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: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/20/2018 10:50 am

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 11/20/2018 Time: 10:50 am
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 UNIVERSITY OF WI HOSPITALS & CLINICS (52-0098) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 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.

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

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

SVP/CHIEF FINANCIAL OFFICER
Title

11/20/2018 10:50:46 AM
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	3,681,786	1,749,905	0	20,318,171	1.00
2.00	Subprovider - IPF	0	32,806	1		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	3,714,592	1,749,906	0	20,318,171	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 600 HIGHLAND AVE	PO Box:			1.00
2.00	City: MADISON	State: WI	Zip Code: 53792	County: DANE	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	UNIVERSITY OF WI HOSPITALS & CLINICS	520098	31540	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	UWHC - PSYCHIATRIC UNIT	52S098	31540	4	07/01/1984	N	P	O	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	UWHC - HHA	527220	31540		03/13/1992	N	N	N	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									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)	10		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
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	Y	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	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

		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.	13,049	9,133	95	961	9,437	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

		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) or (ii)? 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) or (ii)? 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)	Y	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	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

		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)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.05
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

		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)	3.22	268.80	0.011837	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.67	86.77	0.018883	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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)	3.23	363.18	0.008815	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	1.96	103.23	0.018633	67.00
67.01		INTERNAL MEDICINE	1400	0.00	103.23	0.000000	67.01
67.02		DERMATOLOGY	1455	1.55	103.23	0.014793	67.02
67.03		OBSTETRICS/GYNECOLOGY	1750	0.43	103.23	0.004148	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.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	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.			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: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	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.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	144,767	378,548	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.	09/01/1977		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/24/1991		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/08/1990		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1966		130.00
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.	52P001		134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:03 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	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)	9.99	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)	07/01/2016	06/30/2017	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: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/16/2018 8:03 am

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

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

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

Financial Data and Reports

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

Approved Educational Activities

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

Bad Debts

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

Bed Complement

		Y/N	
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

PS&R Data

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
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	10/27/2017	Y	10/27/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/16/2018 8:03 am

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/16/2018 8:03 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	498	181,770	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)		498	181,770	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	TRAUMA INTENSIVE CARE UNIT	31.01	24	8,760	0.00	0	8.01
8.02	CARDIOTHORACIC SURGERY ICU	31.02	7	2,555	0.00	0	8.02
8.03	CARDIAC INTENSIVE CARE UNIT	31.03	7	2,555	0.00	0	8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	31.04	21	7,665	0.00	0	8.04
8.05	NEURO INTENSIVE CARE UNIT	31.05	17	6,205	0.00	0	8.05
8.06	NEONATAL INTENSIVE CARE UNIT	31.06	18	6,570	0.00	0	8.06
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	7	2,555	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		599	218,635	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	18	6,570		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)		617				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/16/2018 8:03 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	46,906	23,238	138,625			1.00
2.00	HMO and other (see instructions)	17,329	9,437				2.00
3.00	HMO IPF Subprovider	284	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)	46,906	23,238	138,625			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	TRAUMA INTENSIVE CARE UNIT	4,715	0	7,773			8.01
8.02	CARDIOTHORACIC SURGERY ICU	1,263	0	2,083			8.02
8.03	CARDIAC INTENSIVE CARE UNIT	1,219	0	2,010			8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	3	0	4,541			8.04
8.05	NEURO INTENSIVE CARE UNIT	3,422	0	5,641			8.05
8.06	NEONATAL INTENSIVE CARE UNIT	0	0	4,059			8.06
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	276	0	2,230			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	57,804	23,238	166,962	442.23	8,497.95	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,357	606	5,301	3.47	30.86	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	16,789	0	119,209	0.00	59.89	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)				445.70	8,588.70	27.00
28.00	Observation Bed Days		385	7,186			28.00
29.00	Ambulance Trips	256					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 11/16/2018 8:03 am

	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	10,531	1,890	31,130	1.00
2.00	HMO and other (see instructions)			2,905	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	TRAUMA INTENSIVE CARE UNIT						8.01
8.02	CARDIOTHORACIC SURGERY ICU						8.02
8.03	CARDIAC INTENSIVE CARE UNIT						8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT						8.04
8.05	NEURO INTENSIVE CARE UNIT						8.05
8.06	NEONATAL INTENSIVE CARE UNIT						8.06
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	10,531	1,890	31,130	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	231	151	1,205	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 WAGE INDEX INFORMATION | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/16/2018 8:03 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	594,101,123	-372,330	593,728,793	17,913,094.00	33.14	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	27,942,622	0	27,942,622	897,879.00	31.12	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		37,393,129	23,739	37,416,868	995,016.00	37.60	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,224,145	0	3,224,145	46,556.00	69.25	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		22,132,161	0	22,132,161	181,444.00	121.98	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		8,966,551	0	8,966,551	123,110.00	72.83	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		214,335,255	0	214,335,255			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		15,156,958	0	15,156,958			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		11,326,556	0	11,326,556			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		448,328	0	448,328			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	8,502,034	0	8,502,034	274,987.00	30.92	26.00
27.00	Administrative & General	5.00	80,394,577	-554,708	79,839,869	2,001,588.00	39.89	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 11/16/2018 8:03 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		629,504	0	629,504	5,579.00	112.83	28.00
29.00	Maintenance & Repairs	6.00	12,749,081	97	12,749,178	412,184.00	30.93	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	69,272	0	69,272	4,171.00	16.61	31.00
32.00	Housekeeping	9.00	13,412,950	0	13,412,950	686,530.00	19.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	11,107,642	-2,488,914	8,618,728	544,211.00	15.84	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	19,823,382	-30,537	19,792,845	457,191.00	43.29	38.00
39.00	Central Services and Supply	14.00	10,951,060	-3,530,921	7,420,139	530,146.00	14.00	39.00
40.00	Pharmacy	15.00	24,593,738	682,260	25,275,998	586,807.00	43.07	40.00
41.00	Medical Records & Medical Records Library	16.00	11,271,507	0	11,271,507	457,190.00	24.65	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	1,016,891	0	1,016,891	32,782.00	31.02	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part III Date/Time Prepared: 11/16/2018 8:03 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		566,788,005	-372,330	566,415,675	17,020,794.00	33.28	1.00
2.00	Excluded area salaries (see instructions)		37,393,129	23,739	37,416,868	995,016.00	37.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)		529,394,876	-396,069	528,998,807	16,025,778.00	33.01	3.00
4.00	Subtotal other wages & related costs (see inst.)		25,356,306	0	25,356,306	228,000.00	111.21	4.00
5.00	Subtotal wage-related costs (see inst.)		214,335,255	0	214,335,255	0.00	40.52	5.00
6.00	Total (sum of lines 3 thru 5)		769,086,437	-396,069	768,690,368	16,253,778.00	47.29	6.00
7.00	Total overhead cost (see instructions)		194,521,638	-5,922,723	188,598,915	5,993,366.00	31.47	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/16/2018 8:03 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	76,892,340	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	97,789,108	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,082,059	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	797,592	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	8,427,384	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	4,590,653	16.00
	TAXES		
17.00	FICA-Employers Portion Only	43,681,408	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	343,043	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	1,301,119	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,914,063	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	240,818,769	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part V Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3,224,145	240,818,769	1.00
2.00	Hospital	3,224,145	240,818,769	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 52-0098
Component CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-4

Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

					1.00		
0.00	County				DANE		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,120	0	1,310	2,430	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	766.00	0.00	700.00	1,466.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			8.01	0.00	8.01	5.00
6.00	Direct Nursing Service			30.26	0.00	30.26	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			12.64	0.00	12.64	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.22	0.00	4.22	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.39	0.00	1.39	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.87	0.00	0.87	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.50	0.00	2.50	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			31540			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	4,718	2,112	173	31	7,034	21.00
22.00	Skilled Nursing Visit Charges	1,541,068	676,768	59,959	9,998	2,287,793	22.00
23.00	Physical Therapy Visits	4,754	794	93	32	5,673	23.00
24.00	Physical Therapy Visit Charges	1,510,733	247,129	32,618	10,104	1,800,584	24.00
25.00	Occupational Therapy Visits	1,343	454	5	9	1,811	25.00
26.00	Occupational Therapy Visit Charges	430,855	143,097	1,785	2,808	578,545	26.00
27.00	Speech Pathology Visits	181	95	0	0	276	27.00
28.00	Speech Pathology Visit Charges	57,991	29,915	0	0	87,906	28.00
29.00	Medical Social Service Visits	200	147	0	0	347	29.00
30.00	Medical Social Service Visit Charges	73,098	53,598	0	0	126,696	30.00
31.00	Home Health Aide Visits	1,110	528	4	6	1,648	31.00
32.00	Home Health Aide Visit Charges	177,056	84,008	640	960	262,664	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,306	4,130	275	78	16,789	33.00
34.00	Other Charges	141,993	78,311	10,412	0	230,716	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,932,794	1,312,826	105,414	23,870	5,374,904	35.00
36.00	Total Number of Episodes (standard/non outlier)	743		95	5	843	36.00
37.00	Total Number of Outlier Episodes		102		1	103	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/16/2018 8:03 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.293642	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	109,377,807	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	11,600,000	5.00
6.00	Medicaid charges	470,032,573	6.00
7.00	Medicaid cost (line 1 times line 6)	138,021,305	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	17,043,498	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	17,043,498	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	18,504,016	7,592,573	26,096,589	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,433,556	7,592,573	13,026,129	21.00
22.00	Payments received from patients for amounts previously written off as charity care	50,227	231,157	281,384	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,383,329	7,361,416	12,744,745	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	39,657,670	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,369,776	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,645,811	27.01
28.00	Non-Medicare bad debt expense (see instructions)	36,011,859	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	11,850,629	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	24,595,374	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	41,638,872	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 8:03 am

		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		0	0	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK		0	0	339,683	339,683	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC		0	0	518,355	518,355	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC		0	0	526,262	526,262	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND		0	0	34,759,160	34,759,160	1.04
1.05	00105	CAP REL COSTS- WAISMAN		0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION		0	0	321,456	321,456	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007		0	0	293,059	293,059	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501		0	0	562,684	562,684	1.08
1.09	00110	CAP REL COSTS-TAC		0	0	12,641,275	12,641,275	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES		0	0	138,772	138,772	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,502,034	8,361,010	16,863,044	-25,967	16,837,077	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	80,394,577	377,179,793	457,574,370	-68,654,491	388,919,879	5.00
6.00	00600	MAINTENANCE & REPAIRS	12,749,081	29,650,774	42,399,855	-367	42,399,488	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	69,272	67,631	136,903	5,299,993	5,436,896	8.00
9.00	00900	HOUSEKEEPING	13,412,950	8,913,507	22,326,457	-401,402	21,925,055	9.00
10.00	01000	DIETARY	11,107,642	14,432,421	25,540,063	-3,623,367	21,916,696	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	19,823,382	9,745,541	29,568,923	-44,692	29,524,231	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,951,060	10,447,848	21,398,908	-7,357,435	14,041,473	14.00
15.00	01500	PHARMACY	24,593,738	163,209,057	187,802,795	-160,412,291	27,390,504	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,271,507	7,606,239	18,877,746	-7	18,877,739	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	1,016,891	2,096,309	3,113,200	149,977	3,263,177	18.01
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	27,942,622	6,788,072	34,730,694	-31,640	34,699,054	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	16,397,771	16,397,771	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	1,248,657	456,718	1,705,375	-983,870	721,505	23.01
23.02	02302	EMERGENCY MED PROGRAM	617,766	360,304	978,070	-59	978,011	23.02
23.03	02303	DIETARY PROGRAM	19,435	12,751	32,186	0	32,186	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	464,682	56,309	520,991	-153	520,838	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	440,499	47,104	487,603	-886	486,717	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	71,305	-23,440	47,865	0	47,865	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,919,558	34,300,401	117,219,959	6,803,223	124,023,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	8,892,948	5,401,345	14,294,293	-110,692	14,183,601	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	5,945,061	2,586,504	8,531,565	-4,101,206	4,430,359	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,429,275	1,030,310	3,459,585	-29,960	3,429,625	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,346,451	2,413,342	7,759,793	-10,472	7,749,321	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,906,276	3,365,723	9,271,999	-59,821	9,212,178	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	4,464,852	2,364,267	6,829,119	-19,396	6,809,723	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,890,178	1,258,144	4,148,322	-72,343	4,075,979	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,503,451	793,418	3,296,869	38,185	3,335,054	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	28,777,282	87,733,101	116,510,383	-31,806,120	84,704,263	50.00
51.00	05100	RECOVERY ROOM	9,639,163	4,503,633	14,142,796	-64,030	14,078,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,774,456	8,251,570	10,026,026	-318,569	9,707,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,807,195	21,901,137	36,708,332	-901,381	35,806,951	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,435,370	8,592,984	12,028,354	-14,412	12,013,942	55.00
56.00	05600	RADIOISOTOPE	1,404,918	4,303,581	5,708,499	7,741	5,716,240	56.00
57.00	05700	CT SCAN	2,755,279	4,365,407	7,120,686	40,426	7,161,112	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,310,016	7,332,114	10,642,130	-29,449	10,612,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	770,987	325,965	1,096,952	0	1,096,952	59.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 8:03 am

