUBLIC RELATIONS	0	40,614	837	41,451	0	194.02
194.03	07953	OUTREACH	0	0	0	0	462	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	5,832	2,092	7,924	1,043	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	16	194.06
194.07	07957	CAC WAUKESHA	0	0	211	211	56	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)	2,181,929	34,653,039	26,934,786	63,769,754	292,677	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,675,244					5.00
7.00	00700	OPERATION OF PLANT	902,212	1,941,830				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	50,155	0	55,230			8.00
9.00	00900	HOUSEKEEPING	328,317	13,457	48	750,225		9.00
10.00	01000	DIETARY	217,253	40,042	11	10,955	1,108,737	10.00
11.00	01100	CAFETERIA	11,143	17,188	0	13,156	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	469,923	16,453	0	5,014	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,566	22,646	0	5,975	0	14.00
15.00	01500	PHARMACY	32,447	29,962	2	859	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	195,651	0	0	3,796	0	16.00
17.00	01700	SOCIAL SERVICE	134,758	16,647	0	7,013	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	820,964	3,240	0	1,365	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,566	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,383,089	316,283	16,369	136,127	763,523	30.00
31.00	03100	INTENSIVE CARE UNIT	2,186,138	344,716	8,769	162,057	180,317	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	319,306	47,009	2,438	19,805	120,456	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	791,713	128,050	9,403	53,948	2,174	50.00
51.00	05100	RECOVERY ROOM	122,656	25,789	1,206	10,865	156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	82,515	10,915	0	4,598	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	681,674	116,538	1,678	45,844	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	49,642	0	429	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109,740	0	652	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	145,362	8,989	428	3,787	0	59.00
60.00	06000	LABORATORY	1,051,046	55,502	3	24,267	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	170,723	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	392,596	23,338	236	8,973	985	65.00
66.00	06600	PHYSICAL THERAPY	273,714	65,682	215	23,027	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	176,255	22,208	1	7,307	0	68.00
69.00	06900	ELECTROCARDIOLOGY	288,934	44,770	0	18,990	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,151	0	603	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,006,637	31,995	2,689	13,155	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	383,359	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,482,816	0	2	11,765	0	73.00
74.00	07400	RENAL DIALYSIS	40,515	4,692	71	1,977	297	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	41,684	9,263	0	55	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	33,788	0	20	0	0	90.02
90.03	09003	DIABETIC CLINIC	49,798	9,468	0	3,913	2,580	90.03
90.04	09004	GI CLINIC	78,457	3,713	12	1,564	4,050	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	146,192	11,378	0	4,794	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	25,442	7,839	0	3,302	12,979	90.07
90.08	09008	CARDIOLOGY CLINIC	68,469	110	228	53	0	90.08
90.09	09009	PULMONARY CLINIC	36,652	5,333	33	2,215	125	90.09
90.10	09010	ENT CLINIC	53,657	7,070	53	2,978	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	49,839	26,462	382	11,148	0	90.11
90.12	09012	EYE CLINIC	29,214	7,832	0	3,300	0	90.12
90.13	09013	ONCOLOGY CLINIC	134,410	46,027	378	15,484	9,852	90.13
90.14	09014	SURGICAL SPECIALTIES	39,341	6,784	24	6,702	0	90.14
90.15	09015	ALLERGY CLINIC	37,142	0	33	3,878	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	32,978	7,834	0	3,780	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	14,277	7,834	0	2,820	0	90.19
90.20	09020	HEMATOLOGY CLINIC	19,403	10,960	0	4,680	2,971	90.20
90.21	09021	SPINA BIFIDA	11,332	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	87,236	22,254	0	9,376	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	22,826	6,463	0	3,058	0	90.23
90.24	09024	ENDOCRINE CLINIC	14,839	4,753	0	2,079	0	90.24
90.25	09025	RENAL CLINIC	17,147	5,470	0	2,304	0	90.25
90.26	09026	GREENFIELD CLINIC	60,517	25,846	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	167,142	61,070	1,427	0	0	90.27
90.28	09028	FOX POINT CLINIC	669	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	65,143	15,107	215	0	0	90.29
90.30	09030	MEQUON CLINIC	43,607	25,953	828	0	0	90.30
90.31	09031	KENOSHA CLINIC	22,967	0	17	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	3,820	1,257	0	0	0	90.32
90.33	09033	APPLETON CLINIC	2,222	1,353	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	27	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	26,551	0	2	0	0	90.35
91.00	09100	EMERGENCY	426,086	47,538	5,777	20,028	8,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	12,318	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	130,908	2,891	0	1,218	0	98.00
98.01	09851	TRANSPORT	136,316	365	0	0	0	98.01
98.02	09852	GENETICS CENTER	79,484	20,955	0	8,828	0	98.02
98.03	09853	NUCLEAR MEDICINE	27,682	0	144	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	28,776	7,693	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	110,300	24,264	62	1,088	0	98.05
98.06	09856	DENTAL SRVS	186,143	19,614	342	8,263	0	98.06
98.07	09857	ADOLESCENT MEDICINE	10,921	5,746	0	2,085	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	2,372	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	30,816	555	0	234	0	105.00
106.00	10600	HEART ACQUISITION	48,130	555	0	234	0	106.00
107.00	10700	LIVER ACQUISITION	54,460	555	0	234	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,129,036	1,874,275	55,230	724,320	1,108,737	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,092	3,229	0	1,360	0	190.00
191.00	19100	RESEARCH	270,858	54,475	0	21,029	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	101,291	6,834	0	2,879	0	194.01
194.02	07952	PUBLIC RELATIONS	77,762	2,638	0	0	0	194.02
194.03	07953	OUTREACH	11,792	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	26,419	379	0	637	0	194.05
194.06	07956	FLIGHT FOR LIFE	40,684	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	3,310	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)	17,675,244	1,941,830	55,230	750,225	1,108,737	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	306,109					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	13,841	0	809,177			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	664,664		14.00
15.00	01500	PHARMACY	382	0	0	114	529,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,784	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,158	0	25,183	457	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,887	0	0	2,049	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	40,002	0	235,927	59,070	6	30.00
31.00	03100	INTENSIVE CARE UNIT	60,114	0	354,554	77,951	4	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	7,058	0	40,426	10,964	2	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,692	0	6,959	64,064	7	50.00
51.00	05100	RECOVERY ROOM	3,058	0	0	1,916	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,275	0	0	3,602	2,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,435	0	0	22,123	601	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	977	0	0	749	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,280	0	0	2,083	1,407	58.00
59.00	05900	CARDIAC CATHETERIZATION	987	0	5,964	3,023	0	59.00
60.00	06000	LABORATORY	13,375	0	0	27,756	156	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,552	0	55,337	13,597	1	65.00
66.00	06600	PHYSICAL THERAPY	4,078	0	0	9,434	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,804	0	0	21,360	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,404	0	20,876	2,290	7	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,895	0	11,598	146	24	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,698	0	0	142,743	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,925	0	0	98,409	524,168	73.00
74.00	07400	RENAL DIALYSIS	668	0	0	388	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	985	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	600	0	663	152	0	90.02
90.03	09003	DIABETIC CLINIC	1,479	0	0	2,199	0	90.03
90.04	09004	GI CLINIC	2,356	0	0	1,183	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,910	0	0	144	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	615	0	0	825	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2,165	0	12,923	3,283	0	90.08
90.09	09009	PULMONARY CLINIC	963	0	0	740	0	90.09
90.10	09010	ENT CLINIC	1,480	0	0	3,134	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1,615	0	0	2,299	0	90.11
90.12	09012	EYE CLINIC	759	0	0	582	0	90.12
90.13	09013	ONCOLOGY CLINIC	3,493	0	19,881	2,384	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,020	0	0	419	0	90.14
90.15	09015	ALLERGY CLINIC	1,650	0	0	1,805	2	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,086	0	0	2,246	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	277	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	527	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	340	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	2,507	0	14,911	551	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	602	0	0	240	0	90.23
90.24	09024	ENDOCRINE CLINIC	500	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	573	0	0	112	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	1,216	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	1,325	12,450	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	6,086	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	7,432	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	1,144	81	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	1,325	2	0	90.32
90.33	09033	APPLETON CLINIC	0	0	1,325	33	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	911	0	90.35
91.00	09100	EMERGENCY	13,589	0	0	20,631	3	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	28	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	2,803	0	0	1,650	0	98.00
98.01	09851	TRANSPORT	3,817	0	0	3,397	0	98.01
98.02	09852	GENETICS CENTER	1,330	0	0	362	7	98.02
98.03	09853	NUCLEAR MEDICINE	310	0	0	57	0	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	501	0	98.04
98.05	09855	CHILD PROTECTION CENTER	276	0	0	1,744	111	98.05
98.06	09856	DENTAL SRVS	5,586	0	0	8,121	16	98.06
98.07	09857	ADOLESCENT MEDICINE	238	0	0	405	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	11	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	193	0	0	161	0	105.00
106.00	10600	HEART ACQUISITION	959	0	0	161	0	106.00
107.00	10700	LIVER ACQUISITION	96	0	0	161	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	297,056	0	809,177	653,222	528,799	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	5,691	0	0	7,931	496	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,058	0	0	13	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
194.02	07952	PUBLIC RELATIONS	815	0	0	0	0	194.02
194.03	07953	OUTREACH	489	0	0	2,086	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	1,412	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	306,109	0	809,177	664,664	529,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	206,231					16.00
17.00	01700	SOCIAL SERVICE	0	461,565				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	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	21,340	203,153	0			30.00
31.00	03100	INTENSIVE CARE UNIT	46,383	59,667	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	5,102	12,982	0			35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,963	9,651	0			50.00
51.00	05100	RECOVERY ROOM	3,011	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	1,607	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,380	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	2,452	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,768	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	1,526	0	0			59.00
60.00	06000	LABORATORY	19,432	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.	1,478	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	5,994	0	0			65.00
66.00	06600	PHYSICAL THERAPY	2,764	882	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	1,928	98	0			68.00
69.00	06900	ELECTROCARDIOLOGY	5,269	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,133	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,748	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,648	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,378	0	0			73.00
74.00	07400	RENAL DIALYSIS	764	196	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	INFECTIOUS DISEASES	3	0	0			90.01
90.02	09002	PAIN/PALLATIVE CARE	21	245	0			90.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
90.03	09003	DIABETIC CLINIC	150	0	0			90.03
90.04	09004	GI CLINIC	442	2,106	0			90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	53	3,282	0			90.05
90.06	09006	DIETETICS	52	0	0			90.06
90.07	09007	INFUSION ROOM	612	294	0			90.07
90.08	09008	CARDIOLOGY CLINIC	173	1,078	0			90.08
90.09	09009	PULMONARY CLINIC	120	0	0			90.09
90.10	09010	ENT CLINIC	191	245	0			90.10
90.11	09011	ORTHOPEDIC CLINIC	340	196	0			90.11
90.12	09012	EYE CLINIC	126	0	0			90.12
90.13	09013	ONCOLOGY CLINIC	928	28,119	0			90.13
90.14	09014	SURGICAL SPECIALTIES	88	6,907	0			90.14
90.15	09015	ALLERGY CLINIC	288	0	0			90.15
90.16	09016	LASER CLINIC	0	0	0			90.16
90.17	09017	DERMATOLOGY CLINIC	170	0	0			90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0			90.18
90.19	09019	CRANIOFACIAL CENTER	47	245	0			90.19
90.20	09020	HEMATOLOGY CLINIC	56	196	0			90.20
90.21	09021	SPINA BIFIDA	76	0	0			90.21
90.22	09022	NEUROSCIENCES CLINIC	106	2,988	0			90.22
90.23	09023	RHEUMATOLOGY CLINIC	30	0	0			90.23
90.24	09024	ENDOCRINE CLINIC	39	0	0			90.24
90.25	09025	RENAL CLINIC	31	0	0			90.25
90.26	09026	GREENFIELD CLINIC	266	0	0			90.26
90.27	09027	NEW BERLIN CLINIC	585	0	0			90.27
90.28	09028	FOX POINT CLINIC	0	0	0			90.28
90.29	09029	DELAFIELD CLINIC	213	49	0			90.29
90.30	09030	MEQUON CLINIC	436	0	0			90.30
90.31	09031	KENOSHA CLINIC	78	0	0			90.31
90.32	09032	WEST DEPERE CLINIC	11	0	0			90.32
90.33	09033	APPLETON CLINIC	6	0	0			90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0			90.34
90.35	09035	UROLOGY CLINIC	175	0	0			90.35
91.00	09100	EMERGENCY	9,344	122,715	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	89	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	679	343	0			98.00
98.01	09851	TRANSPORT	431	0	0			98.01
98.02	09852	GENETICS CENTER	104	0	0			98.02
98.03	09853	NUCLEAR MEDICINE	295	0	0			98.03
98.04	09854	CHILD DEVELOPMENT	34	0	0			98.04
98.05	09855	CHILD PROTECTION CENTER	299	0	0			98.05
98.06	09856	DENTAL SRVS	1,746	0	0			98.06
98.07	09857	ADOLESCENT MEDICINE	52	0	0			98.07
98.08	09858	OTHER OFFSITE CLINICS	1	0	0			98.08
98.09	09859	OTHER	0	0	0			98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	167	0	0			105.00
106.00	10600	HEART ACQUISITION	341	392	0			106.00
107.00	10700	LIVER ACQUISITION	317	490	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,879	456,519	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	21	0	0			191.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	18.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	0	0			194.00
194.01	07951	POISON CONTROL	0	0	0			194.01
194.02	07952	PUBLIC RELATIONS	0	0	0			194.02
194.03	07953	OUTREACH	0	5,046	0			194.03
194.04	07954	OTHER OFFSITE CLINICS	18	0	0			194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0			194.05
194.06	07956	FLIGHT FOR LIFE	313	0	0			194.06
194.07	07957	CAC WAUKESHA	0	0	0			194.07
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	206,231	461,565	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	887,948					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		15,566				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				9,091,519	0	30.00
31.00	03100	INTENSIVE CARE UNIT				10,626,204	0	31.00
32.00	03200	CORONARY CARE UNIT				0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT				0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT				1,418,534	0	35.00
40.00	04000	SUBPROVIDER - IPF				0	0	40.00
41.00	04100	SUBPROVIDER - IRF				0	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				0	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				4,953,348	0	50.00
51.00	05100	RECOVERY ROOM				598,624	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				706,699	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				3,986,996	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				190,599	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				1,095,906	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				709,237	0	59.00
60.00	06000	LABORATORY				2,720,931	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.				217,060	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				1,135,748	0	65.00
66.00	06600	PHYSICAL THERAPY				1,599,027	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	0	67.00
68.00	06800	SPEECH PATHOLOGY				617,208	0	68.00
69.00	06900	ELECTROCARDIOLOGY				1,360,620	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				268,581	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,273,080	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				385,007	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				2,235,212	0	73.00
74.00	07400	RENAL DIALYSIS				135,472	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	09000	CLINIC				0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
90.01	09001	INFECTIOUS DISEASES				195,595	0	90.01
90.02	09002	PAIN/PALLATIVE CARE				42,321	0	90.02
90.03	09003	DIABETIC CLINIC				232,749	0	90.03
90.04	09004	GI CLINIC				229,870	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS				361,023	0	90.05
90.06	09006	DIETETICS				52	0	90.06
90.07	09007	INFUSION ROOM				195,135	0	90.07
90.08	09008	CARDIOLOGY CLINIC				100,756	0	90.08
90.09	09009	PULMONARY CLINIC				139,347	0	90.09
90.10	09010	ENT CLINIC				227,852	0	90.10
90.11	09011	ORTHOPEDIC CLINIC				508,793	0	90.11
90.12	09012	EYE CLINIC				212,132	0	90.12
90.13	09013	ONCOLOGY CLINIC				1,136,288	0	90.13
90.14	09014	SURGICAL SPECIALTIES				169,679	0	90.14
90.15	09015	ALLERGY CLINIC				78,815	0	90.15
90.16	09016	LASER CLINIC				0	0	90.16
90.17	09017	DERMATOLOGY CLINIC				196,998	0	90.17
90.18	09018	CLINIC ADMINISTRATOR				0	0	90.18
90.19	09019	CRANIOFACIAL CENTER				146,847	0	90.19
90.20	09020	HEMATOLOGY CLINIC				208,043	0	90.20
90.21	09021	SPINA BIFIDA				12,105	0	90.21
90.22	09022	NEUROSCIENCES CLINIC				503,497	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC				134,038	0	90.23
90.24	09024	ENDOCRINE CLINIC				95,707	0	90.24
90.25	09025	RENAL CLINIC				116,091	0	90.25
90.26	09026	GREENFIELD CLINIC				878,638	0	90.26
90.27	09027	NEW BERLIN CLINIC				1,393,312	0	90.27
90.28	09028	FOX POINT CLINIC				10,951	0	90.28
90.29	09029	DELAFIELD CLINIC				1,022,472	0	90.29
90.30	09030	MEQUON CLINIC				852,901	0	90.30
90.31	09031	KENOSHA CLINIC				124,563	0	90.31
90.32	09032	WEST DEPERE CLINIC				25,834	0	90.32
90.33	09033	APPLETON CLINIC				25,797	0	90.33
90.34	09034	GREENFIELD ENT CLINIC				28	0	90.34
90.35	09035	UROLOGY CLINIC				55,815	0	90.35
91.00	09100	EMERGENCY				1,558,990	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				12,471	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG				211,756	0	98.00
98.01	09851	TRANSPORT				253,223	0	98.01
98.02	09852	GENETICS CENTER				439,484	0	98.02
98.03	09853	NUCLEAR MEDICINE				45,908	0	98.03
98.04	09854	CHILD DEVELOPMENT				162,333	0	98.04
98.05	09855	CHILD PROTECTION CENTER				1,003,737	0	98.05
98.06	09856	DENTAL SRVS				1,104,366	0	98.06
98.07	09857	ADOLESCENT MEDICINE				119,936	0	98.07
98.08	09858	OTHER OFFSITE CLINICS				81,022	0	98.08
98.09	09859	OTHER				7,845	0	98.09
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				41,637	0	105.00
106.00	10600	HEART ACQUISITION				60,372	0	106.00
107.00	10700	LIVER ACQUISITION				65,997	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS				0	0	117.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			21.00	22.00	23.00	24.00	25.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	61,128,733	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				68,657	0	190.00
191.00	19100	RESEARCH				1,221,074	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	DOWNTOWN HEALTH CENTER				0	0	194.00
194.01	07951	POISON CONTROL				222,813	0	194.01
194.02	07952	PUBLIC RELATIONS				122,666	0	194.02
194.03	07953	OUTREACH				19,875	0	194.03
194.04	07954	OTHER OFFSITE CLINICS				18	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP				37,814	0	194.05
194.06	07956	FLIGHT FOR LIFE				41,013	0	194.06
194.07	07957	CAC WAUKESHA				3,577	0	194.07
200.00		Cross Foot Adjustments	887,948	15,566	0	903,514	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	887,948	15,566	0	63,769,754	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	9,091,519		30.00
31.00	03100	INTENSIVE CARE UNIT	10,626,204		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	1,418,534		35.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
45.00	04500	NURSING FACILITY	0		45.00
46.00	04600	OTHER LONG TERM CARE	0		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	4,953,348		50.00
51.00	05100	RECOVERY ROOM	598,624		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	706,699		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,986,996		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	190,599		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,095,906		58.00
59.00	05900	CARDIAC CATHETERIZATION	709,237		59.00
60.00	06000	LABORATORY	2,720,931		60.00
60.01	06001	BLOOD LABORATORY	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	217,060		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,135,748		65.00
66.00	06600	PHYSICAL THERAPY	1,599,027		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	617,208		68.00
69.00	06900	ELECTROCARDIOLOGY	1,360,620		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,581		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,273,080		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	385,007		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,235,212		73.00
74.00	07400	RENAL DIALYSIS	135,472		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	INFECTIOUS DISEASES	195,595		90.01
90.02	09002	PAIN/PALLATIVE CARE	42,321		90.02
90.03	09003	DIABETIC CLINIC	232,749		90.03
90.04	09004	GI CLINIC	229,870		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	361,023		90.05
90.06	09006	DIETETICS	52		90.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total		
			26.00		
90.07	09007	INFUSION ROOM	195,135		90.07
90.08	09008	CARDIOLOGY CLINIC	100,756		90.08
90.09	09009	PULMONARY CLINIC	139,347		90.09
90.10	09010	ENT CLINIC	227,852		90.10
90.11	09011	ORTHOPEDIC CLINIC	508,793		90.11
90.12	09012	EYE CLINIC	212,132		90.12
90.13	09013	ONCOLOGY CLINIC	1,136,288		90.13
90.14	09014	SURGICAL SPECIALTIES	169,679		90.14
90.15	09015	ALLERGY CLINIC	78,815		90.15
90.16	09016	LASER CLINIC	0		90.16
90.17	09017	DERMATOLOGY CLINIC	196,998		90.17
90.18	09018	CLINIC ADMINISTRATOR	0		90.18
90.19	09019	CRANIOFACIAL CENTER	146,847		90.19
90.20	09020	HEMATOLOGY CLINIC	208,043		90.20
90.21	09021	SPINA BIFIDA	12,105		90.21
90.22	09022	NEUROSCIENCES CLINIC	503,497		90.22
90.23	09023	RHEUMATOLOGY CLINIC	134,038		90.23
90.24	09024	ENDOCRINE CLINIC	95,707		90.24
90.25	09025	RENAL CLINIC	116,091		90.25
90.26	09026	GREENFIELD CLINIC	878,638		90.26
90.27	09027	NEW BERLIN CLINIC	1,393,312		90.27
90.28	09028	FOX POINT CLINIC	10,951		90.28
90.29	09029	DELAFIELD CLINIC	1,022,472		90.29
90.30	09030	MEQUON CLINIC	852,901		90.30
90.31	09031	KENOSHA CLINIC	124,563		90.31
90.32	09032	WEST DEPERE CLINIC	25,834		90.32
90.33	09033	APPLETON CLINIC	25,797		90.33
90.34	09034	GREENFIELD ENT CLINIC	28		90.34
90.35	09035	UROLOGY CLINIC	55,815		90.35
91.00	09100	EMERGENCY	1,558,990		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	12,471		94.00
95.00	09500	AMBULANCE SERVICES	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	211,756		98.00
98.01	09851	TRANSPORT	253,223		98.01
98.02	09852	GENETICS CENTER	439,484		98.02
98.03	09853	NUCLEAR MEDICINE	45,908		98.03
98.04	09854	CHILD DEVELOPMENT	162,333		98.04
98.05	09855	CHILD PROTECTION CENTER	1,003,737		98.05
98.06	09856	DENTAL SRVS	1,104,366		98.06
98.07	09857	ADOLESCENT MEDICINE	119,936		98.07
98.08	09858	OTHER OFFSITE CLINICS	81,022		98.08
98.09	09859	OTHER	7,845		98.09
99.00	09900	CMHC	0		99.00
99.10	09910	CORF	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	41,637		105.00
106.00	10600	HEART ACQUISITION	60,372		106.00
107.00	10700	LIVER ACQUISITION	65,997		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	11600	HOSPICE	0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,128,733		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,657		190.00
191.00	19100	RESEARCH	1,221,074		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0		194.00
194.01	07951	POISON CONTROL	222,813		194.01
194.02	07952	PUBLIC RELATIONS	122,666		194.02
194.03	07953	OUTREACH	19,875		194.03