		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	
60.00	06000	LABORATORY	14,780,418	25,830,387	40,610,805	-19,534	40,591,271	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.	2,198,285	13,166,615	15,364,900	-3,105,610	12,259,290	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,422,264	10,792,156	22,214,420	177,633	22,392,053	65.00
65.01	03550	NEUROPSYCH TESTING	416,222	202,765	618,987	50	619,037	65.01
66.00	06600	PHYSICAL THERAPY	16,914,111	7,235,709	24,149,820	-33,893	24,115,927	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	7,956,676	31,063,626	39,020,302	-14,150,339	24,869,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,846,277	1,852,671	3,698,948	-5,987	3,692,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,073,287	1,073,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	53,401,957	53,401,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	161,323,487	161,323,487	73.00
74.00	07400	RENAL DIALYSIS	1,960,140	1,211,154	3,171,294	29,834	3,201,128	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	496,435	223,847	720,282	4,199	724,481	75.01
75.02	03540	ORTHOTICS LAB	1,081,948	1,607,691	2,689,639	-911	2,688,728	75.02
		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	5,311,324	2,848,137	8,159,461	-1	8,159,460	90.00
90.01	09001	CLINIC CSC	32,058,837	17,766,626	49,825,463	-1,012,865	48,812,598	90.01
90.02	09002	CLINIC UNIVERSITY STATION	6,404,958	3,156,103	9,561,061	-13,633	9,547,428	90.02
90.03	09003	CLINIC WAISMAN	1,764,253	584,757	2,349,010	-158	2,348,852	90.03
90.04	09004	CLINIC WEST	10,029,590	5,090,335	15,119,925	34,549	15,154,474	90.04
90.05	09005	CLINIC EAST	4,104,707	2,317,195	6,421,902	-8,128	6,413,774	90.05
90.06	09006	CLINIC RESEARCH PARK	1,716,614	1,336,681	3,053,295	-1,080	3,052,215	90.06
90.07	09009	CLINIC DHC	6,343,336	6,082,647	12,425,983	-104,951	12,321,032	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	4,336,794	2,252,474	6,589,268	-5,192	6,584,076	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	14,451	17,185	31,636	0	31,636	90.09
90.10	09007	CLINIC MIDDLETON REHAB	313,418	145,963	459,381	-411	458,970	90.10
90.11	09011	CLINIC AODA	99,260	47,408	146,668	0	146,668	90.11
90.12	09012	CLINIC KIDNEY	373,124	228,668	601,792	0	601,792	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	1,014,191	1,154,959	2,169,150	-3,427	2,165,723	90.13
91.00	09100	EMERGENCY	16,446,340	8,401,149	24,847,489	-7,488	24,840,001	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	3,433,742	3,024,264	6,458,006	-5,175	6,452,831	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
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	4,753,302	1,983,925	6,737,227	0	6,737,227	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,883,611	10,918,677	20,802,288	-7,671,227	13,131,061	105.00
106.00	10600	HEART ACQUISITION	801,732	664,069	1,465,801	-237,507	1,228,294	106.00
107.00	10700	LIVER ACQUISITION	0	2,895,190	2,895,190	2,927,700	5,822,890	107.00
108.00	10800	LUNG ACQUISITION	0	699,735	699,735	1,369,919	2,069,654	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,475,480	2,475,480	1,306,792	3,782,272	109.00
110.00	11000	INTESTINAL ACQUISITION	0	-17,489	-17,489	36,698	19,209	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	4,553,385	4,553,385	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	-1	-1	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	-1	-1	112.02
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	580,946,176	1,007,491,653	1,588,437,829	-384,485	1,588,053,344	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	148,659	748,882	897,541	0	897,541	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,245,552	1,485,273	3,730,825	-50,473	3,680,352	194.01
194.02	07952	CLINICAL RESEARCH CENTER	341,808	106,388	448,196	-8,210	439,986	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 8:03 am

		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	
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	16,967	554,429	571,396	0	571,396	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,733,139	-67,751	1,665,388	-922	1,664,466	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	25	25	438,749	438,774	194.06
194.07	07956	PUBLIC AFFAIRS	2,211,468	3,800,021	6,011,489	0	6,011,489	194.07
194.08	07958	RETAIL PHARMACIES	6,457,929	180,607,324	187,065,253	-15	187,065,238	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	5,835	5,835	5,356	11,191	194.10
194.11	07961	TLC LIGHTING RESEARCH	-575	-2,805	-3,380	0	-3,380	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	594,101,123	1,194,729,274	1,788,830,397	0	1,788,830,397	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	339,683		1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	518,355		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	526,262		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	-12,551,428	22,207,732		1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0		1.05
1.06	00106	CAP REL COSTS- USTATION	0	321,456		1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	293,059		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	562,684		1.08
1.09	00110	CAP REL COSTS-TAC	-7,413,889	5,227,386		1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	138,772		1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-248,692	16,588,385		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-150,049,293	238,870,586		5.00
6.00	00600	MAINTENANCE & REPAIRS	14,559,293	56,958,781		6.00
7.00	00700	OPERATION OF PLANT	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-159,007	5,277,889		8.00
9.00	00900	HOUSEKEEPING	0	21,925,055		9.00
10.00	01000	DIETARY	-10,526,451	11,390,245		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	29,524,231		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,041,473		14.00
15.00	01500	PHARMACY	0	27,390,504		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,877,739		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	3,263,177		18.01
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	34,699,054		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,397,771		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PHARMACY PROGRAM	0	721,505		23.01
23.02	02302	EMERGENCY MED PROGRAM	0	978,011		23.02
23.03	02303	DIETARY PROGRAM	0	32,186		23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	520,838		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	486,717		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	47,865		23.06
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	124,023,182		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	14,183,601		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	4,430,359		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	3,429,625		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	7,749,321		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	9,212,178		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	6,809,723		31.06
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,075,979		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	3,335,054		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	84,704,263		50.00
51.00	05100	RECOVERY ROOM	0	14,078,766		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	9,707,457		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,806,951		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,013,942		55.00
56.00	05600	RADIOISOTOPE	0	5,716,240		56.00
57.00	05700	CT SCAN	0	7,161,112		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,612,681		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	1,096,952		59.01
60.00	06000	LABORATORY	0	40,591,271		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
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	12,259,290		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	22,392,053		65.00
65.01	03550	NEUROPSYCH TESTING	0	619,037		65.01
66.00	06600	PHYSICAL THERAPY	0	24,115,927		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	24,869,963		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,692,961		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,073,287		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	53,401,957		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,323,487		73.00
74.00	07400	RENAL DIALYSIS	0	3,201,128		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	724,481		75.01
75.02	03540	ORTHOTICS LAB	0	2,688,728		75.02
		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	8,159,460		90.00
90.01	09001	CLINIC CSC	0	48,812,598		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	9,547,428		90.02
90.03	09003	CLINIC WAISMAN	0	2,348,852		90.03
90.04	09004	CLINIC WEST	0	15,154,474		90.04
90.05	09005	CLINIC EAST	0	6,413,774		90.05
90.06	09006	CLINIC RESEARCH PARK	0	3,052,215		90.06
90.07	09009	CLINIC DHC	0	12,321,032		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	6,584,076		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	31,636		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	458,970		90.10
90.11	09011	CLINIC AODA	0	146,668		90.11
90.12	09012	CLINIC KIDNEY	0	601,792		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	2,165,723		90.13
91.00	09100	EMERGENCY	0	24,840,001		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	6,452,831		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
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	6,737,227		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	1,699,341	14,830,402		105.00
106.00	10600	HEART ACQUISITION	805,874	2,034,168		106.00
107.00	10700	LIVER ACQUISITION	610,834	6,433,724		107.00
108.00	10800	LUNG ACQUISITION	1,315,609	3,385,263		108.00
109.00	10900	PANCREAS ACQUISITION	133,782	3,916,054		109.00
110.00	11000	INTESTINAL ACQUISITION	-216	18,993		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
112.00	08600	POST TRANSPLANT	0	4,553,385		112.00
112.01	08601	PRE TRANSPLANT	0	-1		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	-1		112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-161,824,243	1,426,229,101		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	897,541		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	3,680,352		194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	439,986		194.02
194.03	07953	FAMILY MEDICINE	0	0		194.03
194.04	07954	COMMUNICATION AIDS	0	571,396		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,664,466		194.05
194.06	07950	MADISON REHAB HOSPITAL	0	438,774		194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.07	07956	PUBLIC AFFAIRS	0	6,011,489		194.07
194.08	07958	RETAIL PHARMACIES	0	187,065,238		194.08
194.09	07957	INN TOWNER	0	0		194.09
194.10	07960	LIVER RESEARCH	0	11,191		194.10
194.11	07961	TLC LIGHTING RESEARCH	0	-3,380		194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-161,824,243	1,627,006,154		200.00

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	862,266		1.00
	0		0	862,266		
	B - MEDICAL SUPPLIES SOLD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,073,287		1.00
	0		0	1,073,287		
	C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	161,323,487		1.00
	0		0	161,323,487		
	D - REPROCESSING COSTS DEPT 1213					
1.00	TRAUMA INTENSIVE CARE UNIT	31.01	6,460	5,445		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	3,230	2,722		2.00
3.00	CARDIOTHORACIC SURGERY ICU	31.02	6,460	5,445		3.00
4.00	CARDIAC INTENSIVE CARE UNIT	31.03	3,230	2,722		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	38,763	32,667		5.00
6.00	NEURO INTENSIVE CARE UNIT	31.05	6,460	5,445		6.00
7.00	OPERATING ROOM	50.00	2,131,939	1,796,711		7.00
8.00	RESPIRATORY THERAPY	65.00	96,906	81,669		8.00
9.00	CLINIC CSC	90.01	129,208	108,892		9.00
10.00	CLINIC WEST	90.04	32,302	27,223		10.00
11.00	EMERGENCY	91.00	161,511	136,114		11.00
	0		2,616,469	2,205,055		
	E - PATIENT ESCORT TRIPS					
1.00	ADMINISTRATIVE & GENERAL	5.00	97	39		1.00
2.00	MAINTENANCE & REPAIRS	6.00	97	39		2.00
3.00	ADULTS & PEDIATRICS	30.00	385,650	156,421		3.00
4.00	TRAUMA INTENSIVE CARE UNIT	31.01	22,282	9,038		4.00
5.00	CARDIOTHORACIC SURGERY ICU	31.02	21,905	8,885		5.00
6.00	CARDIAC INTENSIVE CARE UNIT	31.03	3,260	1,322		6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	827	335		7.00
8.00	NEURO INTENSIVE CARE UNIT	31.05	4,074	1,653		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	31.06	49	20		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	2,518	1,021		10.00
11.00	SUBPROVIDER - IPF	40.00	2,153	873		11.00
12.00	OPERATING ROOM	50.00	414	168		12.00
13.00	RECOVERY ROOM	51.00	8,830	3,581		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	195,914	79,463		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	14,534	5,895		15.00
16.00	RADIOISOTOPE	56.00	12,990	5,269		16.00
17.00	CT SCAN	57.00	66,079	26,802		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	19,192	7,785		18.00
19.00	LABORATORY	60.00	24	10		19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	12	5		20.00
21.00	NEUROPSYCH TESTING	65.01	36	15		21.00
22.00	PHYSICAL THERAPY	66.00	12	5		22.00
23.00	ELECTROCARDIOLOGY	69.00	70,518	28,603		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	12	5		24.00
25.00	RENAL DIALYSIS	74.00	32,693	13,260		25.00
26.00	PULMONARY FUNCTION TESTING	75.01	3,053	1,238		26.00
27.00	CLINIC CSC	90.01	39,504	16,023		27.00
28.00	EMERGENCY	91.00	7,711	3,128		28.00
29.00	CLINICAL RESEARCH CENTER	194.02	12	5		29.00
	0		914,452	370,906		
	F - BUILDING DEPRECIATION AND INTEREST					
1.00	CAP REL COSTS-RESEARCH PARK	1.01	0	339,683		1.00
2.00	CAP REL COSTS- WEST CLINIC	1.02	0	518,355		2.00
3.00	CAP REL COSTS- EAST CLINIC	1.03	0	526,262		3.00
4.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	33,896,894		4.00
5.00	CAP REL COSTS- USTATION	1.06	0	321,456		5.00
6.00	CAP REL COSTS- EXCELSIOR 8007	1.07	0	293,059		6.00
7.00	CAP REL COSTS- EXCELSIOR 8501	1.08	0	562,684		7.00
8.00	CAP REL COSTS-TAC	1.09	0	12,641,275		8.00
9.00	CAP REL COSTS-PHARMACY SERVICES	1.10	0	138,772		9.00
10.00	MADISON REHAB HOSPITAL	194.06	0	438,749		10.00
	0		0	49,677,189		

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - MEDICAL EDUCATION COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	16,449,386		1.00
	0		0	16,449,386		
	I - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	5,299,993		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
	0		0	5,299,993		
	J - HOME AND CLINICAL NUTRITION					
1.00	ADULTS & PEDIATRICS	30.00	2,488,914	1,110,202		1.00
	0		2,488,914	1,110,202		
	K - OPO COSTS					
1.00	OPO ADMINISTRATIVE COSTS	112.02	3,819,950	2,940,208		1.00
2.00	PRE TRANSPLANT	112.01	5,808,151	2,963,622		2.00
3.00	PRE TRANSPLANT	112.01	801,732	328,432		3.00
4.00	POST TRANSPLANT	112.00	2,428,455	1,239,125		4.00
5.00	POST TRANSPLANT	112.00	628,385	257,420		5.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00	KIDNEY ACQUISITION	105.00	2,456,544	1,253,457		6.00
7.00	LIVER ACQUISITION	107.00	713,651	364,142		7.00
8.00	PANCREAS ACQUISITION	109.00	209,501	106,899		8.00
9.00	HEART ACQUISITION	106.00	47,905	19,624		9.00
10.00	LUNG ACQUISITION	108.00	125,442	51,388		10.00
11.00	KIDNEY ACQUISITION	105.00	1,718,978	1,323,094		11.00
12.00	HEART ACQUISITION	106.00	305,596	235,217		12.00
13.00	LIVER ACQUISITION	107.00	757,623	583,141		13.00
14.00	LUNG ACQUISITION	108.00	572,993	441,031		14.00
15.00	PANCREAS ACQUISITION	109.00	445,661	343,024		15.00
16.00	INTESTINAL ACQUISITION	110.00	19,100	14,701		16.00
	0		20,859,667	12,464,525		
	L - DEFERRED COMP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	372,330		1.00
	0		0	372,330		
	N - TRANSPLANT RECLASS - OTHER					
1.00	KIDNEY ACQUISITION	105.00	0	406,618		1.00
2.00	HEART ACQUISITION	106.00	0	205,424		2.00
3.00	LIVER ACQUISITION	107.00	0	250,349		3.00
4.00	LUNG ACQUISITION	108.00	0	123,900		4.00
5.00	PANCREAS ACQUISITION	109.00	0	56,697		5.00
6.00	INTESTINAL ACQUISITION	110.00	0	1,743		6.00
	0		0	1,044,731		
	P - TRANSPLANT CLINIC					
1.00	KIDNEY ACQUISITION	105.00	252,380	110,037		1.00
2.00	LIVER ACQUISITION	107.00	91,073	39,708		2.00
3.00	PANCREAS ACQUISITION	109.00	49,396	21,536		3.00
	0		392,849	171,281		
	Q - PATIENT ACCOUNTING TRANS BILLING					
1.00	KIDNEY ACQUISITION	105.00	24,991	10,220		1.00
2.00	HEART ACQUISITION	106.00	9,018	3,688		2.00
3.00	LIVER ACQUISITION	107.00	1,681	688		3.00
4.00	LUNG ACQUISITION	108.00	2,981	1,219		4.00
5.00	PANCREAS ACQUISITION	109.00	4,891	2,000		5.00
	0		43,562	17,815		
	R - IMPLANTABLE SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	53,401,957		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
	0		0	53,401,957		
	S - TRANSPLANT FELLOWS					
1.00	KIDNEY ACQUISITION	105.00	0	103,865		1.00
2.00	HEART ACQUISITION	106.00	0	18,465		2.00
3.00	LIVER ACQUISITION	107.00	0	45,777		3.00
4.00	LUNG ACQUISITION	108.00	0	34,622		4.00
5.00	PANCREAS ACQUISITION	109.00	0	26,928		5.00
6.00	INTESTINAL ACQUISITION	110.00	0	1,154		6.00
	0		0	230,811		
	T - CARDIOTHORACIC SURGERY ICU					
1.00	ADULTS & PEDIATRICS	30.00	2,837,266	1,234,402		1.00
	0		2,837,266	1,234,402		
	U - HLA DIRECTOR					
1.00	HISTOCOMPATIBILITY LAB	18.01	0	151,211		1.00
	0		0	151,211		
	V - OTHER ANCILLARY TRANSPLANT					
1.00	KIDNEY ACQUISITION	105.00	99,673	27,664		1.00
2.00	HEART ACQUISITION	106.00	6,706	1,861		2.00
3.00	LIVER ACQUISITION	107.00	35,967	9,983		3.00
4.00	LUNG ACQUISITION	108.00	11,888	3,299		4.00
5.00	PANCREAS ACQUISITION	109.00	19,508	5,414		5.00
6.00	KIDNEY ACQUISITION	105.00	61,338	17,024		6.00
7.00	LIVER ACQUISITION	107.00	22,134	6,143		7.00
8.00	PANCREAS ACQUISITION	109.00	12,005	3,332		8.00
9.00	HEART ACQUISITION	106.00	1,603	445		9.00
10.00	LUNG ACQUISITION	108.00	905	251		10.00
11.00	HEART ACQUISITION	106.00	29,044	8,061		11.00
12.00	LIVER ACQUISITION	107.00	8,607	2,389		12.00

RECLASSIFICATIONS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/16/2018 8:03 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		309,378	85,866		
	W - LIVER RESEARCH					
1.00	LIVER RESEARCH	194.10	3,982	1,374		1.00
	0		3,982	1,374		
	X - PSYCH COORDINATOR					
1.00	SUBPROVIDER - IPF	40.00	0	51,615		1.00
	0		0	51,615		
	Y - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	720,379	263,491		1.00
	TOTALS		720,379	263,491		
500.00	Grand Total: Increases		31,186,918	307,863,180		500.00

RECLASSIFICATIONS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/16/2018 8:03 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	862,266	12		1.00
	0		0	862,266			
	B - MEDICAL SUPPLIES SOLD TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,073,287	0		1.00
	0		0	1,073,287			
	C - DRUGS SOLD TO PATIENTS						
1.00	PHARMACY	15.00	0	161,323,487	0		1.00
	0		0	161,323,487			
	D - REPROCESSING COSTS DEPT 1213						
1.00	CENTRAL SERVICES & SUPPLY	14.00	2,616,469	2,205,055	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	0		2,616,469	2,205,055			
	E - PATIENT ESCORT TRIPS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	914,452	370,906	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
	0		914,452	370,906			
	F - BUILDING DEPRECIATION AND INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	49,677,189	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
	0		0	49,677,189			
	G - MEDICAL EDUCATION COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,449,386	0		1.00
	0		0	16,449,386			
	I - LAUNDRY COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,967	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	189	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	503	0		3.00
4.00	HOUSEKEEPING	9.00	0	401,402	0		4.00
5.00	DIETARY	10.00	0	24,251	0		5.00

RECLASSIFICATIONS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	NURSING ADMINISTRATION	13.00	0	5,680	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	177,266	0		7.00
8.00	PHARMACY	15.00	0	23,975	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	7	0		9.00
10.00	HISTOCOMPATIBILITY LAB	18.01	0	1,234	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	31,640	0		11.00
12.00	EMERGENCY MED PROGRAM	23.02	0	59	0		12.00
13.00	RADIOLOGIC TECHNOLOGIST	23.04	0	153	0		13.00
14.00	ULTRASOUND TECHNOLOGIST	23.05	0	886	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,409,632	0		15.00
16.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	153,849	0		16.00
17.00	CARDIOTHORACIC SURGERY ICU	31.02	0	72,233	0		17.00
18.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	40,494	0		18.00
19.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	83,064	0		19.00
20.00	NEURO INTENSIVE CARE UNIT	31.05	0	77,453	0		20.00
21.00	NEONATAL INTENSIVE CARE UNIT	31.06	0	19,465	0		21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	0	81,834	0		22.00
23.00	SUBPROVIDER - IPF	40.00	0	16,456	0		23.00
24.00	OPERATING ROOM	50.00	0	1,273,467	0		24.00
25.00	RECOVERY ROOM	51.00	0	76,441	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	43,811	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	227,300	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	31,867	0		28.00
29.00	RADIOISOTOPE	56.00	0	10,518	0		29.00
30.00	CT SCAN	57.00	0	52,455	0		30.00
31.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	56,426	0		31.00
32.00	NEUROPSYCH TESTING	65.01	0	1	0		32.00
33.00	LABORATORY	60.00	0	19,568	0		33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,731	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	942	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	33,910	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	0	136,144	0		37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,004	0		38.00
39.00	RENAL DIALYSIS	74.00	0	16,119	0		39.00
40.00	PULMONARY FUNCTION TESTING	75.01	0	92	0		40.00
41.00	ORTHOTICS LAB	75.02	0	911	0		41.00
42.00	CLINIC CSC	90.01	0	129,810	0		42.00
43.00	CLINIC UNIVERSITY STATION	90.02	0	5,417	0		43.00
44.00	CLINIC WAISMAN	90.03	0	158	0		44.00
45.00	CLINIC WEST	90.04	0	24,976	0		45.00
46.00	CLINIC EAST	90.05	0	8,128	0		46.00
47.00	CLINIC RESEARCH PARK	90.06	0	1,080	0		47.00
48.00	CLINIC DHC	90.07	0	104,951	0		48.00
49.00	CLINIC THE AMERICAN CENTER	90.08	0	5,192	0		49.00
50.00	CLINIC MIDDLETON REHAB	90.10	0	411	0		50.00
51.00	CLINIC PAIN MANAGEMENT	90.13	0	3,427	0		51.00
52.00	EMERGENCY	91.00	0	315,952	0		52.00
53.00	AMBULANCE SERVICES	95.00	0	5,175	0		53.00
54.00	KIDNEY ACQUISITION	105.00	0	279	0		54.00
55.00	OTHER AUXILIARY SERVICES	194.01	0	50,473	0		55.00
56.00	CLINICAL RESEARCH CENTER	194.02	0	8,227	0		56.00
57.00	INVESTIGATIONAL PHARMACY	194.05	0	922	0		57.00
58.00	CLINIC	90.00	0	1	0		58.00
59.00	RETAIL PHARMACIES	194.08	0	15	0		59.00
	0		0	5,299,993			
	J - HOME AND CLINICAL NUTRITION						
1.00	DIETARY	10.00	2,488,914	1,110,202	0		1.00
	0		2,488,914	1,110,202			
	K - OPO COSTS						
1.00	KIDNEY ACQUISITION	105.00	3,819,950	2,940,208	0		1.00
2.00	KIDNEY ACQUISITION	105.00	5,808,151	2,963,622	0		2.00
3.00	HEART ACQUISITION	106.00	801,732	328,432	0		3.00
4.00	PRE TRANSPLANT	112.01	2,428,455	1,239,125	0		4.00
5.00	PRE TRANSPLANT	112.01	628,385	257,420	0		5.00
6.00	PRE TRANSPLANT	112.01	3,379,696	1,724,498	0		6.00
7.00	PRE TRANSPLANT	112.01	173,347	71,012	0		7.00
8.00	OPO ADMINISTRATIVE COSTS	112.02	3,819,951	2,940,208	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

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
	0		20,859,667	12,464,525		
	L - DEFERRED COMP					
1.00	ADMINISTRATIVE & GENERAL	5.00	372,330	0	0	1.00
	0		372,330	0		
	N - TRANSPLANT RECLASS - OTHER					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,044,731	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	0		0	1,044,731		
	P - TRANSPLANT CLINIC					
1.00	CLINIC CSC	90.01	392,849	171,281	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		392,849	171,281		
	Q - PATIENT ACCOUNTING TRANS BILLING					
1.00	ADMINISTRATIVE & GENERAL	5.00	43,562	17,815	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	0		43,562	17,815		
	R - IMPLANTABLE SUPPLIES					
1.00	OPERATING ROOM	50.00	0	34,461,885	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	274,758	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	949,458	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,974	0	4.00
5.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,103,896	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	14,090,809	0	6.00
7.00	CLINIC CSC	90.01	0	509,893	0	7.00
8.00	CLINIC UNIVERSITY STATION	90.02	0	8,216	0	8.00
9.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	68	0	9.00
	0		0	53,401,957		
	S - TRANSPLANT FELLOWS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	230,811	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	0		0	230,811		
	T - CARDIOTHORACIC SURGERY ICU					
1.00	CARDIOTHORACIC SURGERY ICU	31.02	2,837,266	1,234,402	0	1.00
	0		2,837,266	1,234,402		
	U - HLA DIRECTOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	151,211	0	1.00
	0		0	151,211		
	V - OTHER ANCILLARY TRANSPLANT					
1.00	ADMINISTRATIVE & GENERAL	5.00	138,913	38,554	0	1.00
2.00	NURSING ADMINISTRATION	13.00	6,673	1,852	0	2.00
3.00	PHARMACY	15.00	10,539	2,925	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	17,617	4,890	0	4.00
5.00	PHARMACY	15.00	27,580	7,655	0	5.00
6.00	CLINIC CSC	90.01	64,061	17,780	0	6.00
7.00	KIDNEY ACQUISITION	105.00	3,836	1,064	0	7.00
8.00	NURSING ADMINISTRATION	13.00	2,508	696	0	8.00
9.00	NURSING ADMINISTRATION	13.00	14,920	4,141	0	9.00
10.00	CLINIC CSC	90.01	14,124	3,920	0	10.00
11.00	NURSING ADMINISTRATION	13.00	6,436	1,786	0	11.00
12.00	CLINIC CSC	90.01	2,171	603	0	12.00
	0		309,378	85,866		
	W - LIVER RESEARCH					
1.00	LIVER ACQUISITION	107.00	3,982	1,374	0	1.00
	0		3,982	1,374		

RECLASSIFICATIONS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/16/2018 8:03 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	X - PSYCH COORDINATOR						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	51,615	0		1.00
	COSTS APPRVD						
	0		0	51,615			
	Y - PHARMACY RESIDENCY						
1.00	PHARMACY PROGRAM	23.01	720,379	263,491	0		1.00
	TOTALS		720,379	263,491			
500.00	Grand Total: Decreases		31,559,248	307,490,850			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part I Date/Time Prepared: 11/16/2018 8:03 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	23,362,300	100,000	0	100,000	0	1.00
2.00	Land Improvements	4,125,238	208,834	0	208,834	0	2.00
3.00	Buildings and Fixtures	882,908,819	44,616,523	0	44,616,523	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	460,487,208	57,299,968	0	57,299,968	7,798,702	6.00
7.00	HIT designated Assets	39,723,318	1,867,211	0	1,867,211	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,410,606,883	104,092,536	0	104,092,536	7,798,702	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,410,606,883	104,092,536	0	104,092,536	7,798,702	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	23,462,300	0	1.00
2.00	Land Improvements	4,334,072	0	2.00
3.00	Buildings and Fixtures	927,525,342	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	509,988,474	0	6.00
7.00	HIT designated Assets	41,590,529	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,506,900,717	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,506,900,717	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part II Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
1.09	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	1.08
1.09	CAP REL COSTS-TAC	0	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0.000000	0	1.08
1.09	CAP REL COSTS-TAC	0	0	0	0.000000	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0.000000	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	339,683	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	518,355	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	526,262	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	21,345,466	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	321,456	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	293,059	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	562,684	0	1.08
1.09	CAP REL COSTS-TAC	0	0	0	5,227,386	0	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	138,772	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,273,123	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	339,683	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	518,355	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	526,262	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	862,266	0	0	22,207,732	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	321,456	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	293,059	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	562,684	1.08
1.09	CAP REL COSTS-TAC	0	0	0	0	5,227,386	1.09
1.10	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	138,772	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	862,266	0	0	30,135,389	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/16/2018 8:03 am

	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)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-RESEARCH PARK (chapter 2)		0	CAP REL COSTS-RESEARCH PARK	1.01	0	1.01
1.02	Investment income - CAP REL COSTS- WEST CLINIC (chapter 2)		0	CAP REL COSTS- WEST CLINIC	1.02	0	1.02
1.03	Investment income - CAP REL COSTS- EAST CLINIC (chapter 2)		0	CAP REL COSTS- EAST CLINIC	1.03	0	1.03
1.04	Investment income - CAP REL COSTS- 600 HIGHLAND (chapter 2)	B	-10,791,824	CAP REL COSTS- 600 HIGHLAND	1.04	9	1.04
1.05	Investment income - CAP REL COSTS- WAISMAN (chapter 2)		0	CAP REL COSTS- WAISMAN	1.05	0	1.05
1.06	Investment income - CAP REL COSTS- USTATION (chapter 2)		0	CAP REL COSTS- USTATION	1.06	0	1.06
1.07	Investment income - CAP REL COSTS- EXCELSIOR 8007 (chapter 2)		0	CAP REL COSTS- EXCELSIOR 8007	1.07	0	1.07
1.08	Investment income - CAP REL COSTS- EXCELSIOR 8501 (chapter 2)		0	CAP REL COSTS- EXCELSIOR 8501	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-TAC (chapter 2)	B	-7,413,889	CAP REL COSTS-TAC	1.09	9	1.09
1.10	Investment income - CAP REL COSTS-PHARMACY SERVICES (chapter 2)		0	CAP REL COSTS-PHARMACY SERVICES	1.10	0	1.10
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	-4,055,433	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-353,519			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	24,358,397			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/16/2018 8:03 am

	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	
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
26.01	Depreciation - CAP REL COSTS-RESEARCH PARK		0	CAP REL COSTS-RESEARCH PARK	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-WEST CLINIC		0	CAP REL COSTS- WEST CLINIC	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-EAST CLINIC		0	CAP REL COSTS- EAST CLINIC	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-600 HIGHLAND		0	CAP REL COSTS- 600 HIGHLAND	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-WAISMAN		0	CAP REL COSTS- WAISMAN	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-USTATION		0	CAP REL COSTS- USTATION	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-EXCELSIOR 8007		0	CAP REL COSTS- EXCELSIOR 8007	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-EXCELSIOR 8501		0	CAP REL COSTS- EXCELSIOR 8501	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-TAC		0	CAP REL COSTS-TAC	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-PHARMACY SERVICES		0	CAP REL COSTS-PHARMACY SERVICES	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-2,238,799	CAP REL COSTS- 600 HIGHLAND	1.04	9	33.01
33.02	MISCELLANEOUS INCOME	B	-248,692	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	MISCELLANEOUS INCOME	B	-3,639,856	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-510	DIETARY	10.00	0	33.04
33.05	MA TAX ASSESSMENT	A	-35,576,380	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	LOBBYING FEE WHA	A	-25,079	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	GROSS UP KIDNEY	A	2,316,168	KIDNEY ACQUISITION	105.00	0	33.07
33.08	GROSS UP HEART	A	889,017	HEART ACQUISITION	106.00	0	33.08
33.09	GROSS UP LIVER	A	802,541	LIVER ACQUISITION	107.00	0	33.09
33.10	GROSS UP LUNG	A	1,338,771	LUNG ACQUISITION	108.00	0	33.10
33.11	GROSS UP PANCREAS	A	138,821	PANCREAS ACQUISITION	109.00	0	33.11
33.12	NON ALLOWABLE A&G	A	-34,964	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	NON ALLOWABLE UCC	A	-2,503,087	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	CRNA COST OFFSET	A	-12,440,402	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	MOTHER BABY JOA	A	-5,469,978	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	CAFETERIA REVENUE	B	-10,525,941	DIETARY	10.00	0	33.16
33.17	NKR REGISTRY FEES	A	-521,994	KIDNEY ACQUISITION	105.00	0	33.17
33.18	PROGRAM SUPPORT	A	-95,783,030	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	OPO MARKETING	A	-19,435	KIDNEY ACQUISITION	105.00	0	33.19
33.20	OPO MARKETING	A	-3,455	HEART ACQUISITION	106.00	0	33.20
33.21	OPO MARKETING	A	-8,566	LIVER ACQUISITION	107.00	0	33.21
33.22	OPO MARKETING	A	-6,478	LUNG ACQUISITION	108.00	0	33.22
33.23	OPO MARKETING	A	-5,039	PANCREAS ACQUISITION	109.00	0	33.23