194.04	07954	OTHER OFFSITE CLINICS	18		194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	37,814		194.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total		
			26.00		
194.06	07956	FLIGHT FOR LIFE	41,013		194.06
194.07	07957	CAC WAUKESHA	3,577		194.07
200.00		Cross Foot Adjustments	903,514		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	63,769,754		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	986,337					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		29,057,491				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,326	171	181,202,999			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	106,324	15,013,901	7,258,507	-123,744,896	419,756,239	5.00
7.00	00700	OPERATION OF PLANT	20,742	328,736	3,818,459	0	21,426,140	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,475	0	0	1,191,108	8.00
9.00	00900	HOUSEKEEPING	5,897	211,342	3,293,867	0	7,797,020	9.00
10.00	01000	DIETARY	17,547	239,106	1,459,590	0	5,159,412	10.00
11.00	01100	CAFETERIA	7,532	0	0	0	264,622	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,210	41,149	7,736,050	0	11,159,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,924	31,847	2,204,331	0	535,917	14.00
15.00	01500	PHARMACY	13,130	4,180	221,116	0	770,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,646,405	16.00
17.00	01700	SOCIAL SERVICE	7,295	14,693	2,125,574	0	3,200,286	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,420	598	0	0	19,496,638	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	369,659	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	138,601	1,094,127	20,404,407	0	32,846,232	30.00
31.00	03100	INTENSIVE CARE UNIT	151,063	1,925,636	32,959,094	0	51,913,903	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	111,635	3,569,843	0	7,583,019	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	56,114	2,022,131	9,818,346	0	18,801,959	50.00
51.00	05100	RECOVERY ROOM	11,301	32,232	1,888,485	0	2,912,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,783	465,198	460,958	0	1,959,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,069	1,020,247	8,539,974	0	16,188,702	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	146,123	558,245	0	1,178,913	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,051,601	741,430	0	2,606,146	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,939	431,296	614,934	0	3,452,119	59.00
60.00	06000	LABORATORY	24,322	690,625	6,335,143	0	24,960,731	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	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	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	48,394	0	0	4,054,402	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,227	271,407	6,348,439	0	9,323,544	65.00
66.00	06600	PHYSICAL THERAPY	28,783	33,208	4,595,992	0	6,500,278	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,732	41,597	2,336,987	0	4,185,780	68.00
69.00	06900	ELECTROCARDIOLOGY	19,619	305,379	2,311,997	0	6,861,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	197,049	852,628	0	1,618,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,021	604,076	1,770,909	0	23,906,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,104,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	70,730	8,164,512	0	35,214,595	73.00
74.00	07400	RENAL DIALYSIS	2,056	14,144	346,061	0	962,171	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
90.01	09001	INFECTIOUS DISEASES	4,059	0	619,246	0	989,938	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	6,773	343,270	0	802,415	90.02
90.03	09003	DIABETIC CLINIC	4,149	17,547	699,599	0	1,182,625	90.03
90.04	09004	GI CLINIC	1,627	82,941	1,203,605	0	1,863,238	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,986	16,435	1,153,326	0	3,471,845	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,435	23,824	285,718	0	604,208	90.07
90.08	09008	CARDIOLOGY CLINIC	48	9,482	1,113,951	0	1,626,022	90.08
90.09	09009	PULMONARY CLINIC	2,337	11,155	445,921	0	870,426	90.09
90.10	09010	ENT CLINIC	3,098	52,916	713,555	0	1,274,270	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	8,632	686,275	0	1,183,602	90.11
90.12	09012	EYE CLINIC	3,432	53,163	286,621	0	693,794	90.12
90.13	09013	ONCOLOGY CLINIC	20,170	177,024	1,613,720	0	3,192,031	90.13
90.14	09014	SURGICAL SPECIALTIES	2,973	3,268	565,916	0	934,283	90.14
90.15	09015	ALLERGY CLINIC	0	35,434	725,990	0	882,075	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,433	29,794	417,800	0	783,181	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	3,433	519	157,018	0	339,061	90.19
90.20	09020	HEMATOLOGY CLINIC	4,803	0	313,237	0	460,796	90.20
90.21	09021	SPINA BIFIDA	0	0	220,952	0	269,107	90.21
90.22	09022	NEUROSCIENCES CLINIC	9,752	20,415	1,254,786	0	2,071,721	90.22
90.23	09023	RHEUMATOLOGY CLINIC	2,832	915	293,781	0	542,082	90.23
90.24	09024	ENDOCRINE CLINIC	2,083	0	195,026	0	352,407	90.24
90.25	09025	RENAL CLINIC	2,397	6,192	309,882	0	407,226	90.25
90.26	09026	GREENFIELD CLINIC	11,326	42,055	640,477	0	1,437,184	90.26
90.27	09027	NEW BERLIN CLINIC	26,762	223,135	1,391,580	0	3,969,375	90.27
90.28	09028	FOX POINT CLINIC	0	11,092	0	0	15,895	90.28
90.29	09029	DELAFIELD CLINIC	6,620	757,384	632,850	0	1,547,048	90.29
90.30	09030	MEQUON CLINIC	11,373	402,845	1,028,357	0	1,035,588	90.30
90.31	09031	KENOSHA CLINIC	0	17,706	230,859	0	545,424	90.31
90.32	09032	WEST DEPERE CLINIC	551	0	37,751	0	90,730	90.32
90.33	09033	APPLETON CLINIC	593	0	14,724	0	52,780	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	415	0	638	90.34
90.35	09035	UROLOGY CLINIC	0	29,547	487,363	0	630,541	90.35
91.00	09100	EMERGENCY	20,832	153,308	6,814,999	0	10,118,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	22,112	0	292,530	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,267	24,976	2,228,738	0	3,108,863	98.00
98.01	09851	TRANSPORT	160	107,753	2,102,251	0	3,237,292	98.01
98.02	09852	GENETICS CENTER	9,183	5,842	230,618	0	1,887,612	98.02
98.03	09853	NUCLEAR MEDICINE	0	18,415	216,585	0	657,412	98.03
98.04	09854	CHILD DEVELOPMENT	3,371	7,232	118,489	0	683,375	98.04
98.05	09855	CHILD PROTECTION CENTER	10,633	95,434	1,281,715	0	2,619,464	98.05
98.06	09856	DENTAL SRVS	8,595	96,473	3,345,896	0	4,420,602	98.06
98.07	09857	ADOLESCENT MEDICINE	2,518	12,784	107,754	0	259,358	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	41,463	0	56,332	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	243	572	274,668	0	731,840	105.00
106.00	10600	HEART ACQUISITION	243	574	328,982	0	1,143,005	106.00
107.00	10700	LIVER ACQUISITION	243	572	382,058	0	1,293,330	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	956,733	29,032,161	176,315,777	-123,744,896	406,784,642	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	284	0	0	334,672	190.00
191.00	19100	RESEARCH	23,872	19,082	2,593,705	0	6,432,470	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,995	2,576	1,316,714	0	2,405,512	194.01
194.02	07952	PUBLIC RELATIONS	1,156	903	0	0	1,846,717	194.02
194.03	07953	OUTREACH	0	0	286,085	0	280,043	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	166	2,257	645,732	0	627,399	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	10,062	0	966,179	194.06
194.07	07957	CAC WAUKESHA	0	228	34,924	0	78,605	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)	34,653,039	26,934,786	7,488,776		123,744,896	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.133062	0.926948	0.041328		0.294802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			292,677		17,675,244	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001615		0.042108	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 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	850,945					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,185,743				8.00
9.00	00900	HOUSEKEEPING	5,897	1,031	780,350			9.00
10.00	01000	DIETARY	17,547	233	11,395	70,902		10.00
11.00	01100	CAFETERIA	7,532	0	13,684	0	222,089	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,210	0	5,215	0	10,042	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,924	0	6,215	0	0	14.00
15.00	01500	PHARMACY	13,130	51	893	0	277	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,948	0	4,922	16.00
17.00	01700	SOCIAL SERVICE	7,295	0	7,295	0	3,017	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,420	0	1,420	0	7,173	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	138,601	351,388	141,593	48,826	29,022	30.00
31.00	03100	INTENSIVE CARE UNIT	151,063	188,275	168,566	11,531	43,611	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	20,600	52,349	20,600	7,703	5,121	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	56,114	201,880	56,114	139	12,836	50.00
51.00	05100	RECOVERY ROOM	11,301	25,892	11,301	10	2,219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,783	0	4,783	0	925	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,069	36,025	47,685	0	8,296	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	9,202	0	0	709	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,004	0	0	929	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,939	9,190	3,939	0	716	59.00
60.00	06000	LABORATORY	24,322	61	25,241	0	9,704	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,227	5,069	9,333	63	9,832	65.00
66.00	06600	PHYSICAL THERAPY	28,783	4,624	23,952	0	2,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,732	20	7,600	0	2,760	68.00
69.00	06900	ELECTROCARDIOLOGY	19,619	0	19,753	0	2,470	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,942	0	0	1,375	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,021	57,737	13,683	0	5,585	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	51	12,237	0	8,652	73.00
74.00	07400	RENAL DIALYSIS	2,056	1,518	2,056	19	485	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	4,059	0	57	0	715	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	435	0	0	435	90.02
90.03	09003	DIABETIC CLINIC	4,149	0	4,070	165	1,073	90.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
90.04	09004	GI CLINIC	1,627	247	1,627	259	1,709	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,986	0	4,986	0	2,111	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	3,435	0	3,435	830	446	90.07
90.08	09008	CARDIOLOGY CLINIC	48	4,891	55	0	1,571	90.08
90.09	09009	PULMONARY CLINIC	2,337	707	2,304	8	699	90.09
90.10	09010	ENT CLINIC	3,098	1,132	3,098	0	1,074	90.10
90.11	09011	ORTHOPEDIC CLINIC	11,596	8,202	11,596	0	1,172	90.11
90.12	09012	EYE CLINIC	3,432	0	3,432	0	551	90.12
90.13	09013	ONCOLOGY CLINIC	20,170	8,121	16,106	630	2,534	90.13
90.14	09014	SURGICAL SPECIALTIES	2,973	516	6,971	0	740	90.14
90.15	09015	ALLERGY CLINIC	0	707	4,034	0	1,197	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	3,433	0	3,932	0	788	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	3,433	0	2,933	0	201	90.19
90.20	09020	HEMATOLOGY CLINIC	4,803	0	4,868	190	382	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	247	90.21
90.22	09022	NEUROSCIENCES CLINIC	9,752	0	9,752	0	1,819	90.22
90.23	09023	RHEUMATOLOGY CLINIC	2,832	0	3,181	0	437	90.23
90.24	09024	ENDOCRINE CLINIC	2,083	0	2,162	0	363	90.24
90.25	09025	RENAL CLINIC	2,397	0	2,397	0	416	90.25
90.26	09026	GREENFIELD CLINIC	11,326	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	26,762	30,643	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	6,620	4,609	0	0	0	90.29
90.30	09030	MEQUON CLINIC	11,373	17,769	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	371	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	551	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	593	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0	52	0	0	0	90.35
91.00	09100	EMERGENCY	20,832	124,038	20,832	529	9,859	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	20	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1,267	0	1,267	0	2,034	98.00
98.01	09851	TRANSPORT	160	0	0	0	2,769	98.01
98.02	09852	GENETICS CENTER	9,183	0	9,183	0	965	98.02
98.03	09853	NUCLEAR MEDICINE	0	3,083	0	0	225	98.03
98.04	09854	CHILD DEVELOPMENT	3,371	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	10,633	1,331	1,132	0	200	98.05
98.06	09856	DENTAL SRVS	8,595	7,347	8,595	0	4,053	98.06
98.07	09857	ADOLESCENT MEDICINE	2,518	0	2,169	0	173	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	243	0	243	0	140	105.00
106.00	10600	HEART ACQUISITION	243	0	243	0	696	106.00
107.00	10700	LIVER ACQUISITION	243	0	243	0	70	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	821,341	1,185,743	753,404	70,902	215,521	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,415	0	1,415	0	0	190.00
191.00	19100	RESEARCH	23,872	0	21,873	0	4,129	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 - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	2,995	0	2,995	0	1,493	194.01
194.02	07952	PUBLIC RELATIONS	1,156	0	0	0	591	194.02
194.03	07953	OUTREACH	0	0	0	0	355	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	166	0	663	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	27,742,609	1,542,249	10,289,193	7,403,036	768,620	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.602118	1.300660	13.185357	104.412231	3.460865	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,941,830	55,230	750,225	1,108,737	306,109	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.281969	0.046578	0.961396	15.637598	1.378317	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 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,442				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	706,483			14.00
15.00	01500	PHARMACY	0	0	121	29,674,722		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,138,304,924	16.00
17.00	01700	SOCIAL SERVICE	0	76	486	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	2	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,178	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	712	62,787	353	117,903,115	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,070	82,855	230	255,150,870	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	122	11,654	111	28,188,620	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21	68,095	414	43,997,139	50.00
51.00	05100	RECOVERY ROOM	0	0	2,037	35	16,635,992	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,829	122,693	8,880,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	23,515	33,714	57,348,816	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	796	0	13,549,677	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,214	78,862	26,341,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18	3,213	10	8,433,099	59.00
60.00	06000	LABORATORY	0	0	29,502	8,773	107,357,736	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,165,683	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	167	14,452	82	33,117,647	65.00
66.00	06600	PHYSICAL THERAPY	0	0	10,028	6	15,270,241	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	22,704	2	10,651,621	68.00
69.00	06900	ELECTROCARDIOLOGY	0	63	2,434	384	29,112,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35	155	1,349	11,783,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	151,722	376	70,433,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,104,177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	104,601	29,387,010	151,259,233	73.00
74.00	07400	RENAL DIALYSIS	0	0	412	0	4,222,440	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	18,518	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	2	162	0	114,387	90.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
90.03	09003	DIABETIC CLINIC	0	0	2,337	27	828,486	90.03
90.04	09004	GI CLINIC	0	0	1,257	0	2,442,905	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	153	4	294,637	90.05
90.06	09006	DIETETICS	0	0	0	20	287,270	90.06
90.07	09007	INFUSION ROOM	0	0	877	20	3,381,965	90.07
90.08	09008	CARDIOLOGY CLINIC	0	39	3,490	0	953,208	90.08
90.09	09009	PULMONARY CLINIC	0	0	787	0	665,570	90.09
90.10	09010	ENT CLINIC	0	0	3,331	0	1,056,846	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	2,444	5	1,876,775	90.11
90.12	09012	EYE CLINIC	0	0	619	0	694,642	90.12
90.13	09013	ONCOLOGY CLINIC	0	60	2,534	1	5,127,197	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	445	12	484,992	90.14
90.15	09015	ALLERGY CLINIC	0	0	1,919	104	1,593,035	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	2,387	2	941,845	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	261,968	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	308,684	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	420,635	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	45	586	6	585,568	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	255	13	163,943	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	212,973	90.24
90.25	09025	RENAL CLINIC	0	0	119	0	173,297	90.25
90.26	09026	GREENFIELD CLINIC	0	0	1,292	0	1,469,431	90.26
90.27	09027	NEW BERLIN CLINIC	0	4	13,233	0	3,229,466	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	6,469	2	1,175,554	90.29
90.30	09030	MEQUON CLINIC	0	0	7,900	3	2,409,298	90.30
90.31	09031	KENOSHA CLINIC	0	0	1,216	4,533	433,668	90.31
90.32	09032	WEST DEPERE CLINIC	0	4	2	0	62,698	90.32
90.33	09033	APPLETON CLINIC	0	4	35	0	33,205	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0	0	968	4	968,521	90.35
91.00	09100	EMERGENCY	0	0	21,929	186	51,626,883	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	492,847	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	1,754	26	3,749,324	98.00
98.01	09851	TRANSPORT	0	0	3,611	0	2,380,784	98.01
98.02	09852	GENETICS CENTER	0	0	385	400	572,696	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	61	0	1,627,968	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	532	0	186,991	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	1,854	6,249	1,651,355	98.05
98.06	09856	DENTAL SRVS	0	0	8,632	872	9,646,948	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	431	0	284,870	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	12	26	5,189	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	171	0	924,782	105.00
106.00	10600	HEART ACQUISITION	0	0	171	0	1,881,676	106.00
107.00	10700	LIVER ACQUISITION	0	0	171	0	1,749,320	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,442	694,321	29,646,921	1,136,360,056	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	8,430	27,801	116,382	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS PATIENT REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	14	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	0	0	2,217	0	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	99,446	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	1,501	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	1,729,040	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	14,788,512	1,099,396	1,438,778	6,085,264	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6,055.901720	1.556154	0.048485	0.005346	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	809,177	664,664	529,295	206,231	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	331.358313	0.940807	0.017837	0.000181	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 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	9,422					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			433,063	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,147	0	0	0	149,838	30.00
31.00	03100	INTENSIVE CARE UNIT	1,218	0	0	0	22,291	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	265	0	0	0	10,667	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	197	0	0	0	33,443	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	35,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	14,214	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						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	18	0	0	0	3,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,094	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	4	0	0	0	3,209	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	3,004	90.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
90.02	09002	PAIN/PALLATIVE CARE	5	0	0	0	901	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0	90.03
90.04	09004	GI CLINIC	43	0	0	0	12,145	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	67	0	0	0	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	6	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	22	0	0	0	18,297	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	4,418	90.09
90.10	09010	ENT CLINIC	5	0	0	0	8,274	90.10
90.11	09011	ORTHOPEDIC CLINIC	4	0	0	0	0	90.11
90.12	09012	EYE CLINIC	0	0	0	0	1,858	90.12
90.13	09013	ONCOLOGY CLINIC	574	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	141	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	6,839	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	6,066	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	5	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	4	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	61	0	0	0	8,092	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	3,946	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	4,077	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	0	5,941	90.35
91.00	09100	EMERGENCY	2,505	0	0	0	35,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	7	0	0	0	8,868	98.00
98.01	09851	TRANSPORT	0	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	2,574	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	1,991	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	16,765	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0	98.08
98.09	09859	OTHER	0	0	0	0	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	8	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	10	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0		0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,319	0	0	0	433,063	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
			17.00	18.00	19.00	20.00	21.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	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	DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01	07951	POISON CONTROL	0	0	0	0	0	194.01
194.02	07952	PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	OUTREACH	103	0	0	0	0	194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0	0	0	0	194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06	07956	FLIGHT FOR LIFE	0	0	0	0	0	194.06
194.07	07957	CAC WAUKESHA	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,949,202	0	0	0	25,337,518	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	525.281469	0.000000	0.000000	0.000000	58.507695	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	461,565	0	0	0	887,948	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	48.988007	0.000000	0.000000	0.000000	2.050390	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			22.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	433,063			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	149,838	0		30.00
31.00	03100	INTENSIVE CARE UNIT	22,291	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	10,667	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	33,443	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	35,518	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,214	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	3,950	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	10,094	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	3,209	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	3,004	0		90.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			22.00	23.00		
90.02	09002	PAIN/PALLATIVE CARE	901	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	12,145	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	18,297	0		90.08
90.09	09009	PULMONARY CLINIC	4,418	0		90.09
90.10	09010	ENT CLINIC	8,274	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	1,858	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	6,839	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	6,066	0		90.17
90.18	09018	CLINIC ADMINISTRATOR	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	8,092	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	3,946	0		90.23
90.24	09024	ENDOCRINE CLINIC	4,077	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0		90.34
90.35	09035	UROLOGY CLINIC	5,941	0		90.35
91.00	09100	EMERGENCY	35,783	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	8,868	0		98.00
98.01	09851	TRANSPORT	0	0		98.01
98.02	09852	GENETICS CENTER	2,574	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	1,991	0		98.05
98.06	09856	DENTAL SRVS	16,765	0		98.06
98.07	09857	ADOLESCENT MEDICINE	0	0		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE		0		116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	433,063	0		118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			22.00	23.00		
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	DOWNTOWN HEALTH CENTER	0	0		194.00
194.01	07951	POISON CONTROL	0	0		194.01
194.02	07952	PUBLIC RELATIONS	0	0		194.02
194.03	07953	OUTREACH	0	0		194.03
194.04	07954	OTHER OFFSITE CLINICS	0	0		194.04
194.05	07955	CHILDREN'S SPECIALTY GROUP	0	0		194.05
194.06	07956	FLIGHT FOR LIFE	0	0		194.06
194.07	07957	CAC WAUKESHA	0	0		194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	478,635	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.105232	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,566	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.035944	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

POST STEPDOWN ADJUSTMENTS | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-2 | Date/Time Prepared: 1/22/2019 2:38 pm

	Description	Worksheet CODE	Line No.	Amount	
	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	-47,711	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XVIII)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (TEFRA)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,788,697		61,788,697	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	84,577,985		84,577,985	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	12,698,684		12,698,684	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,807,495		27,807,495	0	0	50.00
51.00	05100	RECOVERY ROOM	4,423,572		4,423,572	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,818,870		2,818,870	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,675,248		23,675,248	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,614,558		1,614,558	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,543,963		3,543,963	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,823,688		4,823,688	0	0	59.00
60.00	06000	LABORATORY	34,098,897		34,098,897	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.	5,293,302		5,293,302	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,786,699	0	13,786,699	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,793,726	0	9,793,726	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,940,153	0	5,940,153	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,334,160		10,334,160	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,392,473		2,392,473	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,298,253		32,298,253	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,836,778		11,836,778	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,183,524		48,183,524	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,323,201		1,323,201	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,417,432		1,417,432	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	1,056,642		1,056,642	0	0	90.02
90.03	09003	DIABETIC CLINIC	1,749,204		1,749,204	0	0	90.03
90.04	09004	GI CLINIC	2,557,903		2,557,903	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,767,961		4,767,961	0	0	90.05
90.06	09006	DIETETICS	1,537		1,537	0	0	90.06
90.07	09007	INFUSION ROOM	1,050,414		1,050,414	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2,377,729		2,377,729	0	0	90.08
90.09	09009	PULMONARY CLINIC	1,242,556		1,242,556	0	0	90.09
90.10	09010	ENT CLINIC	1,810,425		1,810,425	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,094,142		2,094,142	0	0	90.11
90.12	09012	EYE CLINIC	1,062,052		1,062,052	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	5,784,328		5,784,328	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,479,135		1,479,135	0	0	90.14
90.15	09015	ALLERGY CLINIC	1,211,872		1,211,872	0	0	90.15
90.16	09016	LASER CLINIC	0		0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,189,309		1,189,309	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0		0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	594,335		594,335	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	842,325		842,325	0	0	90.20
90.21	09021	SPINA BIFIDA	351,544		351,544	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,443,883		3,443,883	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	838,947		838,947	0	0	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.24	09024	ENDOCRINE CLINIC	555,109		555,109	0	0	90.24
90.25	09025	RENAL CLINIC	639,580		639,580	0	0	90.25
90.26	09026	GREENFIELD CLINIC	2,239,988		2,239,988	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	6,113,991		6,113,991	0	0	90.27
90.28	09028	FOX POINT CLINIC	20,581		20,581	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2,241,819		2,241,819	0	0	90.29
90.30	09030	MEQUON CLINIC	1,759,950		1,759,950	0	0	90.30
90.31	09031	KENOSHA CLINIC	711,129		711,129	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	160,003		160,003	0	0	90.32
90.33	09033	APPLETON CLINIC	112,129		112,129	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	826		826	0	0	90.34
90.35	09035	UROLOGY CLINIC	823,178		823,178	0	0	90.35
91.00	09100	EMERGENCY	15,932,454		15,932,454	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,126,479		8,126,479		0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	381,472		381,472	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,116,865		4,116,865	0	0	98.00
98.01	09851	TRANSPORT	4,224,798		4,224,798	0	0	98.01
98.02	09852	GENETICS CENTER	2,871,570		2,871,570	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	864,805		864,805	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	996,565		996,565	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,767,710		3,767,710	0	0	98.05
98.06	09856	DENTAL SRVS	6,205,978		6,205,978	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	449,301		449,301	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	72,987		72,987	0	0	98.08
98.09	09859	OTHER	0		0	0	0	98.09
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	964,409		964,409		0	105.00
106.00	10600	HEART ACQUISITION	1,508,027		1,508,027		0	106.00
107.00	10700	LIVER ACQUISITION	1,700,845		1,700,845		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0		0	117.00
200.00		Subtotal (see instructions)	507,540,149	0	507,540,149	0	0	200.00
201.00		Less Observation Beds	8,126,479		8,126,479		0	201.00
202.00		Total (see instructions)	499,413,670	0	499,413,670	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	117,994,916		117,994,916			30.00
31.00	03100	INTENSIVE CARE UNIT	255,326,963		255,326,963			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	28,207,997		28,207,997			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,573,837	13,423,302	43,997,139	0.632030	0.632030	50.00
51.00	05100	RECOVERY ROOM	3,290,356	13,345,636	16,635,992	0.265904	0.265904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,392,014	5,488,102	8,880,116	0.317436	0.317436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,290,795	42,103,990	57,394,785	0.412498	0.412498	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	5,036,306	8,513,371	13,549,677	0.119158	0.119158	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,007,837	19,333,812	26,341,649	0.134538	0.134538	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,037,883	5,395,216	8,433,099	0.571995	0.571995	59.00
60.00	06000	LABORATORY	47,370,097	59,987,639	107,357,736	0.317619	0.317619	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,846,159	2,319,524	8,165,683	0.648238	0.648238	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	24,976,780	8,140,866	33,117,646	0.416295	0.416295	65.00
66.00	06600	PHYSICAL THERAPY	4,975,360	10,294,881	15,270,241	0.641360	0.641360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,338,883	8,312,738	10,651,621	0.557676	0.557676	68.00
69.00	06900	ELECTROCARDIOLOGY	11,860,748	17,251,428	29,112,176	0.354977	0.354977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,988,110	1,795,508	11,783,618	0.203034	0.203034	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,713,065	34,720,507	70,433,572	0.458563	0.458563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,104,177	0	9,104,177	1.300148	1.300148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,075,279	68,183,954	151,259,233	0.318549	0.318549	73.00
74.00	07400	RENAL DIALYSIS	602,558	3,619,882	4,222,440	0.313374	0.313374	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	59	18,459	18,518	76.543471	76.543471	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	114,387	114,387	9.237431	9.237431	90.02
90.03	09003	DIABETIC CLINIC	6,488	821,997	828,485	2.111329	2.111329	90.03
90.04	09004	GI CLINIC	206,729	2,236,177	2,442,906	1.047074	1.047074	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,077	292,560	294,637	16.182492	16.182492	90.05
90.06	09006	DIETETICS	0	0	0	0.000000	0.000000	90.06
90.07	09007	INFUSION ROOM	3,246	3,378,720	3,381,966	0.310593	0.310593	90.07
90.08	09008	CARDIOLOGY CLINIC	5,476	947,732	953,208	2.494449	2.494449	90.08
90.09	09009	PULMONARY CLINIC	8,092	657,478	665,570	1.866905	1.866905	90.09
90.10	09010	ENT CLINIC	3,140	1,053,707	1,056,847	1.713044	1.713044	90.10
90.11	09011	ORTHOPEDIC CLINIC	12,837	1,863,937	1,876,774	1.115820	1.115820	90.11
90.12	09012	EYE CLINIC	780	693,862	694,642	1.528920	1.528920	90.12
90.13	09013	ONCOLOGY CLINIC	262,813	4,864,384	5,127,197	1.128166	1.128166	90.13
90.14	09014	SURGICAL SPECIALTIES	1,641	483,351	484,992	3.049813	3.049813	90.14
90.15	09015	ALLERGY CLINIC	447	1,592,588	1,593,035	0.760732	0.760732	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	632	941,213	941,845	1.262744	1.262744	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0.000000	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	380	261,589	261,969	2.268723	2.268723	90.19
90.20	09020	HEMATOLOGY CLINIC	507	308,177	308,684	2.728761	2.728761	90.20
90.21	09021	SPINA BIFIDA	1,591	419,045	420,636	0.835744	0.835744	90.21
90.22	09022	NEUROSCIENCES CLINIC	4,360	581,208	585,568	5.881269	5.881269	90.22
90.23	09023	RHEUMATOLOGY CLINIC	287	163,657	163,944	5.117278	5.117278	90.23
90.24	09024	ENDOCRINE CLINIC	2,879	210,095	212,974	2.606464	2.606464	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.25	09025	RENAL CLINIC	819	172,478	173,297	3.690658	3.690658	90.25
90.26	09026	GREENFIELD CLINIC	0	1,469,431	1,469,431	1.524391	1.524391	90.26
90.27	09027	NEW BERLIN CLINIC	0	3,229,466	3,229,466	1.893189	1.893189	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	1,175,554	1,175,554	1.907032	1.907032	90.29
90.30	09030	MEQUON CLINIC	0	2,032,036	2,032,036	0.866102	0.866102	90.30
90.31	09031	KENOSHA CLINIC	0	433,667	433,667	1.639804	1.639804	90.31
90.32	09032	WEST DEPERE CLINIC	0	62,698	62,698	2.551963	2.551963	90.32
90.33	09033	APPLETON CLINIC	0	33,205	33,205	3.376871	3.376871	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0.000000	0.000000	90.34
90.35	09035	UROLOGY CLINIC	4,321	964,199	968,520	0.849934	0.849934	90.35
91.00	09100	EMERGENCY	8,575,006	43,051,877	51,626,883	0.308608	0.308608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14,770,845	14,770,845	0.550170	0.550170	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	492,847	492,847	0.774017	0.774017	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	185,990	3,563,334	3,749,324	1.098029	1.098029	98.00
98.01	09851	TRANSPORT	3,425,128	684,696	4,109,824	1.027975	1.027975	98.01
98.02	09852	GENETICS CENTER	15,951	556,745	572,696	5.014126	5.014126	98.02
98.03	09853	NUCLEAR MEDICINE	183,620	1,444,348	1,627,968	0.531217	0.531217	98.03
98.04	09854	CHILD DEVELOPMENT	0	186,991	186,991	5.329481	5.329481	98.04
98.05	09855	CHILD PROTECTION CENTER	302	1,651,054	1,651,356	2.281586	2.281586	98.05
98.06	09856	DENTAL SRVS	0	9,646,948	9,646,948	0.643310	0.643310	98.06
98.07	09857	ADOLESCENT MEDICINE	623	284,248	284,871	1.577209	1.577209	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	101,284	101,284	0.720617	0.720617	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	894,521	30,261	924,782			105.00
106.00	10600	HEART ACQUISITION	1,879,962	1,714	1,881,676			106.00
107.00	10700	LIVER ACQUISITION	1,748,807	513	1,749,320			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	722,449,631	430,175,118	1,152,624,749			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	722,449,631	430,175,118	1,152,624,749			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