ADJUSTMENTS TO EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/16/2018 8:03 am

	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	
33.24	OPO MARKETING	A	-216	INTESTINAL ACQUISITION	110.00	0	33.24
33.25	KIDNEY DONATION VISITS > 180 DAY	A	-1,126	KIDNEY ACQUISITION	105.00	0	33.25
33.26	LIVER DONATION VISITS > 180 DAY	A	-266	LIVER ACQUISITION	107.00	0	33.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-161,824,243				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/16/2018 8:03 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	UW OVERHEAD	9,478,916	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	UW OVERHEAD	14,477,904	0	2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	MUHL	5,144,465	5,303,472	3.00
4.00	1.04	CAP REL COSTS- 600 HIGHLAND	MUHL	392,164	0	4.00
4.01	6.00	MAINTENANCE & REPAIRS	MERI	1,174,799	1,093,410	4.01
4.02	1.04	CAP REL COSTS- 600 HIGHLAND	MERI	87,031	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,755,279	6,396,882	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	B	UW SYSTEM	1.00	STATE OF WISCON	1.00	6.00
7.00	C	MUHL	42.83	MADISON UNITED	42.83	7.00
8.00	C	MERI	40.90	MADISON ENVIRON	40.90	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/16/2018 8:03 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	9,478,916	0		1.00
2.00	14,477,904	0		2.00
3.00	-159,007	0		3.00
4.00	392,164	9		4.00
4.01	81,389	0		4.01
4.02	87,031	9		4.02
5.00	24,358,397			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/16/2018 8:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	105.00	DR. A	210,919	0	210,919	240,300	1,957	1.00
2.00	105.00	DR. B	108,996	0	108,996	240,300	917	2.00
3.00	108.00	DR. C	72,485	0	72,485	240,300	483	3.00
4.00	105.00	DR. D	72,664	0	72,664	240,300	197	4.00
5.00	105.00	DR. E	113,706	0	113,706	240,300	1,857	5.00
6.00	105.00	DR. F	53,733	0	53,733	240,300	685	6.00
7.00	107.00	DR. H	113,720	0	113,720	240,300	426	7.00
8.00	106.00	DR. I	74,886	0	74,886	240,300	367	8.00
9.00	105.00	DR. J	20,000	0	20,000	240,300	1,036	9.00
10.00	106.00	DR. K	75,737	0	75,737	240,300	247	10.00
11.00	107.00	DR. L	127,381	0	127,381	240,300	78	11.00
12.00	105.00	DR. M	35,983	0	35,983	240,300	127	12.00
200.00			1,080,210	0	1,080,210		8,377	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	105.00	DR. A	226,090	11,305	0	0	0	1.00
2.00	105.00	DR. B	105,940	5,297	0	0	0	2.00
3.00	108.00	DR. C	55,801	2,790	0	0	0	3.00
4.00	105.00	DR. D	22,759	1,138	0	0	0	4.00
5.00	105.00	DR. E	214,537	10,727	0	0	0	5.00
6.00	105.00	DR. F	79,137	3,957	0	0	0	6.00
7.00	107.00	DR. H	49,215	2,461	0	0	0	7.00
8.00	106.00	DR. I	42,399	2,120	0	0	0	8.00
9.00	105.00	DR. J	119,688	5,984	0	0	0	9.00
10.00	106.00	DR. K	28,536	1,427	0	0	0	10.00
11.00	107.00	DR. L	9,011	451	0	0	0	11.00
12.00	105.00	DR. M	14,672	734	0	0	0	12.00
200.00			967,785	48,391	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	105.00	DR. A	0	226,090	0	0		1.00
2.00	105.00	DR. B	0	105,940	3,056	3,056		2.00
3.00	108.00	DR. C	0	55,801	16,684	16,684		3.00
4.00	105.00	DR. D	0	22,759	49,905	49,905		4.00
5.00	105.00	DR. E	0	214,537	0	0		5.00
6.00	105.00	DR. F	0	79,137	0	0		6.00
7.00	107.00	DR. H	0	49,215	64,505	64,505		7.00
8.00	106.00	DR. I	0	42,399	32,487	32,487		8.00
9.00	105.00	DR. J	0	119,688	0	0		9.00
10.00	106.00	DR. K	0	28,536	47,201	47,201		10.00
11.00	107.00	DR. L	0	9,011	118,370	118,370		11.00
12.00	105.00	DR. M	0	14,672	21,311	21,311		12.00
200.00			0	967,785	353,519	353,519		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	339,683	0	339,683			1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	518,355	0	0	518,355		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	526,262	0	0	0	526,262	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	22,207,732	0	0	0	0	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	321,456	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	293,059	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	562,684	0	0	0	0	1.08
1.09	00110	CAP REL COSTS-TAC	5,227,386	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	138,772	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,588,385	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	238,870,586	0	0	0	1,068	5.00
6.00	00600	MAINTENANCE & REPAIRS	56,958,781	0	1,408	1,129	10,509	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,277,889	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	21,925,055	0	1,305	6,072	13,245	9.00
10.00	01000	DIETARY	11,390,245	0	0	2,002	778	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	29,524,231	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,041,473	0	0	6,019	8,040	14.00
15.00	01500	PHARMACY	27,390,504	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,877,739	0	0	0	917	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	3,263,177	0	0	0	0	18.01
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	34,699,054	0	0	701	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,397,771	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	721,505	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	978,011	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	32,186	0	0	469	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	520,838	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	486,717	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	47,865	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	124,023,182	0	0	1,545	295	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	14,183,601	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	4,430,359	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	3,429,625	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	7,749,321	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	9,212,178	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	6,809,723	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,075,979	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,335,054	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	84,704,263	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	14,078,766	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,707,457	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,806,951	0	20,218	13,214	13,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,013,942	0	0	0	49,882	55.00
56.00	05600	RADIOISOTOPE	5,716,240	0	0	0	0	56.00
57.00	05700	CT SCAN	7,161,112	0	3,207	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,612,681	0	20,519	0	0	58.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,096,952	0	13,310	0	2,002	59.01
60.00	06000	LABORATORY	40,591,271	0	0	8,888	10,859	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.	12,259,290	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,392,053	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	619,037	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	24,115,927	0	65,643	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	24,869,963	0	0	1,860	678	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,692,961	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,073,287	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,401,957	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,323,487	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,201,128	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	724,481	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	2,688,728	0	4,240	0	0	75.02
		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	8,159,460	0	1,748	7,064	5,015	90.00
90.01	09001	CLINIC CSC	48,812,598	0	0	1,450	1,724	90.01
90.02	09002	CLINIC UNIVERSITY STATION	9,547,428	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,348,852	0	0	0	0	90.03
90.04	09004	CLINIC WEST	15,154,474	0	0	438,027	0	90.04
90.05	09005	CLINIC EAST	6,413,774	0	0	0	393,248	90.05
90.06	09006	CLINIC RESEARCH PARK	3,052,215	0	85,805	0	0	90.06
90.07	09009	CLINIC DHC	12,321,032	0	0	19,529	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	6,584,076	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	31,636	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	458,970	0	0	0	0	90.10
90.11	09011	CLINIC AODA	146,668	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	601,792	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	2,165,723	0	0	0	3,642	90.13
91.00	09100	EMERGENCY	24,840,001	0	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	6,452,831	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
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	6,737,227	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,830,402	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,034,168	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,433,724	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,385,263	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,916,054	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	18,993	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	4,553,385	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	-1	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	-1	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,426,229,101	0	217,403	507,969	515,052	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	897,541	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	3,680,352	0	122,280	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	439,986	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	571,396	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,664,466	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	438,774	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	6,011,489	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	187,065,238	0	0	10,386	11,210	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	11,191	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	-3,380	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,627,006,154	0	339,683	518,355	526,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	22,207,732					1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	321,456			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	293,059		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	562,684	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	79,457	0	556	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,750,163	0	1,068	259,922	282,098	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,706,629	0	4,078	16,760	7,848	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,931	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	240,952	0	3,089	0	0	9.00
10.00	01000	DIETARY	639,280	0	3,919	0	0	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	219,284	0	0	0	13,744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	653,279	0	318	0	0	14.00
15.00	01500	PHARMACY	236,615	0	3,385	16,377	20,118	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,806	0	888	0	218,574	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	73,187	0	0	0	0	18.01
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	237,699	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	13,999	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	2,149	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,229,231	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	213,527	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	103,353	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	35,647	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	294,522	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	272,518	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	173,247	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	87,304	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	155,798	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	1,564,190	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	650,518	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,538	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	682,439	0	3,811	0	20,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	481,609	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	45,071	0	0	0	0	56.00
57.00	05700	CT SCAN	125,869	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,494	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	7,768	0	0	0	0	59.01
60.00	06000	LABORATORY	609,883	0	3,616	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
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.	31,112	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	131,744	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	53,076	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	92,706	0	8,581	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	359,250	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,104	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	62,047	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	61,022	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	6,546	0	0	0	0	75.02
		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	65,537	0	9,490	0	0	90.00
90.01	09001	CLINIC CSC	2,552,783	0	693	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	272,349	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	8,616	0	0	0	0	90.04
90.05	09005	CLINIC EAST	2,050	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	395,114	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	544,425	0	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	440,225	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
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	1,420	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	46,175	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,518	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,137	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,332	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,771	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	59	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	49,705	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,892,430	0	315,841	293,059	562,684	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,996	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,062	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	138,901	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	33,123	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	104,220	0	5,615	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,207,732	0	321,456	293,059	562,684	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS TAC	PHARMACY SERVICES	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			1.09	1.10	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC	5,227,386					1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	138,772				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	295,539	0	0	16,963,937		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	224,202	0	0	2,336,074	244,725,181	5.00
6.00	00600	MAINTENANCE & REPAIRS	850,417	0	0	357,844	60,915,403	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,005	5,345,825	8.00
9.00	00900	HOUSEKEEPING	58,407	0	0	388,198	22,636,323	9.00
10.00	01000	DIETARY	249,323	0	0	249,443	12,534,990	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,894	0	0	573,728	30,332,881	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	341,681	0	0	316,946	15,367,756	14.00
15.00	01500	PHARMACY	50,225	138,772	0	711,788	28,567,784	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	346,030	19,465,954	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	29,431	3,365,795	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	808,715	35,746,169	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	16,397,771	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	36,139	771,643	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	17,879	995,890	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	562	35,366	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	13,449	534,287	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	12,749	499,466	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	2,064	49,929	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	623,195	0	0	2,553,789	130,431,237	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	257,380	14,654,508	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	89,946	4,623,658	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	70,308	3,535,580	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	154,737	8,198,580	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	170,939	9,655,635	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	129,222	7,112,192	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	83,648	4,246,931	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	72,455	3,563,307	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	352,658	0	0	832,872	87,453,983	50.00
51.00	05100	RECOVERY ROOM	256,823	0	0	278,977	15,265,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,752	0	0	51,356	9,793,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,754	0	0	428,550	37,068,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	99,426	12,644,859	55.00
56.00	05600	RADIOISOTOPE	11,007	0	0	40,661	5,812,979	56.00
57.00	05700	CT SCAN	155,544	0	0	79,743	7,525,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,972	0	0	95,798	10,948,464	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	20,889	0	0	22,314	1,163,235	59.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS TAC	PHARMACY SERVICES	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			1.09	1.10	2.00	4.00	4A	
60.00	06000	LABORATORY	0	0	0	427,775	41,652,292	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.	88,793	0	0	63,623	12,442,818	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,749	0	0	330,583	22,859,129	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	12,046	684,159	65.01
66.00	06600	PHYSICAL THERAPY	532,183	0	0	489,528	25,304,568	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	18,611	0	0	230,282	25,480,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	53,435	3,854,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,073,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	53,401,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	161,323,487	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	56,730	3,319,905	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	14,368	799,871	75.01
75.02	03540	ORTHOTICS LAB	10,666	0	0	31,314	2,741,494	75.02
		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	152,417	8,400,731	90.00
90.01	09001	CLINIC CSC	0	0	0	927,847	52,297,095	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	185,372	10,005,149	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	51,061	2,399,913	90.03
90.04	09004	CLINIC WEST	0	0	0	290,276	15,891,393	90.04
90.05	09005	CLINIC EAST	0	0	0	118,798	6,927,870	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	49,682	3,187,702	90.06
90.07	09009	CLINIC DHC	0	0	0	183,589	12,919,264	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	806,922	0	0	125,515	7,516,513	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	418	32,054	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	9,071	468,041	90.10
90.11	09011	CLINIC AODA	0	0	0	2,873	149,541	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	10,799	612,591	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	29,353	2,198,718	90.13
91.00	09100	EMERGENCY	109,845	0	0	475,990	25,970,261	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	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	99,379	6,992,435	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
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	137,570	6,876,217	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	128,243	15,004,820	105.00
106.00	10600	HEART ACQUISITION	0	0	0	10,231	2,045,917	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	42,582	6,490,443	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	20,214	3,408,809	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	18,962	3,939,787	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	553	19,605	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	88,471	4,691,561	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	-1	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	-1	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,213,051	138,772	0	16,584,115	1,425,370,151	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,728	0	0	4,302	945,567	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	64,991	3,871,685	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			TAC	PHARMACY SERVICES	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			1.09	1.10	2.00	4.00	4A	
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	9,893	588,780	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	491	571,887	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	50,161	1,747,750	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	438,774	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	63,079	6,074,568	194.07
194.08	07958	RETAIL PHARMACIES	5,607	0	0	186,905	187,389,181	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	11,191	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	-3,380	194.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,227,386	138,772	0	16,963,937	1,627,006,154	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	244,725,181					5.00
6.00	00600	MAINTENANCE & REPAIRS	10,784,707	71,700,110				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	946,446	283,554	0	6,575,825		8.00
9.00	00900	HOUSEKEEPING	4,007,625	1,036,280	0	500,548	28,180,776	9.00
10.00	01000	DIETARY	2,219,245	2,749,393	0	29,306	1,101,010	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	5,370,255	943,090	0	7,083	377,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,720,769	2,809,598	0	221,051	1,125,119	14.00
15.00	01500	PHARMACY	5,057,755	1,017,625	0	29,897	407,514	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,446,330	93,783	0	9	37,556	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	595,894	314,759	0	1,539	126,047	18.01
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	6,328,645	1,022,289	0	39,455	409,381	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,903,127	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	136,615	60,204	0	0	24,109	23.01
23.02	02302	EMERGENCY MED PROGRAM	176,316	0	0	74	0	23.02
23.03	02303	DIETARY PROGRAM	6,261	9,243	0	0	3,701	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	94,592	0	0	191	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	88,427	0	0	1,105	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	8,840	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,092,068	13,888,151	0	1,801,730	5,561,583	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	2,594,493	918,330	0	191,850	367,750	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	818,591	444,495	0	47,087	178,001	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	625,953	153,309	0	50,496	61,394	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	1,451,509	1,266,668	0	103,581	507,244	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	1,709,472	1,172,037	0	96,584	469,349	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	1,259,171	745,094	0	24,273	298,377	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	751,894	375,472	0	102,047	150,360	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	630,862	670,050	0	20,521	268,325	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	15,483,203	6,727,211	0	1,588,012	2,693,949	50.00
51.00	05100	RECOVERY ROOM	2,702,592	2,797,726	0	95,322	1,120,365	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,733,810	114,134	0	54,632	45,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,562,736	2,935,009	0	283,443	1,175,341	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,238,696	2,071,288	0	39,738	829,459	55.00
56.00	05600	RADIOISOTOPE	1,029,153	193,841	0	13,116	77,625	56.00
57.00	05700	CT SCAN	1,332,340	541,331	0	65,411	216,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,938,360	677,342	0	70,363	271,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	205,944	33,409	0	0	13,379	59.01
60.00	06000	LABORATORY	7,374,288	2,622,964	0	24,401	1,050,380	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,202,926	133,807	0	2,159	53,584	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,047,072	566,600	0	1,175	226,898	65.00
65.01	03550	NEUROPSYCH TESTING	121,126	228,268	0	1	91,411	65.01
66.00	06600	PHYSICAL THERAPY	4,480,022	398,706	0	42,286	159,664	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	4,511,195	1,545,050	0	169,771	618,724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	682,416	464,931	0	7,487	186,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	190,019	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,454,496	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,561,355	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	587,769	266,850	0	20,100	106,862	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	141,612	262,441	0	115	105,096	75.01
75.02	03540	ORTHOTICS LAB	485,365	28,152	0	1,136	11,274	75.02
		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	1,487,299	281,859	0	1	112,872	90.00
90.01	09001	CLINIC CSC	9,258,887	10,978,918	0	161,873	4,396,568	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,771,352	0	0	6,755	0	90.02
90.03	09003	CLINIC WAISMAN	424,890	0	0	197	0	90.03
90.04	09004	CLINIC WEST	2,813,476	37,055	0	31,145	14,839	90.04
90.05	09005	CLINIC EAST	1,226,538	8,819	0	10,136	3,531	90.05
90.06	09006	CLINIC RESEARCH PARK	564,364	0	0	1,347	0	90.06
90.07	09009	CLINIC DHC	2,287,278	1,699,292	0	130,874	680,491	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1,330,754	0	0	6,474	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	5,675	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	82,864	0	0	513	0	90.10