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

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Title XIX Therapy Limit Adj.	Hospital Costs Total Costs	Hospital Costs RCE Disallowance	Cost Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,720,977		70,720,977	0	70,720,977	30.00
31.00	03100	INTENSIVE CARE UNIT	85,906,817		85,906,817	0	85,906,817	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	13,334,576		13,334,576	0	13,334,576	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,801,130		29,801,130	0	29,801,130	50.00
51.00	05100	RECOVERY ROOM	4,423,572		4,423,572	0	4,423,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,936,202		4,936,202	0	4,936,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,522,586		24,522,586	0	24,522,586	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	1,614,558		1,614,558	0	1,614,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,543,963		3,543,963	0	3,543,963	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,823,688		4,823,688	0	4,823,688	59.00
60.00	06000	LABORATORY	34,098,897		34,098,897	0	34,098,897	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.	5,293,302		5,293,302	0	5,293,302	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,786,699	0	13,786,699	0	13,786,699	65.00
66.00	06600	PHYSICAL THERAPY	10,029,197	0	10,029,197	0	10,029,197	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,940,153	0	5,940,153	0	5,940,153	68.00
69.00	06900	ELECTROCARDIOLOGY	10,935,893		10,935,893	0	10,935,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,392,473		2,392,473	0	2,392,473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,298,253		32,298,253	0	32,298,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,836,778		11,836,778	0	11,836,778	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,183,524		48,183,524	0	48,183,524	73.00
74.00	07400	RENAL DIALYSIS	1,514,499		1,514,499	0	1,514,499	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,596,509		1,596,509	0	1,596,509	90.01
90.02	09002	PAIN/PALLATIVE CARE	1,110,353		1,110,353	0	1,110,353	90.02
90.03	09003	DIABETIC CLINIC	1,749,204		1,749,204	0	1,749,204	90.03
90.04	09004	GI CLINIC	3,281,902		3,281,902	0	3,281,902	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,767,961		4,767,961	0	4,767,961	90.05
90.06	09006	DIETETICS	1,537		1,537	0	1,537	90.06
90.07	09007	INFUSION ROOM	1,050,414		1,050,414	0	1,050,414	90.07
90.08	09008	CARDIOLOGY CLINIC	3,468,466		3,468,466	0	3,468,466	90.08
90.09	09009	PULMONARY CLINIC	1,505,926		1,505,926	0	1,505,926	90.09
90.10	09010	ENT CLINIC	2,303,663		2,303,663	0	2,303,663	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,094,142		2,094,142	0	2,094,142	90.11
90.12	09012	EYE CLINIC	1,172,813		1,172,813	0	1,172,813	90.12
90.13	09013	ONCOLOGY CLINIC	5,784,328		5,784,328	0	5,784,328	90.13
90.14	09014	SURGICAL SPECIALTIES	1,479,135		1,479,135	0	1,479,135	90.14
90.15	09015	ALLERGY CLINIC	1,619,565		1,619,565	0	1,619,565	90.15
90.16	09016	LASER CLINIC	0		0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,550,921		1,550,921	0	1,550,921	90.17
90.18	09018	CLINIC ADMINISTRATOR	0		0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	594,335		594,335	0	594,335	90.19
90.20	09020	HEMATOLOGY CLINIC	842,325		842,325	0	842,325	90.20
90.21	09021	SPINA BIFIDA	351,544		351,544	0	351,544	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,926,271		3,926,271	0	3,926,271	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,074,179		1,074,179	0	1,074,179	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.24	09024	ENDOCRINE CLINIC	798,151		798,151	0	798,151	90.24
90.25	09025	RENAL CLINIC	639,580		639,580	0	639,580	90.25
90.26	09026	GREENFIELD CLINIC	2,239,988		2,239,988	0	2,239,988	90.26
90.27	09027	NEW BERLIN CLINIC	6,113,991		6,113,991	0	6,113,991	90.27
90.28	09028	FOX POINT CLINIC	20,581		20,581	0	20,581	90.28
90.29	09029	DELAFIELD CLINIC	2,241,819		2,241,819	0	2,241,819	90.29
90.30	09030	MEQUON CLINIC	1,759,950		1,759,950	0	1,759,950	90.30
90.31	09031	KENOSHA CLINIC	711,129		711,129	0	711,129	90.31
90.32	09032	WEST DEPERE CLINIC	160,003		160,003	0	160,003	90.32
90.33	09033	APPLETON CLINIC	112,129		112,129	0	112,129	90.33
90.34	09034	GREENFIELD ENT CLINIC	826		826	0	826	90.34
90.35	09035	UROLOGY CLINIC	1,177,338		1,177,338	0	1,177,338	90.35
91.00	09100	EMERGENCY	18,065,584		18,065,584	0	18,065,584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,126,479		8,126,479		8,126,479	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	381,472		381,472	0	381,472	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,645,512		4,645,512	0	4,645,512	98.00
98.01	09851	TRANSPORT	4,224,798		4,224,798	0	4,224,798	98.01
98.02	09852	GENETICS CENTER	3,025,014		3,025,014	0	3,025,014	98.02
98.03	09853	NUCLEAR MEDICINE	864,805		864,805	0	864,805	98.03
98.04	09854	CHILD DEVELOPMENT	996,565		996,565	0	996,565	98.04
98.05	09855	CHILD PROTECTION CENTER	3,886,400		3,886,400	0	3,886,400	98.05
98.06	09856	DENTAL SRVS	7,205,389		7,205,389	0	7,205,389	98.06
98.07	09857	ADOLESCENT MEDICINE	449,301		449,301	0	449,301	98.07
98.08	09858	OTHER OFFSITE CLINICS	72,987		72,987	0	72,987	98.08
98.09	09859	OTHER	0		0	0	0	98.09
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	964,409		964,409		964,409	105.00
106.00	10600	HEART ACQUISITION	1,508,027		1,508,027		1,508,027	106.00
107.00	10700	LIVER ACQUISITION	1,700,845		1,700,845		1,700,845	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0		0	117.00
200.00		Subtotal (see instructions)	533,356,302	0	533,356,302	0	533,356,302	200.00
201.00		Less Observation Beds	8,126,479		8,126,479		8,126,479	201.00
202.00		Total (see instructions)	525,229,823	0	525,229,823	0	525,229,823	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			Title XIX			Hospital	Cost	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	117,994,916		117,994,916			30.00
31.00	03100	INTENSIVE CARE UNIT	255,326,963		255,326,963			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	28,207,997		28,207,997			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,573,837	13,423,302	43,997,139	0.677342	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,290,356	13,345,636	16,635,992	0.265904	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,392,014	5,488,102	8,880,116	0.555871	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,290,795	42,103,990	57,394,785	0.427262	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	5,036,306	8,513,371	13,549,677	0.119158	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,007,837	19,333,812	26,341,649	0.134538	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,037,883	5,395,216	8,433,099	0.571995	0.000000	59.00
60.00	06000	LABORATORY	47,370,097	59,987,639	107,357,736	0.317619	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,846,159	2,319,524	8,165,683	0.648238	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	24,976,780	8,140,866	33,117,646	0.416295	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,975,360	10,294,881	15,270,241	0.656781	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,338,883	8,312,738	10,651,621	0.557676	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,860,748	17,251,428	29,112,176	0.375647	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,988,110	1,795,508	11,783,618	0.203034	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,713,065	34,720,507	70,433,572	0.458563	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,104,177	0	9,104,177	1.300148	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,075,279	68,183,954	151,259,233	0.318549	0.000000	73.00
74.00	07400	RENAL DIALYSIS	602,558	3,619,882	4,222,440	0.358679	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	59	18,459	18,518	86.213900	0.000000	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	114,387	114,387	9.706986	0.000000	90.02
90.03	09003	DIABETIC CLINIC	6,488	821,997	828,485	2.111329	0.000000	90.03
90.04	09004	GI CLINIC	206,729	2,236,177	2,442,906	1.343442	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	2,077	292,560	294,637	16.182492	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0.000000	0.000000	90.06
90.07	09007	INFUSION ROOM	3,246	3,378,720	3,381,966	0.310593	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	5,476	947,732	953,208	3.638729	0.000000	90.08
90.09	09009	PULMONARY CLINIC	8,092	657,478	665,570	2.262611	0.000000	90.09
90.10	09010	ENT CLINIC	3,140	1,053,707	1,056,847	2.179751	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	12,837	1,863,937	1,876,774	1.115820	0.000000	90.11
90.12	09012	EYE CLINIC	780	693,862	694,642	1.688370	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	262,813	4,864,384	5,127,197	1.128166	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	1,641	483,351	484,992	3.049813	0.000000	90.14
90.15	09015	ALLERGY CLINIC	447	1,592,588	1,593,035	1.016654	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	632	941,213	941,845	1.646684	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0.000000	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	380	261,589	261,969	2.268723	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	507	308,177	308,684	2.728761	0.000000	90.20
90.21	09021	SPINA BIFIDA	1,591	419,045	420,636	0.835744	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	4,360	581,208	585,568	6.705064	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	287	163,657	163,944	6.552109	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	2,879	210,095	212,974	3.747645	0.000000	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.25	09025	RENAL CLINIC	819	172,478	173,297	3.690658	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	1,469,431	1,469,431	1.524391	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	3,229,466	3,229,466	1.893189	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	1,175,554	1,175,554	1.907032	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	2,032,036	2,032,036	0.866102	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	433,667	433,667	1.639804	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	62,698	62,698	2.551963	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	33,205	33,205	3.376871	0.000000	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0.000000	0.000000	90.34
90.35	09035	UROLOGY CLINIC	4,321	964,199	968,520	1.215605	0.000000	90.35
91.00	09100	EMERGENCY	8,575,006	43,051,877	51,626,883	0.349926	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	14,770,845	14,770,845	0.550170	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	492,847	492,847	0.774017	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	185,990	3,563,334	3,749,324	1.239027	0.000000	98.00
98.01	09851	TRANSPORT	3,425,128	684,696	4,109,824	1.027975	0.000000	98.01
98.02	09852	GENETICS CENTER	15,951	556,745	572,696	5.282059	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	183,620	1,444,348	1,627,968	0.531217	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	186,991	186,991	5.329481	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	302	1,651,054	1,651,356	2.353460	0.000000	98.05
98.06	09856	DENTAL SRVS	0	9,646,948	9,646,948	0.746909	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	623	284,248	284,871	1.577209	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	101,284	101,284	0.720617	0.000000	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	894,521	30,261	924,782			105.00
106.00	10600	HEART ACQUISITION	1,879,962	1,714	1,881,676			106.00
107.00	10700	LIVER ACQUISITION	1,748,807	513	1,749,320			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	722,449,631	430,175,118	1,152,624,749			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	722,449,631	430,175,118	1,152,624,749			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

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

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

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Title XIX Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	Hospital Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,801,130	4,953,348	24,847,782	396,268	0	50.00
51.00	05100	RECOVERY ROOM	4,423,572	598,624	3,824,948	47,890	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,936,202	706,699	4,229,503	56,536	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,522,586	3,986,996	20,535,590	318,960	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	1,614,558	190,599	1,423,959	15,248	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,543,963	1,095,906	2,448,057	87,672	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,823,688	709,237	4,114,451	56,739	0	59.00
60.00	06000	LABORATORY	34,098,897	2,720,931	31,377,966	217,674	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.	5,293,302	217,060	5,076,242	17,365	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,786,699	1,135,748	12,650,951	90,860	0	65.00
66.00	06600	PHYSICAL THERAPY	10,029,197	1,599,027	8,430,170	127,922	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,940,153	617,208	5,322,945	49,377	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,935,893	1,360,620	9,575,273	108,850	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,392,473	268,581	2,123,892	21,486	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,298,253	2,273,080	30,025,173	181,846	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,836,778	385,007	11,451,771	30,801	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,183,524	2,235,212	45,948,312	178,817	0	73.00
74.00	07400	RENAL DIALYSIS	1,466,788	135,472	1,331,316	10,838	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,596,509	195,595	1,400,914	15,648	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	1,110,353	42,321	1,068,032	3,386	0	90.02
90.03	09003	DIABETIC CLINIC	1,749,204	232,749	1,516,455	18,620	0	90.03
90.04	09004	GI CLINIC	3,281,902	229,870	3,052,032	18,390	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,767,961	361,023	4,406,938	28,882	0	90.05
90.06	09006	DIETETICS	1,537	52	1,485	4	0	90.06
90.07	09007	INFUSION ROOM	1,050,414	195,135	855,279	15,611	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3,468,466	100,756	3,367,710	8,060	0	90.08
90.09	09009	PULMONARY CLINIC	1,505,926	139,347	1,366,579	11,148	0	90.09
90.10	09010	ENT CLINIC	2,303,663	227,852	2,075,811	18,228	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,094,142	508,793	1,585,349	40,703	0	90.11
90.12	09012	EYE CLINIC	1,172,813	212,132	960,681	16,971	0	90.12
90.13	09013	ONCOLOGY CLINIC	5,784,328	1,136,288	4,648,040	90,903	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,479,135	169,679	1,309,456	13,574	0	90.14
90.15	09015	ALLERGY CLINIC	1,619,565	78,815	1,540,750	6,305	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,550,921	196,998	1,353,923	15,760	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	594,335	146,847	447,488	11,748	0	90.19
90.20	09020	HEMATOLOGY CLINIC	842,325	208,043	634,282	16,643	0	90.20
90.21	09021	SPINA BIFIDA	351,544	12,105	339,439	968	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,926,271	503,497	3,422,774	40,280	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,074,179	134,038	940,141	10,723	0	90.23
90.24	09024	ENDOCRINE CLINIC	798,151	95,707	702,444	7,657	0	90.24
90.25	09025	RENAL CLINIC	639,580	116,091	523,489	9,287	0	90.25
90.26	09026	GREENFIELD CLINIC	2,239,988	878,638	1,361,350	70,291	0	90.26
90.27	09027	NEW BERLIN CLINIC	6,113,991	1,393,312	4,720,679	111,465	0	90.27
90.28	09028	FOX POINT CLINIC	20,581	10,951	9,630	876	0	90.28
90.29	09029	DELAFIELD CLINIC	2,241,819	1,022,472	1,219,347	81,798	0	90.29
90.30	09030	MEQUON CLINIC	1,759,950	852,901	907,049	68,232	0	90.30
90.31	09031	KENOSHA CLINIC	711,129	124,563	586,566	9,965	0	90.31
90.32	09032	WEST DEPERE CLINIC	160,003	25,834	134,169	2,067	0	90.32
90.33	09033	APPLETON CLINIC	112,129	25,797	86,332	2,064	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	826	28	798	2	0	90.34
90.35	09035	UROLOGY CLINIC	1,177,338	55,815	1,121,523	4,465	0	90.35
91.00	09100	EMERGENCY	18,065,584	1,558,990	16,506,594	124,719	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,126,479	1,195,722	6,930,757	95,658	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	381,472	12,471	369,001	998	0	94.00

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

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet C Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			Title XIX			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,645,512	211,756	4,433,756	16,940	0	98.00
98.01	09851	TRANSPORT	4,224,798	253,223	3,971,575	20,258	0	98.01
98.02	09852	GENETICS CENTER	3,025,014	439,484	2,585,530	35,159	0	98.02
98.03	09853	NUCLEAR MEDICINE	864,805	45,908	818,897	3,673	0	98.03
98.04	09854	CHILD DEVELOPMENT	996,565	162,333	834,232	12,987	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,886,400	1,003,737	2,882,663	80,299	0	98.05
98.06	09856	DENTAL SRVS	7,205,389	1,104,366	6,101,023	88,349	0	98.06
98.07	09857	ADOLESCENT MEDICINE	449,301	119,936	329,365	9,595	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	72,987	81,022	-8,035	6,482	0	98.08
98.09	09859	OTHER	0	7,845	-7,845	628	0	98.09
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	964,409	41,637	922,772	3,331	0	105.00
106.00	10600	HEART ACQUISITION	1,508,027	60,372	1,447,655	4,830	0	106.00
107.00	10700	LIVER ACQUISITION	1,700,845	65,997	1,634,848	5,280	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
200.00		Subtotal (sum of lines 50 thru 199)	363,393,932	41,188,198	322,158,023	3,295,059	0	200.00
201.00		Less Observation Beds	8,126,479	1,195,722	6,930,757	95,658	0	201.00
202.00		Total (line 200 minus line 201)	355,267,453	39,992,476	315,227,266	3,199,401	0	202.00

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

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II Date/Time Prepared: 1/22/2019 2:38 pm

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	29,404,862	43,997,139	0.668336		50.00
51.00	05100	RECOVERY ROOM	4,375,682	16,635,992	0.263025		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,879,666	8,880,116	0.549505		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,203,626	57,394,785	0.421704		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	1,599,310	13,549,677	0.118033		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,456,291	26,341,649	0.131210		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,766,949	8,433,099	0.565267		59.00
60.00	06000	LABORATORY	33,881,223	107,357,736	0.315592		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,275,937	8,165,683	0.646111		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	13,695,839	33,117,646	0.413551		65.00
66.00	06600	PHYSICAL THERAPY	9,901,275	15,270,241	0.648403		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	5,890,776	10,651,621	0.553040		68.00
69.00	06900	ELECTROCARDIOLOGY	10,827,043	29,112,176	0.371908		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,370,987	11,783,618	0.201210		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,116,407	70,433,572	0.455982		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,805,977	9,104,177	1.296765		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,004,707	151,259,233	0.317367		73.00
74.00	07400	RENAL DIALYSIS	1,455,950	4,222,440	0.344812		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	INFECTIOUS DISEASES	1,580,861	18,518	85.368884		90.01
90.02	09002	PAIN/PALLATIVE CARE	1,106,967	114,387	9.677385		90.02
90.03	09003	DIABETIC CLINIC	1,730,584	828,485	2.088854		90.03
90.04	09004	GI CLINIC	3,263,512	2,442,906	1.335914		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,739,079	294,637	16.084467		90.05
90.06	09006	DIETETICS	1,533	0	0.000000		90.06
90.07	09007	INFUSION ROOM	1,034,803	3,381,966	0.305977		90.07
90.08	09008	CARDIOLOGY CLINIC	3,460,406	953,208	3.630274		90.08
90.09	09009	PULMONARY CLINIC	1,494,778	665,570	2.245861		90.09
90.10	09010	ENT CLINIC	2,285,435	1,056,847	2.162503		90.10
90.11	09011	ORTHOPEDIC CLINIC	2,053,439	1,876,774	1.094132		90.11
90.12	09012	EYE CLINIC	1,155,842	694,642	1.663939		90.12
90.13	09013	ONCOLOGY CLINIC	5,693,425	5,127,197	1.110436		90.13
90.14	09014	SURGICAL SPECIALTIES	1,465,561	484,992	3.021825		90.14
90.15	09015	ALLERGY CLINIC	1,613,260	1,593,035	1.012696		90.15
90.16	09016	LASER CLINIC	0	0	0.000000		90.16
90.17	09017	DERMATOLOGY CLINIC	1,535,161	941,845	1.629951		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0.000000		90.18
90.19	09019	CRANIOFACIAL CENTER	582,587	261,969	2.223878		90.19
90.20	09020	HEMATOLOGY CLINIC	825,682	308,684	2.674845		90.20
90.21	09021	SPINA BIFIDA	350,576	420,636	0.833443		90.21
90.22	09022	NEUROSCIENCES CLINIC	3,885,991	585,568	6.636276		90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,063,456	163,944	6.486703		90.23
90.24	09024	ENDOCRINE CLINIC	790,494	212,974	3.711693		90.24
90.25	09025	RENAL CLINIC	630,293	173,297	3.637068		90.25
90.26	09026	GREENFIELD CLINIC	2,169,697	1,469,431	1.476556		90.26
90.27	09027	NEW BERLIN CLINIC	6,002,526	3,229,466	1.858674		90.27
90.28	09028	FOX POINT CLINIC	19,705	0	0.000000		90.28
90.29	09029	DELAFIELD CLINIC	2,160,021	1,175,554	1.837449		90.29
90.30	09030	MEQUON CLINIC	1,691,718	2,032,036	0.832524		90.30
90.31	09031	KENOSHA CLINIC	701,164	433,667	1.616826		90.31
90.32	09032	WEST DEPERE CLINIC	157,936	62,698	2.518996		90.32
90.33	09033	APPLETON CLINIC	110,065	33,205	3.314712		90.33
90.34	09034	GREENFIELD ENT CLINIC	824	0	0.000000		90.34
90.35	09035	UROLOGY CLINIC	1,172,873	968,520	1.210995		90.35
91.00	09100	EMERGENCY	17,940,865	51,626,883	0.347510		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,030,821	14,770,845	0.543694		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	380,474	492,847	0.771992		94.00

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

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II Date/Time Prepared: 1/22/2019 2:38 pm

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			
95.00	09500	AMBULANCE SERVICES	0	0	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,628,572	3,749,324	1.234508			98.00
98.01	09851	TRANSPORT	4,204,540	4,109,824	1.023046			98.01
98.02	09852	GENETICS CENTER	2,989,855	572,696	5.220667			98.02
98.03	09853	NUCLEAR MEDICINE	861,132	1,627,968	0.528961			98.03
98.04	09854	CHILD DEVELOPMENT	983,578	186,991	5.260029			98.04
98.05	09855	CHILD PROTECTION CENTER	3,806,101	1,651,356	2.304834			98.05
98.06	09856	DENTAL SRVS	7,117,040	9,646,948	0.737750			98.06
98.07	09857	ADOLESCENT MEDICINE	439,706	284,871	1.543527			98.07
98.08	09858	OTHER OFFSITE CLINICS	66,505	101,284	0.656619			98.08
98.09	09859	OTHER	-628	0	0.000000			98.09
99.00	09900	CMHC	0	0	0.000000			99.00
99.10	09910	CORF	0	0	0.000000			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	961,078	924,782	1.039248			105.00
106.00	10600	HEART ACQUISITION	1,503,197	1,881,676	0.798861			106.00
107.00	10700	LIVER ACQUISITION	1,695,565	1,749,320	0.969271			107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000			110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000			115.00
116.00	11600	HOSPICE	0	0	0.000000			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0.000000			117.00
200.00		Subtotal (sum of lines 50 thru 199)	360,051,162	751,094,873				200.00
201.00		Less Observation Beds	8,030,821	0				201.00
202.00		Total (line 200 minus line 201)	352,020,341	751,094,873				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title V Costs: Total Costs	Hospital Costs: RCE Disallowance	Hospital Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,720,977		70,720,977	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	85,906,817		85,906,817	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	13,334,576		13,334,576	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,801,130		29,801,130	0	0	50.00
51.00	05100	RECOVERY ROOM	4,423,572		4,423,572	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,936,202		4,936,202	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,522,586		24,522,586	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,614,558		1,614,558	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,543,963		3,543,963	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,823,688		4,823,688	0	0	59.00
60.00	06000	LABORATORY	34,098,897		34,098,897	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.	5,293,302		5,293,302	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,786,699	0	13,786,699	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,029,197	0	10,029,197	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,940,153	0	5,940,153	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,935,893		10,935,893	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,392,473		2,392,473	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,298,253		32,298,253	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,836,778		11,836,778	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,183,524		48,183,524	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,514,499		1,514,499	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	1,596,509		1,596,509	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	1,110,353		1,110,353	0	0	90.02
90.03	09003	DIABETIC CLINIC	1,749,204		1,749,204	0	0	90.03
90.04	09004	GI CLINIC	3,281,902		3,281,902	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	4,767,961		4,767,961	0	0	90.05
90.06	09006	DIETETICS	1,537		1,537	0	0	90.06
90.07	09007	INFUSION ROOM	1,050,414		1,050,414	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3,468,466		3,468,466	0	0	90.08
90.09	09009	PULMONARY CLINIC	1,505,926		1,505,926	0	0	90.09
90.10	09010	ENT CLINIC	2,303,663		2,303,663	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	2,094,142		2,094,142	0	0	90.11
90.12	09012	EYE CLINIC	1,172,813		1,172,813	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	5,784,328		5,784,328	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	1,479,135		1,479,135	0	0	90.14
90.15	09015	ALLERGY CLINIC	1,619,565		1,619,565	0	0	90.15
90.16	09016	LASER CLINIC	0		0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1,550,921		1,550,921	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0		0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	594,335		594,335	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	842,325		842,325	0	0	90.20
90.21	09021	SPINA BIFIDA	351,544		351,544	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	3,926,271		3,926,271	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	1,074,179		1,074,179	0	0	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title V | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.24	09024	ENDOCRINE CLINIC	798,151		798,151	0	0	90.24
90.25	09025	RENAL CLINIC	639,580		639,580	0	0	90.25
90.26	09026	GREENFIELD CLINIC	2,239,988		2,239,988	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	6,113,991		6,113,991	0	0	90.27
90.28	09028	FOX POINT CLINIC	20,581		20,581	0	0	90.28
90.29	09029	DELAFIELD CLINIC	2,241,819		2,241,819	0	0	90.29
90.30	09030	MEQUON CLINIC	1,759,950		1,759,950	0	0	90.30
90.31	09031	KENOSHA CLINIC	711,129		711,129	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	160,003		160,003	0	0	90.32
90.33	09033	APPLETON CLINIC	112,129		112,129	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	826		826	0	0	90.34
90.35	09035	UROLOGY CLINIC	1,177,338		1,177,338	0	0	90.35
91.00	09100	EMERGENCY	18,065,584		18,065,584	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	381,472		381,472	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	4,645,512		4,645,512	0	0	98.00
98.01	09851	TRANSPORT	4,224,798		4,224,798	0	0	98.01
98.02	09852	GENETICS CENTER	3,025,014		3,025,014	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	864,805		864,805	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	996,565		996,565	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	3,886,400		3,886,400	0	0	98.05
98.06	09856	DENTAL SRVS	7,205,389		7,205,389	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	449,301		449,301	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	72,987		72,987	0	0	98.08
98.09	09859	OTHER	0		0	0	0	98.09
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	964,409		964,409		0	105.00
106.00	10600	HEART ACQUISITION	1,508,027		1,508,027		0	106.00
107.00	10700	LIVER ACQUISITION	1,700,845		1,700,845		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0		0		0	117.00
200.00		Subtotal (see instructions)	525,229,823	0	525,229,823	0	0	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	525,229,823	0	525,229,823	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title V | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0		0			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		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	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0	0	0.000000	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0.000000	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0.000000	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	0.000000	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	0.000000	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	0.000000	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0.000000	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0.000000	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0.000000	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0.000000	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0.000000	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0.000000	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0.000000	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0.000000	0.000000	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			Title V			Hospital	Cost	
			6.00	7.00	8.00	9.00	10.00	
90.25	09025	RENAL CLINIC	0	0	0	0.000000	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0.000000	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0.000000	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0.000000	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0.000000	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0.000000	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0.000000	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0.000000	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0.000000	0.000000	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0.000000	0.000000	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	0.000000	0.000000	90.35
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0.000000	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	0.000000	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	0.000000	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0.000000	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0.000000	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0.000000	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	0.000000	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0.000000	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0.000000	0.000000	98.08
98.09	09859	OTHER	0	0	0	0.000000	0.000000	98.09
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	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	0	0	0			116.00
117.00	06950	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 1/22/2019 2:38 pm

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,091,519	0	9,091,519	29,752	305.58	30.00
31.00	INTENSIVE CARE UNIT	10,626,204		10,626,204	39,630	268.14	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	1,418,534		1,418,534	5,155	275.18	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	21,136,257		21,136,257	74,537		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	62	18,946	30.00
31.00	INTENSIVE CARE UNIT	109	29,227	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	34	9,356	35.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	205	57,529	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,953,348	43,997,139	0.112583	161,758	18,211	50.00
51.00	05100	RECOVERY ROOM	598,624	16,635,992	0.035984	17,738	638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	706,699	8,880,116	0.079582	25,879	2,060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,986,996	57,394,785	0.069466	57,766	4,013	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	190,599	13,549,677	0.014067	25,461	358	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,095,906	26,341,649	0.041604	36,902	1,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	709,237	8,433,099	0.084102	95,738	8,052	59.00
60.00	06000	LABORATORY	2,720,931	107,357,736	0.025345	221,473	5,613	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	217,060	8,165,683	0.026582	22,056	586	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,135,748	33,117,646	0.034294	125,840	4,316	65.00
66.00	06600	PHYSICAL THERAPY	1,599,027	15,270,241	0.104715	3,857	404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	617,208	10,651,621	0.057945	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,360,620	29,112,176	0.046737	27,462	1,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,581	11,783,618	0.022793	3,943	90	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,273,080	70,433,572	0.032273	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	385,007	9,104,177	0.042289	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,235,212	151,259,233	0.014777	643,428	9,508	73.00
74.00	07400	RENAL DIALYSIS	135,472	4,222,440	0.032084	30,462	977	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
		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	195,595	18,518	10.562426	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	42,321	114,387	0.369981	0	0	90.02
90.03	09003	DIABETIC CLINIC	232,749	828,485	0.280933	0	0	90.03
90.04	09004	GI CLINIC	229,870	2,442,906	0.094097	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	361,023	294,637	1.225315	0	0	90.05
90.06	09006	DIETETICS	52	0	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	195,135	3,381,966	0.057699	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	100,756	953,208	0.105702	158	17	90.08
90.09	09009	PULMONARY CLINIC	139,347	665,570	0.209365	0	0	90.09
90.10	09010	ENT CLINIC	227,852	1,056,847	0.215596	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	508,793	1,876,774	0.271100	0	0	90.11
90.12	09012	EYE CLINIC	212,132	694,642	0.305383	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,136,288	5,127,197	0.221620	6,986	1,548	90.13
90.14	09014	SURGICAL SPECIALTIES	169,679	484,992	0.349859	0	0	90.14
90.15	09015	ALLERGY CLINIC	78,815	1,593,035	0.049475	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	196,998	941,845	0.209162	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	146,847	261,969	0.560551	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	208,043	308,684	0.673968	0	0	90.20
90.21	09021	SPINA BIFIDA	12,105	420,636	0.028778	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	503,497	585,568	0.859844	59	51	90.22
90.23	09023	RHEUMATOLOGY CLINIC	134,038	163,944	0.817584	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	95,707	212,974	0.449383	0	0	90.24
90.25	09025	RENAL CLINIC	116,091	173,297	0.669896	0	0	90.25
90.26	09026	GREENFIELD CLINIC	878,638	1,469,431	0.597944	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,393,312	3,229,466	0.431437	0	0	90.27
90.28	09028	FOX POINT CLINIC	10,951	0	0.000000	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1,022,472	1,175,554	0.869779	0	0	90.29
90.30	09030	MEQUON CLINIC	852,901	2,032,036	0.419727	0	0	90.30
90.31	09031	KENOSHA CLINIC	124,563	433,667	0.287232	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	25,834	62,698	0.412039	0	0	90.32
90.33	09033	APPLETON CLINIC	25,797	33,205	0.776901	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	28	0	0.000000	0	0	90.34
90.35	09035	UROLOGY CLINIC	55,815	968,520	0.057629	0	0	90.35
91.00	09100	EMERGENCY	1,558,990	51,626,883	0.030197	36,460	1,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,195,722	14,770,845	0.080951	0	0	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	12,471	492,847	0.025304	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	211,756	3,749,324	0.056478	1,625	92	98.00
98.01	09851	TRANSPORT	253,223	4,109,824	0.061614	0	0	98.01
98.02	09852	GENETICS CENTER	439,484	572,696	0.767395	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	45,908	1,627,968	0.028200	1,222	34	98.03
98.04	09854	CHILD DEVELOPMENT	162,333	186,991	0.868133	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	1,003,737	1,651,356	0.607826	0	0	98.05
98.06	09856	DENTAL SRVS	1,104,366	9,646,948	0.114478	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	119,936	284,871	0.421019	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	81,022	101,284	0.799949	0	0	98.08
98.09	09859	OTHER	7,845	0	0.000000	0	0	98.09
200.00		Total (lines 50 through 199)	41,020,192	746,539,095		1,546,273	60,487	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part III Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
200.00		Total (lines 30 through 199)	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	29,752	0.00	62	30.00
31.00	03100	INTENSIVE CARE UNIT		0	39,630	0.00	109	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
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		0	5,155	0.00	34	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	0	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)		0	74,537		205	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost	
			9.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
45.00	04500	NURSING FACILITY	0		45.00
200.00		Total (lines 30 through 199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		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)	
				Title XVIII		Hospital	TEFRA	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	43,997,139	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,635,992	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,880,116	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	57,394,785	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	13,549,677	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	26,341,649	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,433,099	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	107,357,736	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,165,683	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	33,117,646	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,270,241	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,651,621	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,112,176	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,783,618	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	70,433,572	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,104,177	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	151,259,233	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,222,440	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	18,518	0.000000	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0	0	114,387	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	828,485	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	2,442,906	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	294,637	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	3,381,966	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	953,208	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	665,570	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	1,056,847	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	1,876,774	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	694,642	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	5,127,197	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	484,992	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	1,593,035	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	941,845	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	261,969	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	308,684	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	420,636	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	585,568	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	163,944	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	212,974	0.000000	90.24
90.25	09025	RENAL CLINIC	0	0	0	173,297	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	1,469,431	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	3,229,466	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	1,175,554	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	2,032,036	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	433,667	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	62,698	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	33,205	0.000000	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0.000000	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	968,520	0.000000	90.35
91.00	09100	EMERGENCY	0	0	0	51,626,883	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,770,845	0.000000	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII Hospital TEFRA