90.11	09011	CLINIC AODA	26,475	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	108,456	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	389,270	0	0	4,273	0	90.13
91.00	09100	EMERGENCY	4,597,879	2,341,444	0	393,992	937,644	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	1,237,969	1,893,303	0	6,453	758,184	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
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	1,217,393	6,105	0	0	2,445	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,656,513	198,590	0	253	79,526	105.00
106.00	10600	HEART ACQUISITION	362,217	6,529	0	0	2,615	106.00
107.00	10700	LIVER ACQUISITION	1,149,094	60,798	0	74	24,347	107.00
108.00	10800	LUNG ACQUISITION	603,509	14,330	0	0	5,739	108.00
109.00	10900	PANCREAS ACQUISITION	697,516	20,520	0	21	8,218	109.00
110.00	11000	INTESTINAL ACQUISITION	3,471	254	0	0	102	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	830,613	213,768	0	0	82,209	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	209,026,109	70,344,068	0	6,501,476	27,637,742	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	167,407	150,511	0	0	60,273	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	685,459	17,468	0	62,940	6,995	194.01
194.02	07952	CLINICAL RESEARCH CENTER	104,240	597,381	0	10,259	239,224	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	101,249	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	309,429	142,456	0	1,150	57,047	194.05
194.06	07950	MADISON REHAB HOSPITAL	77,682	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	1,075,466	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.08	07958	RETAIL PHARMACIES	33,176,159	448,226	0	0	179,495	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	1,981	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	244,725,181	71,700,110	0	6,575,825	28,180,776	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	18,633,944					10.00
11.00	01100	CAFETERIA	13,571,225	13,571,225				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	554,925	0	37,585,900		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	499,112	0	0	22,743,405	14.00
15.00	01500	PHARMACY	0	702,502	0	0	264,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	68	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	40,714	0	0	791	18.01
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	1,692,567	0	0	43	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	48,510	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	22,533	0	0	909	23.02
23.03	02303	DIETARY PROGRAM	0	1,942	0	0	3	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	76	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	79	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	1,942	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,220,715	2,983,973	0	11,273,665	1,632,003	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	99,323	297,587	0	1,050,964	331,921	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	141,491	102,329	0	361,389	112,352	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	56,020	77,699	0	274,403	87,094	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	54,570	162,935	0	575,423	167,800	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	65,714	190,595	0	673,111	143,420	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	37,506	138,485	0	489,078	144,806	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	87,400	94,145	0	332,485	70,959	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	232,378	79,926	0	282,269	7,953	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	814,414	0	3,022,824	6,825,295	50.00
51.00	05100	RECOVERY ROOM	561	228,668	0	1,091,027	219,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	91,011	0	335,229	1,202,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	428,432	0	402,915	2,960,103	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	101,268	0	344,833	177,447	55.00
56.00	05600	RADIOISOTOPE	0	38,746	0	0	9,617	56.00
57.00	05700	CT SCAN	0	75,290	0	0	207,160	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	84,666	0	0	124,763	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	130,250	1,922	59.01
60.00	06000	LABORATORY	0	578,779	0	27,257	201,630	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	51,877	0	0	15,143	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	412,400	0	1,533,090	1,558,728	65.00
65.01	03550	NEUROPSYCH TESTING	0	23,154	0	0	58	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	136,394	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	247,600	0	729,638	3,155,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	75,472	0	27,440	30,098	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	53,923	0	193,271	130,747	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	17,120	0	0	6,183	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	226,991	75.02
		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	237,992	0	0	664	90.00
90.01	09001	CLINIC CSC	17,010	1,291,589	0	4,354,593	1,140,484	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	1,003,035	52,905	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	103,724	7,809	90.03
90.04	09004	CLINIC WEST	0	0	0	1,374,210	113,429	90.04
90.05	09005	CLINIC EAST	0	0	0	585,393	66,389	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	275,226	16,074	90.06
90.07	09009	CLINIC DHC	0	0	0	928,214	443,440	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	624,175	91,768	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	1,921	179	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	37,776	4,837	90.10
90.11	09011	CLINIC AODA	0	0	0	0	72	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	53,783	856	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	414,342	0	149,824	9,481	90.13
91.00	09100	EMERGENCY	41,731	0	0	2,054,639	489,853	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	102,070	0	360,474	25,628	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
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	547,800	5,817	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	139,884	0	494,017	42,077	105.00
106.00	10600	HEART ACQUISITION	0	11,163	0	39,423	3,357	106.00
107.00	10700	LIVER ACQUISITION	0	46,438	0	164,002	13,971	107.00
108.00	10800	LUNG ACQUISITION	0	22,041	0	77,839	6,633	108.00
109.00	10900	PANCREAS ACQUISITION	0	20,694	0	73,083	6,221	109.00
110.00	11000	INTESTINAL ACQUISITION	0	596	0	2,104	181	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	96,502	0	340,809	29,028	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,625,644	13,398,552	0	36,796,625	22,725,756	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,625	0	0	6	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	29,603	0	629,115	2,281	194.01
194.02	07952	CLINICAL RESEARCH CENTER	8,300	45,350	0	160,160	7,525	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	37,995	0	0	502	194.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	83	194.07
194.08	07958	RETAIL PHARMACIES	0	51,100	0	0	7,252	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,633,944	13,571,225	0	37,585,900	22,743,405	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	36,047,186					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	23,043,701				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01	01851	HISTOCOMPATIBILITY LAB	240	30,645	0	0	4,476,424	18.01
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	6,164	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	55	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	30	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	173	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,063	2,636,129	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	47,883	352,871	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	11,977	124,104	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	13,314	83,488	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	21,235	221,763	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	23,770	249,919	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	6,067	211,167	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	17,337	76,213	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,283	65,758	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	259,855	4,130,521	0	0	0	50.00
51.00	05100	RECOVERY ROOM	39,542	419,609	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	513,218	306,720	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,485	1,232,126	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,597	760,407	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,130	166,867	0	0	0	56.00
57.00	05700	CT SCAN	13,662	1,218,784	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,935	916,994	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1	21,476	0	0	0	59.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	
			15.00	16.00	17.00	18.00	18.01	
60.00	06000	LABORATORY	23,189	1,973,499	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.	1,002	313,635	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,098	637,037	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	10,391	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	6,713	549,344	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	41,107	1,238,629	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,521	137,103	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	6,679	71,880	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	86	31,423	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	182	40,416	0	0	0	75.02
		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	CLINIC CSC	80,628	749,295	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,671	123,522	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	35	13,755	0	0	0	90.03
90.04	09004	CLINIC WEST	18,452	229,196	0	0	0	90.04
90.05	09005	CLINIC EAST	3,044	94,634	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	812	33,521	0	0	0	90.06
90.07	09009	CLINIC DHC	26,055	405,876	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	2,198	105,549	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	18	251	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	98	10,640	0	0	0	90.10
90.11	09011	CLINIC AODA	0	1,161	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	7	5,062	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	3,761	25,880	0	0	0	90.13
91.00	09100	EMERGENCY	111,196	993,662	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,526	114,839	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
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	212	56,320	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	151	163,762	0	0	2,197,527	105.00
106.00	10600	HEART ACQUISITION	12	12,775	0	0	53,209	106.00
107.00	10700	LIVER ACQUISITION	50	63,639	0	0	152,402	107.00
108.00	10800	LUNG ACQUISITION	24	21,393	0	0	40,298	108.00
109.00	10900	PANCREAS ACQUISITION	22	26,818	0	0	42,594	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	104	0	0	0	1,990,394	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,456,671	21,480,468	0	0	4,476,424	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	11,323	2,227	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB	
			15.00	16.00	17.00	18.00	18.01	
194.02	07952	CLINICAL RESEARCH CENTER	2,211	15,808	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	8,866	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	522	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	34,576,311	1,536,332	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	148	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,047,186	23,043,701	0	0	4,476,424	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			45,244,713			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				19,300,898		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	44,908,101	19,157,303	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	336,612	143,595	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
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
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	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	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
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	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	45,244,713	19,300,898	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	45,244,713	19,300,898	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM	1,041,081					23.01
23.02	02302	EMERGENCY MED PROGRAM		1,195,777				23.02
23.03	02303	DIETARY PROGRAM			56,516			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				629,176		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					589,250	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	56,516	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	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	629,176	589,250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,041,081	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	1,195,777	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	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
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	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,041,081	1,195,777	56,516	629,176	589,250	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,041,081	1,195,777	56,516	629,176	589,250	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	60,711					23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	261,693,237	-64,065,404	197,627,833		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	20,907,480	0	20,907,480		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	6,965,474	0	6,965,474		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	5,018,750	0	5,018,750		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	12,731,308	0	12,731,308		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	14,449,606	0	14,449,606		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	10,466,216	0	10,466,216		31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,305,243	0	6,305,243		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	6,304,839	-480,207	5,824,632		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	128,999,267	0	128,999,267		50.00
51.00	05100	RECOVERY ROOM	0	23,979,775	0	23,979,775		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	14,190,270	0	14,190,270		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,340,405	0	54,340,405		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	60,711	19,275,303	0	19,275,303		55.00
56.00	05600	RADIOISOTOPE	0	7,347,074	0	7,347,074		56.00
57.00	05700	CT SCAN	0	11,196,232	0	11,196,232		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,044,133	0	15,044,133		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	0	1,569,616	0	1,569,616		59.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
60.00	06000	LABORATORY	0	55,528,679	0	55,528,679		60.00
60.01	06001	BLOOD LABORATORY	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		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,216,951	0	15,216,951		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	31,843,227	0	31,843,227		65.00
65.01	03550	NEUROPSYCH TESTING	0	1,158,568	0	1,158,568		65.01
66.00	06600	PHYSICAL THERAPY	0	31,077,697	0	31,077,697		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,738,310	0	37,738,310		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,467,152	0	5,467,152		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,263,306	0	1,263,306		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	62,856,453	0	62,856,453		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	190,925,923	0	190,925,923		73.00
74.00	07400	RENAL DIALYSIS	0	4,757,986	0	4,757,986		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	1,363,947	0	1,363,947		75.01
75.02	03540	ORTHOTICS LAB	0	3,535,010	0	3,535,010		75.02
		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	10,521,418	-10,521,418	0		90.00
90.01	09001	CLINIC CSC	0	84,726,940	5,300,969	90,027,909		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	12,964,389	811,121	13,775,510		90.02
90.03	09003	CLINIC WAISMAN	0	2,950,323	184,588	3,134,911		90.03
90.04	09004	CLINIC WEST	0	20,523,195	1,284,041	21,807,236		90.04
90.05	09005	CLINIC EAST	0	8,926,354	558,480	9,484,834		90.05
90.06	09006	CLINIC RESEARCH PARK	0	4,079,046	255,207	4,334,253		90.06
90.07	09009	CLINIC DHC	0	19,520,784	1,221,324	20,742,108		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	9,677,431	605,472	10,282,903		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	40,098	2,509	42,607		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	604,769	37,838	642,607		90.10
90.11	09011	CLINIC AODA	0	177,249	11,090	188,339		90.11
90.12	09012	CLINIC KIDNEY	0	780,755	48,848	829,603		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	3,195,549	199,931	3,395,480		90.13
91.00	09100	EMERGENCY	0	39,128,078	0	39,128,078		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	11,492,881	0	11,492,881		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
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	8,712,309	0	8,712,309		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	20,977,120	0	20,977,120		105.00
106.00	10600	HEART ACQUISITION	0	2,537,217	0	2,537,217		106.00
107.00	10700	LIVER ACQUISITION	0	8,165,258	0	8,165,258		107.00
108.00	10800	LUNG ACQUISITION	0	4,200,615	0	4,200,615		108.00
109.00	10900	PANCREAS ACQUISITION	0	4,835,494	0	4,835,494		109.00
110.00	11000	INTESTINAL ACQUISITION	0	26,314	0	26,314		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	POST TRANSPLANT	0	8,274,988	0	8,274,988		112.00
112.01	08601	PRE TRANSPLANT	0	-1	0	-1		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	-1	0	-1		112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,711	1,350,556,009	-64,545,611	1,286,010,398		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,332,389	0	1,332,389		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	5,319,096	0	5,319,096		194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
194.02	07952	CLINICAL RESEARCH CENTER	0	1,779,238	0	1,779,238		194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0		194.03
194.04	07954	COMMUNICATION AIDS	0	682,002	0	682,002		194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	2,296,851	0	2,296,851		194.05
194.06	07950	MADISON REHAB HOSPITAL	0	516,456	0	516,456		194.06
194.07	07956	PUBLIC AFFAIRS	0	7,150,117	0	7,150,117		194.07
194.08	07958	RETAIL PHARMACIES	0	257,364,056	0	257,364,056		194.08
194.09	07957	INN TOWNER	0	0	0	0		194.09
194.10	07960	LIVER RESEARCH	0	13,320	0	13,320		194.10
194.11	07961	TLC LIGHTING RESEARCH	0	-3,380	0	-3,380		194.11
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	60,711	1,627,006,154	-64,545,611	1,562,460,543		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,006,935	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,187,414	0	0	0	1,068	5.00
6.00	00600	MAINTENANCE & REPAIRS	5,934,541	0	1,408	1,129	10,509	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,057	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	324,173	0	1,305	6,072	13,245	9.00
10.00	01000	DIETARY	215,723	0	0	2,002	778	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	2,877,936	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,162,580	0	0	6,019	8,040	14.00
15.00	01500	PHARMACY	1,285,414	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	367,101	0	0	0	917	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	54,007	0	0	0	0	18.01
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	83,377	0	0	701	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	140	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	189,953	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	95	0	0	469	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	81,758	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	73,173	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,011,362	0	0	1,545	295	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	146,730	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	41,006	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	37,591	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	45,339	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	69,130	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	447,797	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	56,877	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	15,282	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	7,144,837	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	127,339	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	814,331	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,063,022	0	20,218	13,214	13,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,610,379	0	0	0	49,882	55.00
56.00	05600	RADIOISOTOPE	182,186	0	0	0	0	56.00
57.00	05700	CT SCAN	1,720,294	0	3,207	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,126,715	0	20,519	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
59.01	05901	CARDIAC REHABILITATION	44,634	0	13,310	0	2,002	59.01
60.00	06000	LABORATORY	1,368,604	0	0	8,888	10,859	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.	324,099	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	788,479	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	11,424	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	577,781	0	65,643	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	3,233,995	0	0	1,860	678	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	248,793	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	86,644	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	29,411	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	84,572	0	4,240	0	0	75.02
		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	174,989	0	1,748	7,064	5,015	90.00
90.01	09001	CLINIC CSC	1,340,380	0	0	1,450	1,724	90.01
90.02	09002	CLINIC UNIVERSITY STATION	242,487	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	13,594	0	0	0	0	90.03
90.04	09004	CLINIC WEST	147,185	0	0	438,027	0	90.04
90.05	09005	CLINIC EAST	105,278	0	0	0	393,248	90.05
90.06	09006	CLINIC RESEARCH PARK	150,691	0	85,805	0	0	90.06
90.07	09009	CLINIC DHC	1,922,705	0	0	19,529	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	195,032	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	4,900	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	12,132	0	0	0	0	90.10
90.11	09011	CLINIC AODA	52,631	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	48,629	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	619,614	0	0	0	3,642	90.13
91.00	09100	EMERGENCY	1,005,555	0	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,244,160	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
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	42,000	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	133,451	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	394	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	38,769	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,032	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	11,381	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	80,821,019	0	217,403	507,969	515,052	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	832	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	18,710	0	122,280	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	19,037	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	26,732	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	241,919	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	359,963	0	0	10,386	11,210	194.08
194.09	07957	INN TOWNER	2	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	81,488,214	0	339,683	518,355	526,262	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	79,457	0	556	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,750,163	0	1,068	259,922	282,098	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,706,629	0	4,078	16,760	7,848	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,931	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	240,952	0	3,089	0	0	9.00
10.00	01000	DIETARY	639,280	0	3,919	0	0	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	219,284	0	0	0	13,744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	653,279	0	318	0	0	14.00
15.00	01500	PHARMACY	236,615	0	3,385	16,377	20,118	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,806	0	888	0	218,574	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	73,187	0	0	0	0	18.01
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	237,699	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	13,999	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	2,149	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,229,231	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	213,527	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	103,353	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	35,647	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	294,522	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	272,518	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	173,247	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	87,304	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	155,798	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	1,564,190	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	650,518	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,538	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	682,439	0	3,811	0	20,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	481,609	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	45,071	0	0	0	0	56.00
57.00	05700	CT SCAN	125,869	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	157,494	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	7,768	0	0	0	0	59.01
60.00	06000	LABORATORY	609,883	0	3,616	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