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	492,847	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	3,749,324	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	4,109,824	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	572,696	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	1,627,968	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	186,991	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	1,651,356	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	9,646,948	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	284,871	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	101,284	0.000000	98.08
98.09	09859	OTHER	0	0	0	0	0.000000	98.09
200.00		Total (lines 50 through 199)	0	0	0	746,539,095		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	TEFRA 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	161,758	0	8,417	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	17,738	0	19,761	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	25,879	0	7,566	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	57,766	0	79,495	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	25,461	0	7,651	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	36,902	0	43,268	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	95,738	0	24,404	0	59.00
60.00	06000	LABORATORY	0.000000	221,473	0	277,927	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	22,056	0	1,233	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	125,840	0	44,228	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,857	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	3,166	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	27,462	0	220,211	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,943	0	1,490	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	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	643,428	0	787,760	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	30,462	0	28	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0.000000	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	0.000000	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	0.000000	0	0	85	0	90.03
90.04	09004	GI CLINIC	0.000000	0	0	606	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000	0	0	8,258	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.000000	0	0	126,338	0	90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000	158	0	10,712	0	90.08
90.09	09009	PULMONARY CLINIC	0.000000	0	0	370	0	90.09
90.10	09010	ENT CLINIC	0.000000	0	0	1,164	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	0.000000	0	0	418	0	90.11
90.12	09012	EYE CLINIC	0.000000	0	0	839	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	6,986	0	11,649	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000	0	0	1,360	0	90.14
90.15	09015	ALLERGY CLINIC	0.000000	0	0	48,319	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000	0	0	2,286	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000	0	0	114	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000	0	0	3,583	0	90.20
90.21	09021	SPINA BIFIDA	0.000000	0	0	2,624	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000	59	0	807	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000	0	0	99	0	90.23
90.24	09024	ENDOCRINE CLINIC	0.000000	0	0	42	0	90.24
90.25	09025	RENAL CLINIC	0.000000	0	0	42	0	90.25
90.26	09026	GREENFIELD CLINIC	0.000000	0	0	170	0	90.26
90.27	09027	NEW BERLIN CLINIC	0.000000	0	0	18,788	0	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0.000000	0	0	3,927	0	90.29
90.30	09030	MEQUON CLINIC	0.000000	0	0	15,094	0	90.30
90.31	09031	KENOSHA CLINIC	0.000000	0	0	2,673	0	90.31
90.32	09032	WEST DEPERE CLINIC	0.000000	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0.000000	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0.000000	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0.000000	0	0	0	0	90.35
91.00	09100	EMERGENCY	0.000000	36,460	0	11,598	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	TEFRA Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000	1,625	0	275	0	98.00
98.01	09851	TRANSPORT	0.000000	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0.000000	0	0	3,281	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.000000	1,222	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 SRVS	0.000000	0	0	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	0.000000	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Total (lines 50 through 199)		1,546,273	0	1,802,126	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	0		90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	0	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	0	0		90.08
90.09	09009	PULMONARY CLINIC	0	0		90.09
90.10	09010	ENT CLINIC	0	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	0	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	0		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024	ENDOCRINE CLINIC	0	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0		90.34
90.35	09035	UROLOGY CLINIC	0	0		90.35
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.632030	8,417	0	0	5,320	50.00
51.00	05100	RECOVERY ROOM	0.265904	19,761	0	0	5,255	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.317436	7,566	0	0	2,402	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.412498	79,495	0	0	32,792	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	0.119158	7,651	0	0	912	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.134538	43,268	0	0	5,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.571995	24,404	0	0	13,959	59.00
60.00	06000	LABORATORY	0.317619	277,927	0	0	88,275	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		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.	0.648238	1,233	0	0	799	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.416295	44,228	0	0	18,412	65.00
66.00	06600	PHYSICAL THERAPY	0.641360	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.557676	3,166	0	0	1,766	68.00
69.00	06900	ELECTROCARDIOLOGY	0.354977	220,211	0	0	78,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203034	1,490	0	0	303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458563	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.300148	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.318549	787,760	0	0	250,940	73.00
74.00	07400	RENAL DIALYSIS	0.313374	28	0	0	9	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	76.543471	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	9.237431	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.111329	85	0	0	179	90.03
90.04	09004	GI CLINIC	1.047074	606	0	0	635	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	16.182492	8,258	0	0	133,635	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.310593	126,338	0	0	39,240	90.07
90.08	09008	CARDIOLOGY CLINIC	2.494449	10,712	0	0	26,721	90.08
90.09	09009	PULMONARY CLINIC	1.866905	370	0	0	691	90.09
90.10	09010	ENT CLINIC	1.713044	1,164	0	0	1,994	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.115820	418	0	0	466	90.11
90.12	09012	EYE CLINIC	1.528920	839	0	0	1,283	90.12
90.13	09013	ONCOLOGY CLINIC	1.128166	11,649	0	0	13,142	90.13
90.14	09014	SURGICAL SPECIALTIES	3.049813	1,360	0	0	4,148	90.14
90.15	09015	ALLERGY CLINIC	0.760732	48,319	0	0	36,758	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.262744	2,286	0	0	2,887	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.268723	114	0	0	259	90.19
90.20	09020	HEMATOLOGY CLINIC	2.728761	3,583	0	0	9,777	90.20
90.21	09021	SPINA BIFIDA	0.835744	2,624	0	0	2,193	90.21
90.22	09022	NEUROSCIENCES CLINIC	5.881269	807	0	0	4,746	90.22
90.23	09023	RHEUMATOLOGY CLINIC	5.117278	99	0	0	507	90.23
90.24	09024	ENDOCRINE CLINIC	2.606464	42	0	0	109	90.24
90.25	09025	RENAL CLINIC	3.690658	42	0	0	155	90.25
90.26	09026	GREENFIELD CLINIC	1.524391	170	0	0	259	90.26
90.27	09027	NEW BERLIN CLINIC	1.893189	18,788	0	0	35,569	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.907032	3,927	0	0	7,489	90.29
90.30	09030	MEQUON CLINIC	0.866102	15,094	0	0	13,073	90.30
90.31	09031	KENOSHA CLINIC	1.639804	2,673	0	0	4,383	90.31
90.32	09032	WEST DEPERE CLINIC	2.551963	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	3.376871	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0.000000	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0.849934	0	0	0	0	90.35
91.00	09100	EMERGENCY	0.308608	11,598	0	0	3,579	91.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.550170	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.774017		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.098029	275	0	0	302	98.00
98.01	09851	TRANSPORT	1.027975	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	5.014126	3,281	0	0	16,451	98.02
98.03	09853	NUCLEAR MEDICINE	0.531217	0	0	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	5.329481	0	0	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.281586	0	0	0	0	98.05
98.06	09856	DENTAL SRVS	0.643310	0	0	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1.577209	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.720617	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Subtotal (see instructions)		1,802,126	0	0	865,765	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,802,126	0	0	865,765	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	0		90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	0	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	0	0		90.08
90.09	09009	PULMONARY CLINIC	0	0		90.09
90.10	09010	ENT CLINIC	0	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	0	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	0		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024	ENDOCRINE CLINIC	0	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0		90.34
90.35	09035	UROLOGY CLINIC	0	0		90.35
91.00	09100	EMERGENCY	0	0		91.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.668336	0	0	1,440,034	0	50.00
51.00	05100	RECOVERY ROOM	0.263025	0	0	1,958,364	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.549505	0	0	830,708	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.421704	0	0	4,683,364	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	0.118033	0	0	1,409,330	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.131210	0	0	4,074,021	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.565267	0	0	537,703	0	59.00
60.00	06000	LABORATORY	0.315592	0	0	10,443,234	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		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.	0.646111	0	0	776,494	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.413551	0	0	1,731,302	0	65.00
66.00	06600	PHYSICAL THERAPY	0.648403	0	0	948,919	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.553040	0	0	1,183,880	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.371908	0	0	2,733,571	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.201210	0	0	326,219	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.455982	0	0	6,471,811	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.296765	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.317367	0	0	13,668,700	0	73.00
74.00	07400	RENAL DIALYSIS	0.344812	0	0	6,618	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	85.368884	0	0	5,711	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	9.677385	0	0	10,137	0	90.02
90.03	09003	DIABETIC CLINIC	2.088854	0	0	45,125	0	90.03
90.04	09004	GI CLINIC	1.335914	0	0	335,560	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	16.084467	0	0	142,909	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.305977	0	0	572,369	0	90.07
90.08	09008	CARDIOLOGY CLINIC	3.630274	0	0	163,710	0	90.08
90.09	09009	PULMONARY CLINIC	2.245861	0	0	173,601	0	90.09
90.10	09010	ENT CLINIC	2.162503	0	0	197,514	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.094132	0	0	290,826	0	90.11
90.12	09012	EYE CLINIC	1.663939	0	0	165,345	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.110436	0	0	1,307,773	0	90.13
90.14	09014	SURGICAL SPECIALTIES	3.021825	0	0	75,152	0	90.14
90.15	09015	ALLERGY CLINIC	1.012696	0	0	166,663	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.629951	0	0	79,459	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.223878	0	0	34,537	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.674845	0	0	75,894	0	90.20
90.21	09021	SPINA BIFIDA	0.833443	0	0	196,969	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	6.636276	0	0	175,448	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	6.486703	0	0	16,632	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.711693	0	0	38,486	0	90.24
90.25	09025	RENAL CLINIC	3.637068	0	0	37,811	0	90.25
90.26	09026	GREENFIELD CLINIC	1.476556	0	0	100,937	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.858674	0	0	306,729	0	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.837449	0	0	68,713	0	90.29
90.30	09030	MEQUON CLINIC	0.832524	0	0	204,885	0	90.30
90.31	09031	KENOSHA CLINIC	1.616826	0	0	42,933	0	90.31
90.32	09032	WEST DEPERE CLINIC	2.518996	0	0	7,438	0	90.32
90.33	09033	APPLETON CLINIC	3.314712	0	0	7,229	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0.000000	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	1.210995	0	0	162,548	0	90.35
91.00	09100	EMERGENCY	0.347510	0	0	6,056,189	0	91.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX Hospital Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.543694	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.771992		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.234508	0	0	306,256	0	98.00
98.01	09851	TRANSPORT	1.023046	0	0	7,286	0	98.01
98.02	09852	GENETICS CENTER	5.220667	0	0	111,880	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.528961	0	0	242,021	0	98.03
98.04	09854	CHILD DEVELOPMENT	5.260029	0	0	44,212	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.304834	0	0	107,736	0	98.05
98.06	09856	DENTAL SRVS	0.737750	0	0	1,882,092	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1.543527	0	0	31,087	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.656619	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Subtotal (see instructions)		0	0	67,222,074	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	67,222,074	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	962,427		50.00
51.00	05100	RECOVERY ROOM	0	515,099		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	456,478		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,974,993		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	166,347		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	534,552		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	303,946		59.00
60.00	06000	LABORATORY	0	3,295,801		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	501,701		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	715,982		65.00
66.00	06600	PHYSICAL THERAPY	0	615,282		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	654,733		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,016,637		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65,639		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,951,029		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,337,994		73.00
74.00	07400	RENAL DIALYSIS	0	2,282		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	487,542		90.01
90.02	09002	PAIN/PALLATIVE CARE	0	98,100		90.02
90.03	09003	DIABETIC CLINIC	0	94,260		90.03
90.04	09004	GI CLINIC	0	448,279		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	2,298,615		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	175,132		90.07
90.08	09008	CARDIOLOGY CLINIC	0	594,312		90.08
90.09	09009	PULMONARY CLINIC	0	389,884		90.09
90.10	09010	ENT CLINIC	0	427,125		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	318,202		90.11
90.12	09012	EYE CLINIC	0	275,124		90.12
90.13	09013	ONCOLOGY CLINIC	0	1,452,198		90.13
90.14	09014	SURGICAL SPECIALTIES	0	227,096		90.14
90.15	09015	ALLERGY CLINIC	0	168,779		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	129,514		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	76,806		90.19
90.20	09020	HEMATOLOGY CLINIC	0	203,005		90.20
90.21	09021	SPINA BIFIDA	0	164,162		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	1,164,321		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	107,887		90.23
90.24	09024	ENDOCRINE CLINIC	0	142,848		90.24
90.25	09025	RENAL CLINIC	0	137,521		90.25
90.26	09026	GREENFIELD CLINIC	0	149,039		90.26
90.27	09027	NEW BERLIN CLINIC	0	570,109		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	126,257		90.29
90.30	09030	MEQUON CLINIC	0	170,572		90.30
90.31	09031	KENOSHA CLINIC	0	69,415		90.31
90.32	09032	WEST DEPERE CLINIC	0	18,736		90.32
90.33	09033	APPLETON CLINIC	0	23,962		90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0		90.34
90.35	09035	UROLOGY CLINIC	0	196,845		90.35
91.00	09100	EMERGENCY	0	2,104,586		91.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 1/22/2019 2:38 pm
	Title XIX	Hospital	Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	378,075		98.00
98.01	09851	TRANSPORT	0	7,454		98.01
98.02	09852	GENETICS CENTER	0	584,088		98.02
98.03	09853	NUCLEAR MEDICINE	0	128,020		98.03
98.04	09854	CHILD DEVELOPMENT	0	232,556		98.04
98.05	09855	CHILD PROTECTION CENTER	0	248,314		98.05
98.06	09856	DENTAL SRVS	0	1,388,513		98.06
98.07	09857	ADOLESCENT MEDICINE	0	47,984		98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0		98.08
98.09	09859	OTHER	0	0		98.09
200.00		Subtotal (see instructions)	0	35,096,159		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	35,096,159		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part I Date/Time Prepared: 1/22/2019 2:38 pm

Title V | Hospital | Cost

	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	9,091,519	0	9,091,519	29,752	305.58	30.00
31.00	INTENSIVE CARE UNIT	10,626,204		10,626,204	39,630	268.14	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	1,418,534		1,418,534	5,155	275.18	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	21,136,257		21,136,257	74,537		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	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	BURN INTENSIVE CARE UNIT	0	0	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			Title V			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,953,348	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	598,624	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	706,699	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,986,996	0	0.000000	0	0	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	190,599	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,095,906	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	709,237	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	2,720,931	0	0.000000	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	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	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	217,060	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,135,748	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,599,027	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	617,208	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,360,620	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,581	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,273,080	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	385,007	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,235,212	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	135,472	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
		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	195,595	0	0.000000	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	42,321	0	0.000000	0	0	90.02
90.03	09003	DIABETIC CLINIC	232,749	0	0.000000	0	0	90.03
90.04	09004	GI CLINIC	229,870	0	0.000000	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	361,023	0	0.000000	0	0	90.05
90.06	09006	DIETETICS	52	0	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	195,135	0	0.000000	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	100,756	0	0.000000	0	0	90.08
90.09	09009	PULMONARY CLINIC	139,347	0	0.000000	0	0	90.09
90.10	09010	ENT CLINIC	227,852	0	0.000000	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	508,793	0	0.000000	0	0	90.11
90.12	09012	EYE CLINIC	212,132	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,136,288	0	0.000000	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	169,679	0	0.000000	0	0	90.14
90.15	09015	ALLERGY CLINIC	78,815	0	0.000000	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	196,998	0	0.000000	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	146,847	0	0.000000	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	208,043	0	0.000000	0	0	90.20
90.21	09021	SPINA BIFIDA	12,105	0	0.000000	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	503,497	0	0.000000	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	134,038	0	0.000000	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	95,707	0	0.000000	0	0	90.24
90.25	09025	RENAL CLINIC	116,091	0	0.000000	0	0	90.25
90.26	09026	GREENFIELD CLINIC	878,638	0	0.000000	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1,393,312	0	0.000000	0	0	90.27
90.28	09028	FOX POINT CLINIC	10,951	0	0.000000	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1,022,472	0	0.000000	0	0	90.29
90.30	09030	MEQUON CLINIC	852,901	0	0.000000	0	0	90.30
90.31	09031	KENOSHA CLINIC	124,563	0	0.000000	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	25,834	0	0.000000	0	0	90.32
90.33	09033	APPLETON CLINIC	25,797	0	0.000000	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	28	0	0.000000	0	0	90.34
90.35	09035	UROLOGY CLINIC	55,815	0	0.000000	0	0	90.35
91.00	09100	EMERGENCY	1,558,990	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part II Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			Title V			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	12,471	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	211,756	0	0.000000	0	0	98.00
98.01	09851	TRANSPORT	253,223	0	0.000000	0	0	98.01
98.02	09852	GENETICS CENTER	439,484	0	0.000000	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	45,908	0	0.000000	0	0	98.03
98.04	09854	CHILD DEVELOPMENT	162,333	0	0.000000	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	1,003,737	0	0.000000	0	0	98.05
98.06	09856	DENTAL SRVS	1,104,366	0	0.000000	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	119,936	0	0.000000	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	81,022	0	0.000000	0	0	98.08
98.09	09859	OTHER	7,845	0	0.000000	0	0	98.09
200.00		Total (lines 50 through 199)	39,824,470	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part III Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			Title V			Hospital	Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
200.00		Total (lines 30 through 199)	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	29,752	0.00	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	39,630	0.00	0	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
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		0	5,155	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
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	0	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)		0	74,537		0	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost		
			9.00	13.00		
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Title V Non Physician Anesthetist Cost	Title V Nursing School Post-Stepdown Adjustments	Title V Nursing School	Hospital Allied Health Post-Stepdown Adjustments	Hospital Allied Health Cost	
			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						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0	90.03
90.04	09004	GI CLINIC	0	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	0	90.05
90.06	09006	DIETETICS	0	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	0	90.09
90.10	09010	ENT CLINIC	0	0	0	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	0	90.11
90.12	09012	EYE CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	0	0	90.35
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	All Other Medical Education Cost	Title V Total Cost (sum of cols. 1, 2, 3, and 4)	Title V Total Outpatient Cost (sum of cols. 2, 3, and 4)	Hospital Total Charges (from Wkst. C, Part I, col. 8)	Cost Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	INFECTIOUS DISEASES	0	0	0	0	0.000000	90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0	0	0	0.000000	90.02
90.03	09003	DIABETIC CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	GI CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0	0	0	0.000000	90.05
90.06	09006	DIETETICS	0	0	0	0	0.000000	90.06
90.07	09007	INFUSION ROOM	0	0	0	0	0.000000	90.07
90.08	09008	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	PULMONARY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	ENT CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	EYE CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
90.14	09014	SURGICAL SPECIALTIES	0	0	0	0	0.000000	90.14
90.15	09015	ALLERGY CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	LASER CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0	0	0	0.000000	90.18
90.19	09019	CRANIOFACIAL CENTER	0	0	0	0	0.000000	90.19
90.20	09020	HEMATOLOGY CLINIC	0	0	0	0	0.000000	90.20
90.21	09021	SPINA BIFIDA	0	0	0	0	0.000000	90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0	0	0	0.000000	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	ENDOCRINE CLINIC	0	0	0	0	0.000000	90.24
90.25	09025	RENAL CLINIC	0	0	0	0	0.000000	90.25
90.26	09026	GREENFIELD CLINIC	0	0	0	0	0.000000	90.26
90.27	09027	NEW BERLIN CLINIC	0	0	0	0	0.000000	90.27
90.28	09028	FOX POINT CLINIC	0	0	0	0	0.000000	90.28
90.29	09029	DELAFIELD CLINIC	0	0	0	0	0.000000	90.29
90.30	09030	MEQUON CLINIC	0	0	0	0	0.000000	90.30
90.31	09031	KENOSHA CLINIC	0	0	0	0	0.000000	90.31
90.32	09032	WEST DEPERE CLINIC	0	0	0	0	0.000000	90.32
90.33	09033	APPLETON CLINIC	0	0	0	0	0.000000	90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0	0	0	0.000000	90.34
90.35	09035	UROLOGY CLINIC	0	0	0	0	0.000000	90.35
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		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)	
			Title V			Hospital	Cost	
			4.00	5.00	6.00	7.00	8.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0.000000	98.00
98.01	09851	TRANSPORT	0	0	0	0	0.000000	98.01
98.02	09852	GENETICS CENTER	0	0	0	0	0.000000	98.02
98.03	09853	NUCLEAR MEDICINE	0	0	0	0	0.000000	98.03
98.04	09854	CHILD DEVELOPMENT	0	0	0	0	0.000000	98.04
98.05	09855	CHILD PROTECTION CENTER	0	0	0	0	0.000000	98.05
98.06	09856	DENTAL SRVS	0	0	0	0	0.000000	98.06
98.07	09857	ADOLESCENT MEDICINE	0	0	0	0	0.000000	98.07
98.08	09858	OTHER OFFSITE CLINICS	0	0	0	0	0.000000	98.08
98.09	09859	OTHER	0	0	0	0	0.000000	98.09
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title V Inpatient Program Charges	Title V Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	Cost 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	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	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	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	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	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	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	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	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	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
		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/PALLATIVE CARE	0.000000	0	0	0	0	90.02
90.03	09003	DIABETIC CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	GI CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0.000000	0	0	0	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	0	0	90.06
90.07	09007	INFUSION ROOM	0.000000	0	0	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	PULMONARY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	ENT CLINIC	0.000000	0	0	0	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	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014	SURGICAL SPECIALTIES	0.000000	0	0	0	0	90.14
90.15	09015	ALLERGY CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	0.000000	0	0	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021	SPINA BIFIDA	0.000000	0	0	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	0.000000	0	0	0	0	90.22
90.23	09023	RHEUMATOLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	0.000000	0	0	0	0	90.24
90.25	09025	RENAL CLINIC	0.000000	0	0	0	0	90.25
90.26	09026	GREENFIELD CLINIC	0.000000	0	0	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	0.000000	0	0	0	0	90.27
90.28	09028	FOX POINT CLINIC	0.000000	0	0	0	0	90.28
90.29	09029	DELAFIELD CLINIC	0.000000	0	0	0	0	90.29
90.30	09030	MEQUON CLINIC	0.000000	0	0	0	0	90.30
90.31	09031	KENOSHA CLINIC	0.000000	0	0	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	0.000000	0	0	0	0	90.32
90.33	09033	APPLETON CLINIC	0.000000	0	0	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0.000000	0	0	0	0	90.34
90.35	09035	UROLOGY CLINIC	0.000000	0	0	0	0	90.35
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title V Inpatient Program Charges	Title V Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	Cost Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	0.000000	0	0	0	0	98.00
98.01	09851	TRANSPORT	0.000000	0	0	0	0	98.01
98.02	09852	GENETICS CENTER	0.000000	0	0	0	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 SRVS	0.000000	0	0	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	0.000000	0	0	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.000000	0	0	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	0	0	98.09
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

Title V | Hospital | Cost

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	INFECTIOUS DISEASES	0	0		90.01
90.02	09002	PAIN/PALLATIVE CARE	0	0		90.02
90.03	09003	DIABETIC CLINIC	0	0		90.03
90.04	09004	GI CLINIC	0	0		90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06	09006	DIETETICS	0	0		90.06
90.07	09007	INFUSION ROOM	0	0		90.07
90.08	09008	CARDIOLOGY CLINIC	0	0		90.08
90.09	09009	PULMONARY CLINIC	0	0		90.09
90.10	09010	ENT CLINIC	0	0		90.10
90.11	09011	ORTHOPEDIC CLINIC	0	0		90.11
90.12	09012	EYE CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	SURGICAL SPECIALTIES	0	0		90.14
90.15	09015	ALLERGY CLINIC	0	0		90.15
90.16	09016	LASER CLINIC	0	0		90.16
90.17	09017	DERMATOLOGY CLINIC	0	0		90.17
90.18	09018	CLINIC ADMINISTRATOR	0	0		90.18
90.19	09019	CRANIOFACIAL CENTER	0	0		90.19
90.20	09020	HEMATOLOGY CLINIC	0	0		90.20
90.21	09021	SPINA BIFIDA	0	0		90.21
90.22	09022	NEUROSCIENCES CLINIC	0	0		90.22
90.23	09023	RHEUMATOLOGY CLINIC	0	0		90.23
90.24	09024	ENDOCRINE CLINIC	0	0		90.24
90.25	09025	RENAL CLINIC	0	0		90.25
90.26	09026	GREENFIELD CLINIC	0	0		90.26
90.27	09027	NEW BERLIN CLINIC	0	0		90.27
90.28	09028	FOX POINT CLINIC	0	0		90.28
90.29	09029	DELAFIELD CLINIC	0	0		90.29
90.30	09030	MEQUON CLINIC	0	0		90.30
90.31	09031	KENOSHA CLINIC	0	0		90.31
90.32	09032	WEST DEPERE CLINIC	0	0		90.32
90.33	09033	APPLETON CLINIC	0	0		90.33
90.34	09034	GREENFIELD ENT CLINIC	0	0		90.34
90.35	09035	UROLOGY CLINIC	0	0		90.35
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet D Part IV Date/Time Prepared: 1/22/2019 2:38 pm