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		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
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.	31,112	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	131,744	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	53,076	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	92,706	0	8,581	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	359,250	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,104	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	62,047	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	61,022	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	6,546	0	0	0	0	75.02
		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	65,537	0	9,490	0	0	90.00
90.01	09001	CLINIC CSC	2,552,783	0	693	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	272,349	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	8,616	0	0	0	0	90.04
90.05	09005	CLINIC EAST	2,050	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	395,114	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	544,425	0	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	440,225	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
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	1,420	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	46,175	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,518	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,137	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,332	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,771	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	59	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	49,705	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,892,430	0	315,841	293,059	562,684	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,996	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,062	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	138,901	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	33,123	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	104,220	0	5,615	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,207,732	0	321,456	293,059	562,684	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS TAC	PHARMACY SERVICES	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			1.09	1.10	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	295,539	0	0	1,382,487	1,382,487	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	224,202	0	0	28,705,935	190,408	5.00
6.00	00600	MAINTENANCE & REPAIRS	850,417	0	0	9,533,319	29,167	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	76,988	163	8.00
9.00	00900	HOUSEKEEPING	58,407	0	0	647,243	31,641	9.00
10.00	01000	DIETARY	249,323	0	0	1,111,025	20,332	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,894	0	0	3,112,858	46,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	341,681	0	0	3,171,917	25,834	14.00
15.00	01500	PHARMACY	50,225	138,772	0	1,750,906	58,016	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	609,286	28,204	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	127,194	2,399	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	321,777	65,917	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	14,139	2,946	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	189,953	1,457	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	2,713	46	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	81,758	1,096	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	73,173	1,039	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	168	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	623,195	0	0	4,865,628	207,950	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	360,257	20,978	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	144,359	7,331	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	73,238	5,731	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	339,861	12,612	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	341,648	13,933	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	621,044	10,533	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	144,181	6,818	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	171,080	5,906	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	352,658	0	0	9,061,685	67,886	50.00
51.00	05100	RECOVERY ROOM	256,823	0	0	1,034,680	22,739	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,752	0	0	848,621	4,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,754	0	0	3,895,910	34,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	5,141,870	8,104	55.00
56.00	05600	RADIOISOTOPE	11,007	0	0	238,264	3,314	56.00
57.00	05700	CT SCAN	155,544	0	0	2,004,914	6,500	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,972	0	0	4,366,700	7,808	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	20,889	0	0	88,603	1,819	59.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS TAC	PHARMACY SERVICES	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			1.09	1.10	2.00	2A	4.00	
60.00	06000	LABORATORY	0	0	0	2,001,850	34,867	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.	88,793	0	0	444,004	5,186	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,749	0	0	924,972	26,945	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	64,500	982	65.01
66.00	06600	PHYSICAL THERAPY	532,183	0	0	1,276,894	39,900	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	18,611	0	0	3,614,394	18,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	356,897	4,355	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	148,691	4,624	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	90,433	1,171	75.01
75.02	03540	ORTHOTICS LAB	10,666	0	0	106,024	2,552	75.02
		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	263,843	12,423	90.00
90.01	09001	CLINIC CSC	0	0	0	3,897,030	75,627	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	514,836	15,109	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	13,594	4,162	90.03
90.04	09004	CLINIC WEST	0	0	0	593,828	23,660	90.04
90.05	09005	CLINIC EAST	0	0	0	500,576	9,683	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	236,496	4,049	90.06
90.07	09009	CLINIC DHC	0	0	0	2,337,348	14,964	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	806,922	0	0	1,001,954	10,230	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	4,900	34	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	12,132	739	90.10
90.11	09011	CLINIC AODA	0	0	0	52,631	234	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	48,629	880	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	623,256	2,392	90.13
91.00	09100	EMERGENCY	109,845	0	0	1,659,825	38,797	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	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	4,684,385	8,100	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
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	43,420	11,213	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	179,626	10,453	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,912	834	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	52,906	3,471	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	4,364	1,648	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	16,152	1,546	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	59	45	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	49,705	7,211	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,213,051	138,772	0	110,477,280	1,351,530	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,728	0	0	44,556	351	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	145,052	5,297	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			TAC	PHARMACY SERVICES	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	157,938	806	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	40	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	59,855	4,088	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	241,919	5,141	194.07
194.08	07958	RETAIL PHARMACIES	5,607	0	0	497,001	15,234	194.08
194.09	07957	INN TOWNER	0	0	0	2	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,227,386	138,772	0	111,623,603	1,382,487	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,896,343					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,273,436	10,835,922				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	111,754	42,853	0	231,758		8.00
9.00	00900	HOUSEKEEPING	473,212	156,611	0	17,641	1,326,348	9.00
10.00	01000	DIETARY	262,044	415,511	0	1,033	51,820	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	634,109	142,528	0	250	17,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	321,263	424,610	0	7,791	52,955	14.00
15.00	01500	PHARMACY	597,210	153,792	0	1,054	19,180	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	406,936	14,173	0	0	1,768	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	70,362	47,569	0	54	5,932	18.01
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	747,274	154,497	0	1,391	19,268	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	342,795	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	16,131	9,099	0	0	1,135	23.01
23.02	02302	EMERGENCY MED PROGRAM	20,819	0	0	3	0	23.02
23.03	02303	DIETARY PROGRAM	739	1,397	0	0	174	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	11,169	0	0	7	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	10,441	0	0	39	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	1,044	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,726,665	2,098,891	0	63,498	261,759	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	306,352	138,786	0	6,762	17,308	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	96,658	67,176	0	1,660	8,378	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	73,911	23,169	0	1,780	2,890	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	171,391	191,429	0	3,651	23,874	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	201,851	177,128	0	3,404	22,090	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	148,680	112,605	0	855	14,043	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	88,782	56,745	0	3,597	7,077	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	74,491	101,264	0	723	12,629	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	1,828,226	1,016,673	0	55,968	126,793	50.00
51.00	05100	RECOVERY ROOM	319,117	422,816	0	3,360	52,731	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	204,725	17,249	0	1,925	2,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	774,915	443,563	0	9,990	55,318	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	264,341	313,030	0	1,401	39,039	55.00
56.00	05600	RADIOISOTOPE	121,520	29,295	0	462	3,653	56.00
57.00	05700	CT SCAN	157,320	81,811	0	2,305	10,203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	228,878	102,366	0	2,480	12,766	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	24,317	5,049	0	0	630	59.01
60.00	06000	LABORATORY	870,741	396,404	0	860	49,437	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	260,117	20,222	0	76	2,522	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	477,870	85,629	0	41	10,679	65.00
65.01	03550	NEUROPSYCH TESTING	14,302	34,498	0	0	4,302	65.01
66.00	06600	PHYSICAL THERAPY	528,992	60,256	0	1,490	7,515	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	532,673	233,501	0	5,983	29,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,578	70,264	0	264	8,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,437	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,116,368	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,372,467	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	69,403	40,329	0	708	5,030	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	16,721	39,662	0	4	4,946	75.01
75.02	03540	ORTHOTICS LAB	57,311	4,255	0	40	531	75.02
		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	175,617	42,597	0	0	5,312	90.00
90.01	09001	CLINIC CSC	1,093,271	1,659,226	0	5,705	206,928	90.01
90.02	09002	CLINIC UNIVERSITY STATION	209,158	0	0	238	0	90.02
90.03	09003	CLINIC WAISMAN	50,170	0	0	7	0	90.03
90.04	09004	CLINIC WEST	332,210	5,600	0	1,098	698	90.04
90.05	09005	CLINIC EAST	144,827	1,333	0	357	166	90.05
90.06	09006	CLINIC RESEARCH PARK	66,639	0	0	47	0	90.06
90.07	09009	CLINIC DHC	270,077	256,811	0	4,612	32,028	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	157,133	0	0	228	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	670	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	9,784	0	0	18	0	90.10
90.11	09011	CLINIC AODA	3,126	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	12,806	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	45,964	0	0	151	0	90.13
91.00	09100	EMERGENCY	542,908	353,859	0	13,886	44,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	146,177	286,132	0	227	35,684	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
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	143,747	923	0	0	115	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	313,676	30,013	0	9	3,743	105.00
106.00	10600	HEART ACQUISITION	42,770	987	0	0	123	106.00
107.00	10700	LIVER ACQUISITION	135,683	9,188	0	3	1,146	107.00
108.00	10800	LUNG ACQUISITION	71,261	2,166	0	0	270	108.00
109.00	10900	PANCREAS ACQUISITION	82,361	3,101	0	1	387	109.00
110.00	11000	INTESTINAL ACQUISITION	410	38	0	0	5	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	98,077	32,306	0	0	3,869	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,681,380	10,630,985	0	229,137	1,300,790	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,767	22,747	0	0	2,837	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	80,938	2,640	0	2,218	329	194.01
194.02	07952	CLINICAL RESEARCH CENTER	12,308	90,281	0	362	11,259	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	11,955	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	36,537	21,529	0	41	2,685	194.05
194.06	07950	MADISON REHAB HOSPITAL	9,173	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	126,989	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.08	07958	RETAIL PHARMACIES	3,917,062	67,740	0	0	8,448	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	234	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,896,343	10,835,922	0	231,758	1,326,348	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,861,765					10.00
11.00	01100	CAFETERIA	1,355,938	1,355,938				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	55,444	0	4,009,727		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49,868	0	0	4,054,238	14.00
15.00	01500	PHARMACY	0	70,189	0	0	47,080	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	12	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	4,068	0	0	141	18.01
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	169,109	0	0	8	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	4,847	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	2,251	0	0	162	23.02
23.03	02303	DIETARY PROGRAM	0	194	0	0	1	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	14	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	14	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	194	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	421,702	298,138	0	1,202,693	290,920	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	9,924	29,733	0	112,119	59,168	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	14,137	10,224	0	38,554	20,028	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	5,597	7,763	0	29,274	15,525	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,452	16,279	0	61,387	29,912	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	6,566	19,043	0	71,809	25,566	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	3,747	13,836	0	52,176	25,813	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,732	9,406	0	35,470	12,649	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	23,217	7,986	0	30,113	1,418	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	81,370	0	322,480	1,216,684	50.00
51.00	05100	RECOVERY ROOM	56	22,847	0	116,393	39,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,093	0	35,763	214,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,806	0	42,984	527,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,118	0	36,787	31,632	55.00
56.00	05600	RADIOISOTOPE	0	3,871	0	0	1,714	56.00
57.00	05700	CT SCAN	0	7,522	0	0	36,928	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,459	0	0	22,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	13,895	343	59.01
60.00	06000	LABORATORY	0	57,827	0	2,908	35,942	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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	5,183	0	0	2,699	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,204	0	163,553	277,858	65.00
65.01	03550	NEUROPSYCH TESTING	0	2,313	0	0	10	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	24,314	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	24,738	0	77,839	562,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,541	0	2,927	5,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,388	0	20,618	23,307	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	1,710	0	0	1,102	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	40,463	75.02
		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	23,778	0	0	118	90.00
90.01	09001	CLINIC CSC	1,699	129,046	0	464,555	203,302	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	107,005	9,431	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	11,065	1,392	90.03
90.04	09004	CLINIC WEST	0	0	0	146,603	20,220	90.04
90.05	09005	CLINIC EAST	0	0	0	62,451	11,834	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	29,362	2,865	90.06
90.07	09009	CLINIC DHC	0	0	0	99,023	79,047	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	66,588	16,359	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	205	32	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	4,030	862	90.10
90.11	09011	CLINIC AODA	0	0	0	0	13	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	5,738	153	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	41,398	0	15,983	1,690	90.13
91.00	09100	EMERGENCY	4,169	0	0	219,192	87,321	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	10,198	0	38,456	4,568	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
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	58,440	1,037	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	13,976	0	52,703	7,501	105.00
106.00	10600	HEART ACQUISITION	0	1,115	0	4,206	598	106.00
107.00	10700	LIVER ACQUISITION	0	4,640	0	17,496	2,490	107.00
108.00	10800	LUNG ACQUISITION	0	2,202	0	8,304	1,182	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,068	0	7,797	1,109	109.00
110.00	11000	INTESTINAL ACQUISITION	0	60	0	224	32	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	9,642	0	36,358	5,175	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,860,936	1,338,685	0	3,925,526	4,051,091	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	862	0	0	1	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	2,958	0	67,115	407	194.01
194.02	07952	CLINICAL RESEARCH CENTER	829	4,531	0	17,086	1,341	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	3,796	0	0	90	194.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	15	194.07
194.08	07958	RETAIL PHARMACIES	0	5,106	0	0	1,293	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,861,765	1,355,938	0	4,009,727	4,054,238	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,697,427					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,060,379				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01	01851	HISTOCOMPATIBILITY LAB	18	1,408	0	0	259,145	18.01
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	461	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	4	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	2	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	13	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,746	121,091	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	3,583	16,209	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	896	5,701	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	996	3,835	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	1,589	10,187	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	1,779	11,480	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	454	9,700	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,297	3,501	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	246	3,021	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,445	191,599	0	0	0	50.00
51.00	05100	RECOVERY ROOM	2,959	19,275	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	38,403	14,089	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,499	56,598	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	494	34,929	0	0	0	55.00
56.00	05600	RADIOISOTOPE	384	7,665	0	0	0	56.00
57.00	05700	CT SCAN	1,022	55,985	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	893	42,122	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	986	0	0	0	59.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB	
			15.00	16.00	17.00	18.00	18.01	
60.00	06000	LABORATORY	1,735	90,653	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.	75	14,407	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	82	29,262	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	477	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	502	25,234	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	3,076	56,897	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	114	6,298	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	500	3,302	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	6	1,443	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	14	1,857	0	0	0	75.02
		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	CLINIC CSC	6,033	34,419	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	125	5,674	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	3	632	0	0	0	90.03
90.04	09004	CLINIC WEST	1,381	10,528	0	0	0	90.04
90.05	09005	CLINIC EAST	228	4,347	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	61	1,540	0	0	0	90.06
90.07	09009	CLINIC DHC	1,950	18,644	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	165	4,848	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	1	12	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	7	489	0	0	0	90.10
90.11	09011	CLINIC AODA	0	53	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	233	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	281	1,189	0	0	0	90.13
91.00	09100	EMERGENCY	8,321	45,644	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	114	5,275	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
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	16	2,587	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11	7,522	0	0	127,217	105.00
106.00	10600	HEART ACQUISITION	1	587	0	0	3,080	106.00
107.00	10700	LIVER ACQUISITION	4	2,923	0	0	8,823	107.00
108.00	10800	LUNG ACQUISITION	2	983	0	0	2,333	108.00
109.00	10900	PANCREAS ACQUISITION	2	1,232	0	0	2,466	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	8	0	0	0	115,226	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,001	988,572	0	0	259,145	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	847	102	0	0	0	194.01

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		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	
			15.00	16.00	17.00	18.00	18.01	
194.02	07952	CLINICAL RESEARCH CENTER	165	726	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	407	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	39	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	2,587,364	70,572	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	11	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,697,427	1,060,379	0	0	259,145	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			1,479,702			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				342,795		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT						31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	05901	CARDIAC REHABILITATION						59.01
60.00	06000	LABORATORY						60.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03550	NEUROPSYCH TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	ORTHOTICS LAB						75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAISMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09009	CLINIC DHC						90.07
90.08	09008	CLINIC THE AMERICAN CENTER						90.08
90.09	09010	CLINIC OAKWOOD VILLAGE						90.09
90.10	09007	CLINIC MIDDLETON REHAB						90.10
90.11	09011	CLINIC AODA						90.11
90.12	09012	CLINIC KIDNEY						90.12
90.13	09013	CLINIC PAIN MANAGEMENT						90.13
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
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
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07959	RONALD MCDONALD CARE MOBILE						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02
194.03	07953	FAMILY MEDICINE						194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.06	07950	MADISON REHAB HOSPITAL						194.06
194.07	07956	PUBLIC AFFAIRS						194.07
194.08	07958	RETAIL PHARMACIES						194.08
194.09	07957	INN TOWNER						194.09
194.10	07960	LIVER RESEARCH						194.10
194.11	07961	TLC LIGHTING RESEARCH						194.11
200.00		Cross Foot Adjustments	0	0	1,479,702	342,795	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,479,702	342,795	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM	48,297					23.01
23.02	02302	EMERGENCY MED PROGRAM		214,649				23.02
23.03	02303	DIETARY PROGRAM			5,264			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST				94,046		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST					84,719	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU						31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	03103	NEURO INTENSIVE CARE UNIT						31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT						31.06
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	05901	CARDIAC REHABILITATION						59.01
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03550	NEUROPSYCH TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	ORTHOTICS LAB						75.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAISMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09009	CLINIC DHC						90.07
90.08	09008	CLINIC THE AMERICAN CENTER						90.08
90.09	09010	CLINIC OAKWOOD VILLAGE						90.09
90.10	09007	CLINIC MIDDLETON REHAB						90.10
90.11	09011	CLINIC AODA						90.11
90.12	09012	CLINIC KIDNEY						90.12
90.13	09013	CLINIC PAIN MANAGEMENT						90.13
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
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
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07959	RONALD MCDONALD CARE MOBILE						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02
194.03	07953	FAMILY MEDICINE						194.03
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.06	07950	MADISON REHAB HOSPITAL						194.06
194.07	07956	PUBLIC AFFAIRS						194.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	
			23.01	23.02	23.03	23.04	23.05	
194.08	07958	RETAIL PHARMACIES						194.08
194.09	07957	INN TOWNER						194.09
194.10	07960	LIVER RESEARCH						194.10
194.11	07961	TLC LIGHTING RESEARCH						194.11
200.00		Cross Foot Adjustments	48,297	214,649	5,264	94,046	84,719	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	48,297	214,649	5,264	94,046	84,719	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	1,406					23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		12,562,681	0	12,562,681		30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		1,081,179	0	1,081,179		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		415,102	0	415,102		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		243,709	0	243,709		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		867,624	0	867,624		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		896,297	0	896,297		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		1,013,486	0	1,013,486		31.06
32.00	03200	CORONARY CARE UNIT		0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		378,255	0	378,255		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF		432,094	0	432,094		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		13,988,809	0	13,988,809		50.00
51.00	05100	RECOVERY ROOM		2,056,062	0	2,056,062		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0		52.00
53.00	05300	ANESTHESIOLOGY		1,390,599	0	1,390,599		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,890,180	0	5,890,180		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		5,881,745	0	5,881,745		55.00
56.00	05600	RADIOISOTOPE		410,142	0	410,142		56.00
57.00	05700	CT SCAN		2,364,510	0	2,364,510		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		4,794,712	0	4,794,712		58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0		59.00
59.01	05901	CARDIAC REHABILITATION		135,642	0	135,642		59.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
60.00	06000	LABORATORY		3,543,224	0	3,543,224		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.		754,491	0	754,491		63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY		2,038,095	0	2,038,095		65.00
65.01	03550	NEUROPSYCH TESTING		121,384	0	121,384		65.01
66.00	06600	PHYSICAL THERAPY		1,965,097	0	1,965,097		66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY		5,159,570	0	5,159,570		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		543,366	0	543,366		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,437	0	22,437		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,116,368	0	1,116,368		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		3,372,467	0	3,372,467		73.00
74.00	07400	RENAL DIALYSIS		321,900	0	321,900		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING		157,198	0	157,198		75.01
75.02	03540	ORTHOTICS LAB		213,047	0	213,047		75.02
		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		523,688	-523,688	0		90.00
90.01	09001	CLINIC CSC		7,776,841	251,477	8,028,318		90.01
90.02	09002	CLINIC UNIVERSITY STATION		861,576	27,861	889,437		90.02
90.03	09003	CLINIC WAISMAN		81,025	2,620	83,645		90.03
90.04	09004	CLINIC WEST		1,135,826	36,729	1,172,555		90.04
90.05	09005	CLINIC EAST		735,802	23,793	759,595		90.05
90.06	09006	CLINIC RESEARCH PARK		341,059	11,029	352,088		90.06
90.07	09009	CLINIC DHC		3,114,504	100,713	3,215,217		90.07
90.08	09008	CLINIC THE AMERICAN CENTER		1,257,505	40,664	1,298,169		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE		5,854	189	6,043		90.09
90.10	09007	CLINIC MIDDLETON REHAB		28,061	907	28,968		90.10
90.11	09011	CLINIC AODA		56,057	1,813	57,870		90.11
90.12	09012	CLINIC KIDNEY		68,439	2,213	70,652		90.12
90.13	09013	CLINIC PAIN MANAGEMENT		732,304	23,680	755,984		90.13
91.00	09100	EMERGENCY		3,018,053	0	3,018,053		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0		94.00
95.00	09500	AMBULANCE SERVICES		5,219,316	0	5,219,316		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
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		261,498	0	261,498		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		746,450	0	746,450		105.00
106.00	10600	HEART ACQUISITION		56,213	0	56,213		106.00
107.00	10700	LIVER ACQUISITION		238,773	0	238,773		107.00
108.00	10800	LUNG ACQUISITION		94,715	0	94,715		108.00
109.00	10900	PANCREAS ACQUISITION		118,222	0	118,222		109.00
110.00	11000	INTESTINAL ACQUISITION		873	0	873		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
112.00	08600	POST TRANSPLANT		357,577	0	357,577		112.00
112.01	08601	PRE TRANSPLANT		0	0	0		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS		0	0	0		112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100,961,703	0	100,961,703		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		91,121	0	91,121		190.00
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07959	RONALD MCDONALD CARE MOBILE		0	0	0		194.00
194.01	07951	OTHER AUXILIARY SERVICES		307,903	0	307,903		194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part II Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	RADIOTHERAPY TECHNOLOGIST	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.06	24.00	25.00	26.00		
194.02	07952	CLINICAL RESEARCH CENTER		297,632	0	297,632		194.02
194.03	07953	FAMILY MEDICINE		0	0	0		194.03
194.04	07954	COMMUNICATION AIDS		12,402	0	12,402		194.04
194.05	07955	INVESTIGATIONAL PHARMACY		128,660	0	128,660		194.05
194.06	07950	MADISON REHAB HOSPITAL		9,173	0	9,173		194.06
194.07	07956	PUBLIC AFFAIRS		374,064	0	374,064		194.07
194.08	07958	RETAIL PHARMACIES		7,169,820	0	7,169,820		194.08
194.09	07957	INN TOWNER		2	0	2		194.09
194.10	07960	LIVER RESEARCH		245	0	245		194.10
194.11	07961	TLC LIGHTING RESEARCH		0	0	0		194.11
200.00		Cross Foot Adjustments	1,406	2,270,878	0	2,270,878		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,406	111,623,603	0	111,623,603		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	59,845				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	0	87,245			1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	0	0	94,645		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	1,126,366	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	0	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4,030	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	192	139,487	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	248	190	1,890	137,279	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,344	8.00
9.00	00900	HOUSEKEEPING	0	230	1,022	2,382	12,221	9.00
10.00	01000	DIETARY	0	0	337	140	32,424	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	11,122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,013	1,446	33,134	14.00
15.00	01500	PHARMACY	0	0	0	0	12,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	165	1,106	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	3,712	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	118	0	12,056	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	710	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	79	0	109	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	260	53	163,785	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	10,830	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	5,242	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	1,808	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	14,938	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	13,822	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	8,787	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	4,428	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	7,902	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	79,335	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	32,994	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,562	2,224	2,365	34,613	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,971	24,427	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,286	56.00
57.00	05700	CT SCAN	0	565	0	0	6,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,615	0	0	7,988	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,345	0	360	394	59.01
60.00	06000	LABORATORY	0	0	1,496	1,953	30,933	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
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	1,578	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	6,682	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	2,692	65.01
66.00	06600	PHYSICAL THERAPY	0	11,565	0	0	4,702	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	313	122	18,221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	5,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,147	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	3,095	75.01
75.02	03540	ORTHOTICS LAB	0	747	0	0	332	75.02
		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	308	1,189	902	3,324	90.00
90.01	09001	CLINIC CSC	0	0	244	310	129,476	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	73,725	0	437	90.04
90.05	09005	CLINIC EAST	0	0	0	70,723	104	90.05
90.06	09006	CLINIC RESEARCH PARK	0	15,117	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	3,287	0	20,040	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	655	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	27,613	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	22,328	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
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	72	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	2,342	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	77	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	717	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	169	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	242	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	3	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	2,521	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	38,302	85,497	92,629	1,110,374	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,775	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	21,543	0	0	206	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	7,045	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,680	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	1,748	2,016	5,286	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	339,683	518,355	526,262	22,207,732	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	5.676046	5.941372	5.560378	19.716266	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN	3,062					1.05
1.06	00106	CAP REL COSTS- USTATION	0	44,542				1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	35,967			1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	45,813		1.08
1.09	00110	CAP REL COSTS-TAC	0	0	0	0	353,346	1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	77	0	0	19,977	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	148	31,900	22,968	15,155	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	565	2,057	639	57,484	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	428	0	0	3,948	9.00
10.00	01000	DIETARY	0	543	0	0	16,853	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,119	128	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44	0	0	23,096	14.00
15.00	01500	PHARMACY	0	469	2,010	1,638	3,395	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	123	0	17,796	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	42,125	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	23,838	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	17,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	528	0	1,653	5,391	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	744	56.00
57.00	05700	CT SCAN	0	0	0	0	10,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,189	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	1,412	59.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
60.00	06000	LABORATORY	0	501	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	6,002	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	321	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,189	0	0	35,973	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	1,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	721	75.02
		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	1,315	0	0	0	90.00
90.01	09001	CLINIC CSC	0	96	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	37,738	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	3,062	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	54,544	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	7,425	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
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	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,062	43,764	35,967	45,813	352,377	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	590	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS					
			WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	778	0	0	379	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	321,456	293,059	562,684	5,227,386	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	7.216919	8.147997	12.282191	14.793958	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS PHARMACY SERVICES (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.10	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES	25,894					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		87,245				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	586,143,242			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	80,715,718	-244,725,181	1,382,284,355	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	190	12,364,188	0	60,915,403	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	69,272	0	5,345,825	8.00
9.00	00900	HOUSEKEEPING	0	1,022	13,412,950	0	22,636,323	9.00
10.00	01000	DIETARY	0	337	8,618,727	0	12,534,990	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	19,823,382	0	30,332,881	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,013	10,951,060	0	15,367,756	14.00
15.00	01500	PHARMACY	25,894	0	24,593,602	0	28,567,784	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	11,955,972	0	19,465,954	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	1,016,891	0	3,365,795	18.01
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	118	27,942,622	0	35,746,169	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	16,397,771	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	1,248,657	0	771,643	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	617,766	0	995,890	23.02
23.03	02303	DIETARY PROGRAM	0	79	19,435	0	35,366	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	464,682	0	534,287	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	440,499	0	499,466	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	71,305	0	49,929	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	260	88,245,739	0	130,431,237	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	8,892,948	0	14,654,508	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	3,107,795	0	4,623,658	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	2,429,275	0	3,535,580	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	5,346,451	0	8,198,580	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	5,906,276	0	9,655,635	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	4,464,852	0	7,112,192	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,890,178	0	4,246,931	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,503,451	0	3,563,307	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	28,777,282	0	87,453,983	50.00
51.00	05100	RECOVERY ROOM	0	0	9,639,163	0	15,265,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,774,456	0	9,793,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,224	14,807,195	0	37,068,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,435,370	0	12,644,859	55.00
56.00	05600	RADIOISOTOPE	0	0	1,404,918	0	5,812,979	56.00
57.00	05700	CT SCAN	0	0	2,755,279	0	7,525,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,310,016	0	10,948,464	58.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS PHARMACY SERVICES (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.10	2.00	4.00	5A	5.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	770,987	0	1,163,235	59.01
60.00	06000	LABORATORY	0	1,496	14,780,418	0	41,652,292	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	2,198,285	0	12,442,818	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,422,264	0	22,859,129	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	416,222	0	684,159	65.01
66.00	06600	PHYSICAL THERAPY	0	0	16,914,111	0	25,304,568	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	313	7,956,676	0	25,480,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,846,277	0	3,854,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,073,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	53,401,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	161,323,487	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,960,140	0	3,319,905	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	496,435	0	799,871	75.01
75.02	03540	ORTHOTICS LAB	0	0	1,081,948	0	2,741,494	75.02
		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	1,189	5,266,307	0	8,400,731	90.00
90.01	09001	CLINIC CSC	0	244	32,058,837	0	52,297,095	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	6,404,958	0	10,005,149	90.02
90.03	09003	CLINIC WAISMAN	0	0	1,764,253	0	2,399,913	90.03
90.04	09004	CLINIC WEST	0	73,725	10,029,590	0	15,891,393	90.04
90.05	09005	CLINIC EAST	0	0	4,104,707	0	6,927,870	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	1,716,614	0	3,187,702	90.06
90.07	09009	CLINIC DHC	0	3,287	6,343,336	0	12,919,264	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	4,336,794	0	7,516,513	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	14,451	0	32,054	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	313,418	0	468,041	90.10
90.11	09011	CLINIC AODA	0	0	99,260	0	149,541	90.11
90.12	09012	CLINIC KIDNEY	0	0	373,124	0	612,591	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	1,014,191	0	2,198,718	90.13
91.00	09100	EMERGENCY	0	0	16,446,340	0	25,970,261	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	3,433,742	0	6,992,435	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
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	4,753,302	0	6,876,217	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	4,431,031	0	15,004,820	105.00
106.00	10600	HEART ACQUISITION	0	0	353,501	0	2,045,917	106.00
107.00	10700	LIVER ACQUISITION	0	0	1,471,274	0	6,490,443	107.00
108.00	10800	LUNG ACQUISITION	0	0	698,435	0	3,408,809	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	655,162	0	3,939,787	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	19,100	0	19,605	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	3,056,840	0	4,691,561	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	1	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	1	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,894	85,497	573,019,702	-244,725,179	1,180,644,972	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	148,659	0	945,567	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAPITAL RELATED COSTS PHARMACY SERVICES (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.10	2.00	4.00	5A	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	2,245,552	0	3,871,685	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	341,808	0	588,780	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	16,967	0	571,887	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	1,733,139	0	1,747,750	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	438,774	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	2,179,486	0	6,074,568	194.07
194.08	07958	RETAIL PHARMACIES	0	1,748	6,457,929	0	187,389,181	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	11,191	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	3,380	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	138,772	0	16,963,937		244,725,181	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.359234	0.000000	0.028942		0.177044	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			1,382,487		28,896,343	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002359		0.020905	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	845,570					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,344	0	5,273,319			8.00
9.00	00900	HOUSEKEEPING	12,221	0	401,402	829,905		9.00
10.00	01000	DIETARY	32,424	0	23,501	32,424	1,362,798	10.00
11.00	01100	CAFETERIA	0	0	0	0	992,535	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,122	0	5,680	11,122	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,134	0	177,266	33,134	0	14.00
15.00	01500	PHARMACY	12,001	0	23,975	12,001	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,106	0	7	1,106	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	3,712	0	1,234	3,712	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,056	0	31,640	12,056	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	710	0	0	710	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	59	0	0	23.02
23.03	02303	DIETARY PROGRAM	109	0	0	109	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	153	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	886	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	163,785	0	1,444,855	163,785	308,683	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	10,830	0	153,849	10,830	7,264	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	5,242	0	37,760	5,242	10,348	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	1,808	0	40,494	1,808	4,097	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	14,938	0	83,064	14,938	3,991	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	13,822	0	77,453	13,822	4,806	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	8,787	0	19,465	8,787	2,743	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,428	0	81,834	4,428	6,392	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,902	0	16,456	7,902	16,995	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	79,335	0	1,273,467	79,335	0	50.00
51.00	05100	RECOVERY ROOM	32,994	0	76,441	32,994	41	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,346	0	43,811	1,346	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,613	0	227,300	34,613	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,427	0	31,867	24,427	0	55.00
56.00	05600	RADIOISOTOPE	2,286	0	10,518	2,286	0	56.00
57.00	05700	CT SCAN	6,384	0	52,455	6,384	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,988	0	56,426	7,988	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	394	0	0	394	0	59.01
60.00	06000	LABORATORY	30,933	0	19,568	30,933	0	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
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.	1,578	0	1,731	1,578	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,682	0	942	6,682	0	65.00
65.01	03550	NEUROPSYCH TESTING	2,692	0	1	2,692	0	65.01
66.00	06600	PHYSICAL THERAPY	4,702	0	33,910	4,702	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	18,221	0	136,144	18,221	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,483	0	6,004	5,483	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	3,147	0	16,119	3,147	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	3,095	0	92	3,095	0	75.01
75.02	03540	ORTHOTICS LAB	332	0	911	332	0	75.02
		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	3,324	0	1	3,324	0	90.00
90.01	09001	CLINIC CSC	129,476	0	129,810	129,476	1,244	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	5,417	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	158	0	0	90.03
90.04	09004	CLINIC WEST	437	0	24,976	437	0	90.04
90.05	09005	CLINIC EAST	104	0	8,128	104	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	1,080	0	0	90.06
90.07	09009	CLINIC DHC	20,040	0	104,951	20,040	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	5,192	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	411	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	3,427	0	0	90.13
91.00	09100	EMERGENCY	27,613	0	315,952	27,613	3,052	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	22,328	0	5,175	22,328	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
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	72	0	0	72	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,342	0	203	2,342	0	105.00
106.00	10600	HEART ACQUISITION	77	0	0	77	0	106.00
107.00	10700	LIVER ACQUISITION	717	0	59	717	0	107.00
108.00	10800	LUNG ACQUISITION	169	0	0	169	0	108.00
109.00	10900	PANCREAS ACQUISITION	242	0	17	242	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3	0	0	3	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	2,521	0	0	2,421	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	829,578	0	5,213,697	813,913	1,362,191	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,775	0	0	1,775	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	206	0	50,473	206	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	7,045	0	8,227	7,045	607	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,680	0	922	1,680	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	5,286	0	0	5,286	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	71,700,110	0	6,575,825	28,180,776	18,633,944	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	84.795002	0.000000	1.246999	33.956629	13.673299	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,835,922	0	231,758	1,326,348	1,861,765	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.814932	0.000000	0.043949	1.598193	1.366134	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	523,993					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	21,426	0	410,920			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,271	0	0	62,998,897		14.00
15.00	01500	PHARMACY	27,124	0	0	731,577	185,041,330	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	187	7	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	1,572	0	0	2,190	1,234	18.01
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	65,351	0	0	119	31,640	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	1,873	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	870	0	0	2,519	281	23.02
23.03	02303	DIETARY PROGRAM	75	0	0	9	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	210	153	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	220	886	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	75	0	0	0	0	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,213	0	123,253	4,520,622	256,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	11,490	0	11,490	919,417	245,800	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	3,951	0	3,951	311,212	61,483	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	3,000	0	3,000	241,249	68,345	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	6,291	0	6,291	464,803	109,005	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	7,359	0	7,359	397,270	122,021	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	5,347	0	5,347	401,109	31,146	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,635	0	3,635	196,555	88,994	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,086	0	3,086	22,029	16,851	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	31,445	0	33,048	18,905,994	1,333,919	50.00
51.00	05100	RECOVERY ROOM	8,829	0	11,928	607,400	202,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,514	0	3,665	3,331,478	2,634,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,542	0	4,405	8,199,437	377,220	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,910	0	3,770	491,525	33,862	55.00
56.00	05600	RADIOISOTOPE	1,496	0	0	26,638	26,335	56.00
57.00	05700	CT SCAN	2,907	0	0	573,831	70,132	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,269	0	0	345,592	61,264	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	1,424	5,323	3	59.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
60.00	06000	LABORATORY	22,347	0	298	558,511	119,036	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.	2,003	0	0	41,946	5,143	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,923	0	16,761	4,317,651	5,637	65.00
65.01	03550	NEUROPSYCH TESTING	894	0	0	162	1	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	377,809	34,459	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	9,560	0	7,977	8,741,934	211,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,914	0	300	83,372	7,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,082	0	2,113	362,167	34,283	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	661	0	0	17,127	442	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	628,761	932	75.02
		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	9,189	0	0	1,839	1	90.00
90.01	09001	CLINIC CSC	49,869	0	47,608	3,159,121	413,889	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	10,966	146,546	8,578	90.02
90.03	09003	CLINIC WAISMAN	0	0	1,134	21,630	181	90.03
90.04	09004	CLINIC WEST	0	0	15,024	314,197	94,720	90.04
90.05	09005	CLINIC EAST	0	0	6,400	183,896	15,628	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	3,009	44,525	4,166	90.06
90.07	09009	CLINIC DHC	0	0	10,148	1,228,322	133,749	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	6,824	254,196	11,285	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	21	497	94	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	413	13,399	501	90.10
90.11	09011	CLINIC AODA	0	0	0	200	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	588	2,372	34	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	15,998	0	1,638	26,261	19,306	90.13
91.00	09100	EMERGENCY	0	0	22,463	1,356,886	570,805	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	3,941	0	3,941	70,989	7,836	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
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	5,989	16,112	1,089	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,401	0	5,401	116,553	774	105.00
106.00	10600	HEART ACQUISITION	431	0	431	9,298	62	106.00
107.00	10700	LIVER ACQUISITION	1,793	0	1,793	38,700	257	107.00
108.00	10800	LUNG ACQUISITION	851	0	851	18,372	122	108.00
109.00	10900	PANCREAS ACQUISITION	799	0	799	17,233	114	109.00
110.00	11000	INTESTINAL ACQUISITION	23	0	23	502	3	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	3,726	0	3,726	80,407	534	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	517,326	0	402,291	62,950,008	7,477,539	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	333	0	0	17	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	1,143	0	6,878	6,318	58,123	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.02	07952	CLINICAL RESEARCH CENTER	1,751	0	1,751	20,843	11,351	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,467	0	0	1,391	2,679	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	231	0	194.07
194.08	07958	RETAIL PHARMACIES	1,973	0	0	20,089	177,490,880	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	758	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,571,225	0	37,585,900	22,743,405	36,047,186	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.899630	0.000000	91.467682	0.361013	0.194806	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,355,938	0	4,009,727	4,054,238	2,697,427	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.587703	0.000000	9.757926	0.064354	0.014577	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