Title V Hospital Cost

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	29,752	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,752	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)	25,839	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)	62	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)	61,788,697	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)	61,788,697	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)	61,788,697	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)	2,076.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	128,761	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)	128,761	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	84,577,985	39,630	2,134.19	109	232,627	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	12,698,684	5,155	2,463.37	34	83,755	47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	588,625	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,033,768	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)	57,529	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	60,487	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	118,016	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	915,752	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	36	54.00
55.00	Target amount per discharge	11,831.60	55.00
56.00	Target amount (line 54 x line 55)	425,938	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	-489,814	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)	42,594	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	586,548	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,913	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,076.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,126,479	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 1/22/2019 2:38 pm
	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	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	9,091,519	61,788,697	0.147139	8,126,479	1,195,722	90.00
91.00	Nursing School cost	0	61,788,697	0.000000	8,126,479	0	91.00
92.00	Allied health cost	0	61,788,697	0.000000	8,126,479	0	92.00
93.00	All other Medical Education	0	61,788,697	0.000000	8,126,479	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 1/22/2019 2:38 pm
	Title XIX	Hospital	Cost

	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)	29,752	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,752	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)	25,839	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)	8,882	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)	70,720,977	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)	70,720,977	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)	70,720,977	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)	2,377.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	21,112,692	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)	21,112,692	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 1/22/2019 2:38 pm

	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)	
		Title XIX			Hospital	Cost	
		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	85,906,817	39,630	2,167.72	14,633	31,720,247	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	13,334,576	5,155	2,586.73	1,505	3,893,029	47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	39,100,949	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	95,826,917	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,913	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,377.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	9,301,279	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 1/22/2019 2:38 pm
	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	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	9,091,519	70,720,977	0.128555	9,301,279	1,195,726	90.00
91.00	Nursing School cost	0	70,720,977	0.000000	9,301,279	0	91.00
92.00	Allied health cost	0	70,720,977	0.000000	9,301,279	0	92.00
93.00	All other Medical Education	0	70,720,977	0.000000	9,301,279	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 1/22/2019 2:38 pm

Title XVIII | Hospital | TEFRA

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		272,496		30.00
31.00	03100	INTENSIVE CARE UNIT		835,859		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		161,373		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.632030	161,758	102,236	50.00
51.00	05100	RECOVERY ROOM	0.265904	17,738	4,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.317436	25,879	8,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.412498	57,766	23,828	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	0.119158	25,461	3,034	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.134538	36,902	4,965	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.571995	95,738	54,762	59.00
60.00	06000	LABORATORY	0.317619	221,473	70,344	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.	0.648238	22,056	14,298	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.416295	125,840	52,387	65.00
66.00	06600	PHYSICAL THERAPY	0.641360	3,857	2,474	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.557676	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.354977	27,462	9,748	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203034	3,943	801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458563	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.300148	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.318549	643,428	204,963	73.00
74.00	07400	RENAL DIALYSIS	0.313374	30,462	9,546	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	INFECTIOUS DISEASES	76.543471	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	9.237431	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.111329	0	0	90.03
90.04	09004	GI CLINIC	1.047074	0	0	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	16.182492	0	0	90.05
90.06	09006	DIETETICS	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	0.310593	0	0	90.07
90.08	09008	CARDIOLOGY CLINIC	2.494449	158	394	90.08
90.09	09009	PULMONARY CLINIC	1.866905	0	0	90.09
90.10	09010	ENT CLINIC	1.713044	0	0	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.115820	0	0	90.11
90.12	09012	EYE CLINIC	1.528920	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1.128166	6,986	7,881	90.13
90.14	09014	SURGICAL SPECIALTIES	3.049813	0	0	90.14
90.15	09015	ALLERGY CLINIC	0.760732	0	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.262744	0	0	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.268723	0	0	90.19
90.20	09020	HEMATOLOGY CLINIC	2.728761	0	0	90.20
90.21	09021	SPINA BIFIDA	0.835744	0	0	90.21
90.22	09022	NEUROSCIENCES CLINIC	5.881269	59	347	90.22
90.23	09023	RHEUMATOLOGY CLINIC	5.117278	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	2.606464	0	0	90.24
90.25	09025	RENAL CLINIC	3.690658	0	0	90.25
90.26	09026	GREENFIELD CLINIC	1.524391	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.893189	0	0	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 1/22/2019 2:38 pm

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		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.28	09028	FOX POINT CLINIC	0.000000	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.907032	0	0	90.29
90.30	09030	MEQUON CLINIC	0.866102	0	0	90.30
90.31	09031	KENOSHA CLINIC	1.639804	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	2.551963	0	0	90.32
90.33	09033	APPLETON CLINIC	3.376871	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0.000000	0	0	90.34
90.35	09035	UROLOGY CLINIC	0.849934	0	0	90.35
91.00	09100	EMERGENCY	0.308608	36,460	11,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.550170	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.774017	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.098029	1,625	1,784	98.00
98.01	09851	TRANSPORT	1.027975	0	0	98.01
98.02	09852	GENETICS CENTER	5.014126	0	0	98.02
98.03	09853	NUCLEAR MEDICINE	0.531217	1,222	649	98.03
98.04	09854	CHILD DEVELOPMENT	5.329481	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.281586	0	0	98.05
98.06	09856	DENTAL SRVS	0.643310	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1.577209	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.720617	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	98.09
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,546,273	588,625	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		1,546,273		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		33,513,106		30.00
31.00	03100	INTENSIVE CARE UNIT		108,473,506		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	OTHER SPECIAL CARE HOT UNIT		8,642,068		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.677342	4,667,043	3,161,184	50.00
51.00	05100	RECOVERY ROOM	0.265904	734,682	195,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.555871	861,338	478,793	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.427262	3,963,013	1,693,245	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	0.119158	1,237,409	147,447	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.134538	1,669,046	224,550	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.571995	365,053	208,808	59.00
60.00	06000	LABORATORY	0.317619	14,699,099	4,668,713	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.	0.648238	1,569,326	1,017,297	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.416295	13,596,509	5,660,159	65.00
66.00	06600	PHYSICAL THERAPY	0.656781	1,635,011	1,073,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.557676	662,287	369,342	68.00
69.00	06900	ELECTROCARDIOLOGY	0.375647	1,884,336	707,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.203034	3,023,955	613,966	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.458563	16,211,852	7,434,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.300148	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.318549	32,372,928	10,312,364	73.00
74.00	07400	RENAL DIALYSIS	0.358679	290,572	104,222	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	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	86.213900	0	0	90.01
90.02	09002	PAIN/PALLATIVE CARE	9.706986	0	0	90.02
90.03	09003	DIABETIC CLINIC	2.111329	2,068	4,366	90.03
90.04	09004	GI CLINIC	1.343442	13,050	17,532	90.04
90.05	09005	CLINIC FOR SPECIAL NEEDS	16.182492	1,200	19,419	90.05
90.06	09006	DIETETICS	0.000000	0	0	90.06
90.07	09007	INFUSION ROOM	0.310593	2,477	769	90.07
90.08	09008	CARDIOLOGY CLINIC	3.638729	1,430	5,203	90.08
90.09	09009	PULMONARY CLINIC	2.262611	3,416	7,729	90.09
90.10	09010	ENT CLINIC	2.179751	859	1,872	90.10
90.11	09011	ORTHOPEDIC CLINIC	1.115820	4,451	4,967	90.11
90.12	09012	EYE CLINIC	1.688370	266	449	90.12
90.13	09013	ONCOLOGY CLINIC	1.128166	63,063	71,146	90.13
90.14	09014	SURGICAL SPECIALTIES	3.049813	326	994	90.14
90.15	09015	ALLERGY CLINIC	1.016654	0	0	90.15
90.16	09016	LASER CLINIC	0.000000	0	0	90.16
90.17	09017	DERMATOLOGY CLINIC	1.646684	57	94	90.17
90.18	09018	CLINIC ADMINISTRATOR	0.000000	0	0	90.18
90.19	09019	CRANIOFACIAL CENTER	2.268723	55	125	90.19
90.20	09020	HEMATOLOGY CLINIC	2.728761	434	1,184	90.20
90.21	09021	SPINA BIFIDA	0.835744	914	764	90.21
90.22	09022	NEUROSCIENCES CLINIC	6.705064	948	6,356	90.22
90.23	09023	RHEUMATOLOGY CLINIC	6.552109	0	0	90.23
90.24	09024	ENDOCRINE CLINIC	3.747645	944	3,538	90.24
90.25	09025	RENAL CLINIC	3.690658	345	1,273	90.25
90.26	09026	GREENFIELD CLINIC	1.524391	0	0	90.26
90.27	09027	NEW BERLIN CLINIC	1.893189	0	0	90.27

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 1/22/2019 2:38 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.28	09028	FOX POINT CLINIC	0.000000	0	0	90.28
90.29	09029	DELAFIELD CLINIC	1.907032	0	0	90.29
90.30	09030	MEQUON CLINIC	0.866102	0	0	90.30
90.31	09031	KENOSHA CLINIC	1.639804	0	0	90.31
90.32	09032	WEST DEPERE CLINIC	2.551963	0	0	90.32
90.33	09033	APPLETON CLINIC	3.376871	0	0	90.33
90.34	09034	GREENFIELD ENT CLINIC	0.000000	0	0	90.34
90.35	09035	UROLOGY CLINIC	1.215605	0	0	90.35
91.00	09100	EMERGENCY	0.349926	2,206,360	772,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.550170	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.774017	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	PSYCHIATRY - OFFICE BLDG	1.239027	45,290	56,116	98.00
98.01	09851	TRANSPORT	1.027975	10,806	11,108	98.01
98.02	09852	GENETICS CENTER	5.282059	4,915	25,961	98.02
98.03	09853	NUCLEAR MEDICINE	0.531217	31,310	16,632	98.03
98.04	09854	CHILD DEVELOPMENT	5.329481	0	0	98.04
98.05	09855	CHILD PROTECTION CENTER	2.353460	0	0	98.05
98.06	09856	DENTAL SRVS	0.746909	0	0	98.06
98.07	09857	ADOLESCENT MEDICINE	1.577209	0	0	98.07
98.08	09858	OTHER OFFSITE CLINICS	0.720617	0	0	98.08
98.09	09859	OTHER	0.000000	0	0	98.09
200.00		Total (sum of lines 50 through 94 and 96 through 98)		101,838,443	39,100,949	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)		101,838,443		202.00

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

Kidney | Hospital | TEFRA

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	202,840	2,076.79	55	114,223	1.00
2.00	INTENSIVE CARE UNIT	43.00	242,210	2,134.19	30	64,026	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,463.37	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		445,050		85	178,249	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.632030	133,739	84,527	8.00
9.00	RECOVERY ROOM	51.00	0.265904	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.317436	17,908	5,685	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.412498	18,097	7,465	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	0.119158	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.134538	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.571995	0	0	17.00
18.00	LABORATORY	60.00	0.317619	126,298	40,115	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	0.648238	9,038	5,859	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.416295	17,416	7,250	23.00
24.00	PHYSICAL THERAPY	66.00	0.641360	6,700	4,297	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.557676	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.354977	2,303	818	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.203034	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.458563	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	1.300148	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.318549	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.313374	2,844	891	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	76.543471	0	0	37.01
37.02	PAIN/PALLATIVE CARE	90.02	9.237431	0	0	37.02
37.03	DIABETIC CLINIC	90.03	2.111329	0	0	37.03
37.04	GI CLINIC	90.04	1.047074	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS	90.05	16.182492	0	0	37.05
37.06	DIETETICS	90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM	90.07	0.310593	0	0	37.07
37.08	CARDIOLOGY CLINIC	90.08	2.494449	0	0	37.08
37.09	PULMONARY CLINIC	90.09	1.866905	0	0	37.09
37.10	ENT CLINIC	90.10	1.713044	0	0	37.10
37.11	ORTHOPEDIC CLINIC	90.11	1.115820	0	0	37.11
37.12	EYE CLINIC	90.12	1.528920	0	0	37.12
37.13	ONCOLOGY CLINIC	90.13	1.128166	0	0	37.13
37.14	SURGICAL SPECIALTIES	90.14	3.049813	0	0	37.14
37.15	ALLERGY CLINIC	90.15	0.760732	0	0	37.15
37.16	LASER CLINIC	90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC	90.17	1.262744	0	0	37.17
37.18	CLINIC ADMINISTRATOR	90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER	90.19	2.268723	0	0	37.19
37.20	HEMATOLOGY CLINIC	90.20	2.728761	0	0	37.20
37.21	SPINA BIFIDA	90.21	0.835744	0	0	37.21
37.22	NEUROSCIENCES CLINIC	90.22	5.881269	0	0	37.22
37.23	RHEUMATOLOGY CLINIC	90.23	5.117278	0	0	37.23
37.24	ENDOCRINE CLINIC	90.24	2.606464	0	0	37.24
37.25	RENAL CLINIC	90.25	3.690658	0	0	37.25

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

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

		Kidney		Hospital	TEFRA	
	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.26	GREENFIELD CLINIC	90.26	1.524391	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.893189	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.907032	0	0	37.29
37.30	MEQUON CLINIC	90.30	0.866102	0	0	37.30
37.31	KENOSHA CLINIC	90.31	1.639804	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	2.551963	0	0	37.32
37.33	APPLETON CLINIC	90.33	3.376871	0	0	37.33
37.34	GREENFIELD ENT CLINIC	90.34	0.000000	0	0	37.34
37.35	UROLOGY CLINIC	90.35	0.849934	0	0	37.35
38.00	EMERGENCY	91.00	0.308608	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.550170	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			334,343	156,907	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	55	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	30	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			85	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	51.17
51.18	CLINIC ADMINISTRATOR	23.18	0	0.000000	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	51.30
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31

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

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

	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	
51.32	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	GREENFIELD ENT CLINIC	23.34	0	0.000000	0	51.34
51.35	UROLOGY CLINIC	23.35	0	0.000000	0	51.35
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	335,156		779,393		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)	964,409		894,227		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)	1,299,565		1,673,620		61.00
62.00	Total Usable Organs (see instructions)		8			62.00
63.00	Medicare Usable Organs (see instructions)		1			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.125000			64.00
65.00	Medicare Cost/Charges (see instructions)	162,446		209,203		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	162,446		209,203		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	162,446	0	209,203	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	8		73.00
74.00	Total (sum of lines 70 through 73)	0	8		74.00
75.00	Organs Transplanted	0	8	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	8		84.00

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

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

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	822,494	2,076.79	206	427,819	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,414,161	2,134.19	317	676,538	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,463.37	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		3,236,655		523	1,104,357	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.632030	1,875,375	1,185,293	8.00
9.00	RECOVERY ROOM	51.00	0.265904	18,403	4,893	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.317436	175,635	55,753	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.412498	381,648	157,429	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	0.119158	881,225	105,005	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.134538	49,341	6,638	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.571995	0	0	17.00
18.00	LABORATORY	60.00	0.317619	1,800,663	571,925	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	0.648238	231,137	149,832	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.416295	314,236	130,815	23.00
24.00	PHYSICAL THERAPY	66.00	0.641360	61,326	39,332	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.557676	18,731	10,446	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.354977	28,330	10,056	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.203034	28,084	5,702	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.458563	176	81	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	1.300148	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.318549	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.313374	65,082	20,395	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	76.543471	0	0	37.01
37.02	PAIN/PALLATIVE CARE	90.02	9.237431	0	0	37.02
37.03	DIABETIC CLINIC	90.03	2.111329	0	0	37.03
37.04	GI CLINIC	90.04	1.047074	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS	90.05	16.182492	0	0	37.05
37.06	DIETETICS	90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM	90.07	0.310593	0	0	37.07
37.08	CARDIOLOGY CLINIC	90.08	2.494449	0	0	37.08
37.09	PULMONARY CLINIC	90.09	1.866905	0	0	37.09
37.10	ENT CLINIC	90.10	1.713044	0	0	37.10
37.11	ORTHOPEDIC CLINIC	90.11	1.115820	0	0	37.11
37.12	EYE CLINIC	90.12	1.528920	0	0	37.12
37.13	ONCOLOGY CLINIC	90.13	1.128166	0	0	37.13
37.14	SURGICAL SPECIALTIES	90.14	3.049813	0	0	37.14
37.15	ALLERGY CLINIC	90.15	0.760732	0	0	37.15
37.16	LASER CLINIC	90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC	90.17	1.262744	0	0	37.17
37.18	CLINIC ADMINISTRATOR	90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER	90.19	2.268723	0	0	37.19
37.20	HEMATOLOGY CLINIC	90.20	2.728761	0	0	37.20
37.21	SPINA BIFIDA	90.21	0.835744	0	0	37.21
37.22	NEUROSCIENCES CLINIC	90.22	5.881269	0	0	37.22
37.23	RHEUMATOLOGY CLINIC	90.23	5.117278	0	0	37.23
37.24	ENDOCRINE CLINIC	90.24	2.606464	0	0	37.24
37.25	RENAL CLINIC	90.25	3.690658	0	0	37.25

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Liver: Worksheet C Line Numbers	Liver: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	TEFRA: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.26	GREENFIELD CLINIC	90.26	1.524391	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.893189	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.907032	0	0	37.29
37.30	MEQUON CLINIC	90.30	0.866102	0	0	37.30
37.31	KENOSHA CLINIC	90.31	1.639804	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	2.551963	0	0	37.32
37.33	APPLETON CLINIC	90.33	3.376871	0	0	37.33
37.34	GREENFIELD ENT CLINIC	90.34	0.000000	0	0	37.34
37.35	UROLOGY CLINIC	90.35	0.849934	0	0	37.35
38.00	EMERGENCY	91.00	0.308608	4,112	1,269	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.550170	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			5,933,504	2,454,864	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	206	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	317	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			523	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	51.17
51.18	CLINIC ADMINISTRATOR	23.18	0	0.000000	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	51.30
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

	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	
51.32	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	GREENFIELD ENT CLINIC	23.34	0	0.000000	0	51.34
51.35	UROLOGY CLINIC	23.35	0	0.000000	0	51.35
52.00	EMERGENCY	24.00	4,112	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)		4,112		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	3,559,221		9,170,159		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)	1,700,845		1,932,429		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)	5,260,066		11,102,588		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	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	9		73.00
74.00	Total (sum of lines 70 through 73)	0	9		74.00
75.00	Organs Transplanted	0	9	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	9		84.00

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

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

	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)	
			Heart		Hospital	TEFRA	
		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	107,433	2,076.79	58	120,454	1.00
2.00	INTENSIVE CARE UNIT	43.00	12,216,159	2,134.19	1,561	3,331,471	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	BURN INTENSIVE CARE UNIT	45.01	0	0.00	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	2,463.37	15	36,951	6.00
7.00	TOTAL (sum of lines 1 through 6)		12,323,592		1,634	3,488,876	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.632030	1,265,721	799,974	8.00
9.00	RECOVERY ROOM	51.00	0.265904	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.317436	242,705	77,043	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.412498	434,247	179,126	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	0.119158	92,038	10,967	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.134538	52,441	7,055	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.571995	381,289	218,095	17.00
18.00	LABORATORY	60.00	0.317619	2,669,933	848,021	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	0.648238	356,218	230,914	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.416295	1,198,854	499,077	23.00
24.00	PHYSICAL THERAPY	66.00	0.641360	301,688	193,491	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.557676	74,331	41,453	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.354977	2,037,739	723,350	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.203034	169,719	34,459	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.458563	761	349	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	1.300148	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.318549	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.313374	252	79	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	76.543471	0	0	37.01
37.02	PAIN/PALLATIVE CARE	90.02	9.237431	0	0	37.02
37.03	DIABETIC CLINIC	90.03	2.111329	0	0	37.03
37.04	GI CLINIC	90.04	1.047074	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS	90.05	16.182492	0	0	37.05
37.06	DIETETICS	90.06	0.000000	0	0	37.06
37.07	INFUSION ROOM	90.07	0.310593	0	0	37.07
37.08	CARDIOLOGY CLINIC	90.08	2.494449	476	1,187	37.08
37.09	PULMONARY CLINIC	90.09	1.866905	0	0	37.09
37.10	ENT CLINIC	90.10	1.713044	0	0	37.10
37.11	ORTHOPEDIC CLINIC	90.11	1.115820	0	0	37.11
37.12	EYE CLINIC	90.12	1.528920	0	0	37.12
37.13	ONCOLOGY CLINIC	90.13	1.128166	0	0	37.13
37.14	SURGICAL SPECIALTIES	90.14	3.049813	0	0	37.14
37.15	ALLERGY CLINIC	90.15	0.760732	0	0	37.15
37.16	LASER CLINIC	90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC	90.17	1.262744	0	0	37.17
37.18	CLINIC ADMINISTRATOR	90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER	90.19	2.268723	0	0	37.19
37.20	HEMATOLOGY CLINIC	90.20	2.728761	0	0	37.20
37.21	SPINA BIFIDA	90.21	0.835744	0	0	37.21
37.22	NEUROSCIENCES CLINIC	90.22	5.881269	0	0	37.22
37.23	RHEUMATOLOGY CLINIC	90.23	5.117278	0	0	37.23
37.24	ENDOCRINE CLINIC	90.24	2.606464	0	0	37.24
37.25	RENAL CLINIC	90.25	3.690658	0	0	37.25

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Heart: Worksheet C Line Numbers	Heart: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	TEFRA: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.26	GREENFIELD CLINIC	90.26	1.524391	0	0	37.26
37.27	NEW BERLIN CLINIC	90.27	1.893189	0	0	37.27
37.28	FOX POINT CLINIC	90.28	0.000000	0	0	37.28
37.29	DELAFIELD CLINIC	90.29	1.907032	0	0	37.29
37.30	MEQUON CLINIC	90.30	0.866102	0	0	37.30
37.31	KENOSHA CLINIC	90.31	1.639804	0	0	37.31
37.32	WEST DEPERE CLINIC	90.32	2.551963	0	0	37.32
37.33	APPLETON CLINIC	90.33	3.376871	0	0	37.33
37.34	GREENFIELD ENT CLINIC	90.34	0.000000	0	0	37.34
37.35	UROLOGY CLINIC	90.35	0.849934	0	0	37.35
38.00	EMERGENCY	91.00	0.308608	1,365	421	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.550170	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			9,279,777	3,865,061	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	58	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1,561	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	15	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1,634	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	INFECTIOUS DISEASES	23.01	0	0.000000	0	51.01
51.02	PAIN/PALLATIVE CARE	23.02	0	0.000000	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	476	0.000000	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	51.17
51.18	CLINIC ADMINISTRATOR	23.18	0	0.000000	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	51.24
51.25	RENAL CLINIC	23.25	0	0.000000	0	51.25
51.26	GREENFIELD CLINIC	23.26	0	0.000000	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	51.27
51.28	FOX POINT CLINIC	23.28	0	0.000000	0	51.28
51.29	DELAFIELD CLINIC	23.29	0	0.000000	0	51.29
51.30	MEQUON CLINIC	23.30	0	0.000000	0	51.30
51.31	KENOSHA CLINIC	23.31	0	0.000000	0	51.31

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

Provider CCN: 52-3300
Component CCN:

Period: From 01/01/2017 To 12/31/2017

Worksheet D-4
Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Heart: Worksheet D-2, Part I Line Numbers	Heart: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	TEFRA: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.32	WEST DEPERE CLINIC	23.32	0	0.000000	0	51.32
51.33	APPLETON CLINIC	23.33	0	0.000000	0	51.33
51.34	GREENFIELD ENT CLINIC	23.34	0	0.000000	0	51.34
51.35	UROLOGY CLINIC	23.35	0	0.000000	0	51.35
52.00	EMERGENCY	24.00	1,365	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)		1,841		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: 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	7,353,937		21,603,369		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)	1,508,027		1,456,760		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)	8,861,964		23,060,129		61.00
62.00	Total Usable Organs (see instructions)		14			62.00
63.00	Medicare Usable Organs (see instructions)		0			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00
66.00	Revenue for Organs Sold	0		0		66.00
67.00	Subtotal (line 65 minus line 66)	0		0		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	14		73.00
74.00	Total (sum of lines 70 through 73)	0	14		74.00
75.00	Organs Transplanted	0	14	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	14		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	865,765	2.00
3.00	OPPS payments	507,710	3.00
4.00	Outlier payment (see instructions)	13,573	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.886	5.00
6.00	Line 2 times line 5	767,068	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	67.96	7.00
8.00	Transitional corridor payment (see instructions)	245,785	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)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	767,068	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	7,277	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	100,825	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)	658,966	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	11,047	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)	670,013	30.00
31.00	Primary payer payments	126	31.00
32.00	Subtotal (line 30 minus line 31)	669,887	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)	669,887	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	SEQUESTRATION	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	669,887	40.00
40.01	Sequestration adjustment (see instructions)	13,398	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	687,848	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-31,359	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		476,160		689,686	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	08/21/2017	100,757	08/21/2017	-1,838	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)		100,757		-1,838	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)		576,917		687,848	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		155,146		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		31,359	6.02
7.00	Total Medicare program liability (see instructions)		732,063		656,489	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 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part I Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

		1.00	
	PART I - MEDICARE PART A SERVICES - TEFRA		
1.00	Inpatient hospital services (see instructions)	586,548	1.00
1.01	Nursing and allied health managed care payment (see instructions)	0	1.01
2.00	Organ acquisition	162,446	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)	748,994	4.00
5.00	Primary payer payments	0	5.00
6.00	Subtotal (line 4 less line 5).	748,994	6.00
7.00	Deductibles	26,320	7.00
8.00	Subtotal (line 6 minus line 7)	722,674	8.00
9.00	Coinsurance	0	9.00
10.00	Subtotal (line 8 minus line 9)	722,674	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)	722,674	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	15,265	15.00
16.00	DO NOT USE THIS LINE		16.00
17.00	SEQUESTRATION	9,064	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	17.50
17.99	Demonstration payment adjustment amount before sequestration	0	17.99
18.00	Total amount payable to the provider (see instructions)	747,003	18.00
18.01	Sequestration adjustment (see instructions)	14,940	18.01
18.02	Demonstration payment adjustment amount after sequestration	0	18.02
19.00	Interim payments	576,917	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)	155,146	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 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 1/22/2019 2:38 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	95,826,917		1.00
2.00	Medical and other services		35,096,159	2.00
3.00	Organ acquisition (certified transplant centers only)	440,074		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	96,266,991	35,096,159	4.00
5.00	Inpatient primary payer payments	4,754,194		5.00
6.00	Outpatient primary payer payments		1,581,325	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	91,512,797	33,514,834	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	150,628,680		8.00
9.00	Ancillary service charges	101,838,443	67,222,074	9.00
10.00	Organ acquisition charges, net of revenue	440,074		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	252,907,197	67,222,074	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)	252,907,197	67,222,074	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	156,640,206	32,125,915	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)	96,266,991	35,096,159	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	96,266,991	35,096,159	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)	91,512,797	33,514,834	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	91,512,797	33,514,834	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	91,512,797	33,514,834	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	91,512,797	33,514,834	40.00
41.00	Interim payments	83,165,415	27,668,995	41.00
42.00	Balance due provider/program (line 40 minus line 41)	8,347,382	5,845,839	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 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			195.28	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.	81.09	79.62	160.71	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.	49.90	48.99	98.89	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.02		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	49.90	57.01		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	49.43	56.28		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	48.50	55.87		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	49.28	56.39		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	49.28	56.39		17.00
18.00	Per resident amount	85,773.00	85,773.00		18.00
19.00	Approved amount for resident costs	4,226,893	4,836,739	9,063,632	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)			75.12	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.88	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			9,063,632	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	205	0		26.00
27.00	Total Inpatient Days (see instructions)	70,624	70,624		27.00
28.00	Ratio of inpatient days to total inpatient days	0.002903	0.000000		28.00
29.00	Program direct GME amount	26,312	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			26,312	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 1/22/2019 2:38 pm
	Title XVIII	Hospital	TEFRA

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	4,715,287	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	1,033,768	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	162,446	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	1,196,214	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	865,765	42.00
43.00	Primary payer payments (see instructions)	126	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	865,639	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	2,061,853	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.580165	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.419835	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	26,312	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	15,265	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	11,047	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 01/01/2017 To 12/31/2017

Worksheet G

Date/Time Prepared: 1/22/2019 2:38 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	99,749,698	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	86,536,313	0	0	0	4.00
5.00	Other receivable	88,383,509	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,925,007	0	0	0	6.00
7.00	Inventory	8,315,980	0	0	0	7.00
8.00	Prepaid expenses	3,216,504	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)	283,276,997	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	10,716,973	0	0	0	13.00
14.00	Accumulated depreciation	-4,185,007	0	0	0	14.00
15.00	Buildings	372,834,649	0	0	0	15.00
16.00	Accumulated depreciation	-203,434,984	0	0	0	16.00
17.00	Leasehold improvements	185,666,889	0	0	0	17.00
18.00	Accumulated depreciation	-65,714,447	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	69,591	0	0	0	21.00
22.00	Accumulated depreciation	-35,440	0	0	0	22.00
23.00	Major movable equipment	244,228,495	0	0	0	23.00
24.00	Accumulated depreciation	-144,214,754	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)	395,931,965	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	274,232,216	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	735,314,263	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,009,546,479	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,688,755,441	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	27,412,313	0	0	0	37.00
38.00	Salaries, wages, and fees payable	32,027,059	0	0	0	38.00
39.00	Payroll taxes payable	14,836,323	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,295,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	2,019,120	0	0	0	43.00
44.00	Other current liabilities	805,798	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	83,395,613	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	359,370,769	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	53,568,209	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	412,938,978	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	496,334,591	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,192,420,850				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)	1,192,420,850	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,688,755,441	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-1 | Date/Time Prepared: 1/22/2019 2:38 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,077,466,428		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		93,987,046				2.00
3.00	Total (sum of line 1 and line 2)		1,171,453,474		0		3.00
4.00	CAPITAL ACQUISITION	4,462,572		0		0	4.00
5.00		0		0		0	5.00
6.00	PENSION ADJUSTMENT	13,030		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,475,602		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,175,929,076		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	-16,491,774		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)		-16,491,774		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,192,420,850		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	CAPITAL ACQUISITION		0		4.00
5.00			0		5.00
6.00	PENSION ADJUSTMENT		0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00	TRANSFER TO AFFILIATES		0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 1/22/2019 2:38 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	105,981,488		105,981,488	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	105,981,488		105,981,488	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	254,274,275		254,274,275	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	24,131,530		24,131,530	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	278,405,805		278,405,805	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	384,387,293		384,387,293	17.00
18.00	Ancillary services	322,592,668	375,742,262	698,334,930	18.00
19.00	Outpatient services	0	70,353,543	70,353,543	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	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	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)	706,979,961	446,095,805	1,153,075,766	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		573,510,812		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)		573,510,812		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 1/22/2019 2:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,153,075,766	1.00
2.00	Less contractual allowances and discounts on patients' accounts	530,675,843	2.00
3.00	Net patient revenues (line 1 minus line 2)	622,399,923	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	573,510,812	4.00
5.00	Net income from service to patients (line 3 minus line 4)	48,889,111	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	9,161,464	6.00
7.00	Income from investments	-1,982,946	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	3,414,701	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	3,148,002	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	426,433	20.00
21.00	Rental of vending machines	30,593	21.00
22.00	Rental of hospital space	12,455,280	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	18,444,408	24.00
25.00	Total other income (sum of lines 6-24)	45,097,935	25.00
26.00	Total (line 5 plus line 25)	93,987,046	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)	93,987,046	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 52-3300
Component CCN: 52-2319

Period:
From 01/01/2017
To 12/31/2017

Worksheet I-1
Date/Time Prepared:
1/22/2019 2:38 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	314,704	HOURS OF SERVICE	7,769.00	3.74	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	30,506	HOURS OF SERVICE	1,787.00	0.86	4.00
5.00	SOCIAL WORKERS	7,445	HOURS OF SERVICE	291.00	0.14	5.00
6.00	DIETICIANS	13,059	HOURS OF SERVICE	277.00	0.13	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	1,330	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	367,044				9.00
10.00	EMPLOYEE BENEFITS	96,531	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	25,356	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	227,594	REQUISITIONS			14.00
15.00	DRUGS	57,548	REQUISITIONS			15.00
16.00	OTHER	88,451	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	862,524				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	72,234	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	13,111	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	14,302	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	283,650	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	94,139	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	641	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	30,311	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,370,912				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)	1,370,912				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
Component CCN: 52-2319

Period: From 01/01/2017 To 12/31/2017

Worksheet I-2
Date/Time Prepared: 1/22/2019 2:38 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		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	166,373	38,467	314,704	51,010	110,833	9,837	1.00
	MAINTENANCE							
2.00	Hemodialysis	145,407	34,770	226,609	46,138	105,581	9,837	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	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	20,966	3,697	88,095	4,872	5,252	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	166,373	38,467	314,704	51,010	110,833	9,837	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	228,235	0	919,459	403,742	1,323,201		1.00
	MAINTENANCE							
2.00	Hemodialysis	199,443	0	767,785	337,141	1,104,926		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	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	28,792	0	151,674	66,601	218,275		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)	228,235	0	919,459	403,742	1,323,201		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,323,201		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300
Component CCN: 52-2319

Period: From 01/01/2017 To 12/31/2017

Worksheet I-3
Date/Time Prepared: 1/22/2019 2:38 pm

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		166,373	38,467	314,704	51,010	110,833	1.00
	MAINTENANCE							
2.00	Hemodialysis		1,609	90.39	10,297.00	625.00	441,153	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	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	260	232	9.61	4,003.00	66.00	21,943	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		1,841	100.00	14,300.00	691.00	463,096	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		90.370994	384.670000	22.007273	73.820550	0.239331	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	9,837	228,235	0	919,459	403,742		1.00
	MAINTENANCE							
2.00	Hemodialysis	135	198,761	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	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	28,693	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	227,454	0		919,459		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	72.866667	1.003434	0.000000		0.439108		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 52-3300 Component CCN: 52-2319	Period: From 01/01/2017 To 12/31/2017	Worksheet I-4 Date/Time Prepared: 1/22/2019 2:38 pm
	Rate 0	Renal Dialysis	

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,801	1,104,926	613.51	147	90,186	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	260	0	0.00	318	0	5.00
6.00	Training - CCPD	0	0	0.00	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	0	0	0.00	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)	2,061	1,104,926		465	90,186	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,061					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00							20.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	44,213	300.77	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	40,485	127.31	5.00
6.00	Training - CCPD	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	0	0.00	9.00
10.00	Home Program - CCPD	0	0.00	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	84,698		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00				20.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet I-1 Date/Time Prepared: 1/22/2019 2:38 pm
		Home Program Dialysis	TEFRA

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	22,112	HOURS OF SERVICE	416.00	0.20	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS	5,535	HOURS OF SERVICE	291.00	0.14	5.00
6.00	DIETICIANS	19,470	HOURS OF SERVICE	229.00	0.11	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	47,117				9.00
10.00	EMPLOYEE BENEFITS	9,843	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	243,523	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)*	300,483				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	914	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	86,238	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	2,704	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	390,339				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)	390,339				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 01/01/2017 To 12/31/2017

Worksheet I-2

Date/Time Prepared: 1/22/2019 2:38 pm

		Home Program Dialysis	TEFRA					
		Capital Related Costs		Direct Patient Care Salary				
		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	0	0	22,112	25,005	10,757	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	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	48	55	33	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	21,482	24,285	10,435	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	582	665	289	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	22,112	25,005	10,757	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	243,523	0	301,397	88,942	390,339		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	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	322	0	458	135	593		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	243,201	0	299,403	88,354	387,757		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	1,536	453	1,989		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)	243,523	0	301,397	88,942	390,339		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					390,339		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-3300

Period: From 01/01/2017 To 12/31/2017

Worksheet I-3

Date/Time Prepared: 1/22/2019 2:38 pm

Home Program Dialysis

TEFRA

			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		0	0	22,112	25,005	10,757	1.00
	MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	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	0.31	1.00	1.00	126	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		215	97.00	443.00	438.00	39,829	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	2.76	12.00	12.00	1,105	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		215	100.07	456.00	451.00	41,060	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	48.491228	55.443459	0.261982	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	243,523	0	301,397	88,942		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	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	322	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	243,201	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	243,523	0		301,397		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	1.000000	0.000000		0.295099		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 52-3300	Period: From 01/01/2017 To 12/31/2017	Worksheet I-4 Date/Time Prepared: 1/22/2019 2:38 pm
	Rate 0	Home Program Dialysis	TEFRA

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	2,528	593	0.23	136	31	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	0	387,757	0.00	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)	2,528	388,350		136	31	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	2,528					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00							20.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	0	0.00	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - CAPD	0	0.00	5.00
6.00	Training - CCPD	19,779	145.43	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - CAPD	0	0.00	9.00
10.00	Home Program - CCPD	0	0.00	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	19,779		11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)			12.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00				20.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 52-3300 | Period: From 01/01/2017 To 12/31/2017 | Worksheet I-5 | Date/Time Prepared: 1/22/2019 2:38 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	90,217		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	104,477	101,242	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)	104,477	101,242	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	80,994	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)	1,540,987		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,493,276		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.969039		14.00