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		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			16.00	17.00	18.00	18.01	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,994,453,162					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01	01851	HISTOCOMPATIBILITY LAB	5,312,050	0	0	543,978		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0		23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0		23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0		23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0		23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	456,947,228	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	61,166,711	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	21,512,279	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	14,471,775	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	38,440,498	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	43,321,019	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	36,603,797	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,210,834	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	11,398,527	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	716,037,610	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	72,735,146	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53,166,979	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	213,577,033	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	131,809,157	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	28,924,713	0	0	0	0	56.00
57.00	05700	CT SCAN	211,264,329	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	158,952,052	0	0	0	0	58.00

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		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			16.00	17.00	18.00	18.01	19.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	3,722,602	0	0	0	0	59.01
60.00	06000	LABORATORY	342,086,793	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.	54,365,644	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	110,424,211	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	1,801,153	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	95,223,387	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	214,704,343	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,765,465	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	12,459,640	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	5,446,892	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	7,005,775	0	0	0	0	75.02
		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	CLINIC CSC	129,882,971	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	21,411,372	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	2,384,341	0	0	0	0	90.03
90.04	09004	CLINIC WEST	39,728,865	0	0	0	0	90.04
90.05	09005	CLINIC EAST	16,403,805	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	5,810,589	0	0	0	0	90.06
90.07	09009	CLINIC DHC	70,354,629	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	18,295,934	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	43,524	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	1,844,309	0	0	0	0	90.10
90.11	09011	CLINIC AODA	201,178	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	877,395	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	4,485,990	0	0	0	0	90.13
91.00	09100	EMERGENCY	172,241,580	0	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	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	19,906,204	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
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	9,762,520	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	28,386,578	0	0	267,045	0	105.00
106.00	10600	HEART ACQUISITION	2,214,498	0	0	6,466	0	106.00
107.00	10700	LIVER ACQUISITION	11,031,117	0	0	18,520	0	107.00
108.00	10800	LUNG ACQUISITION	3,708,341	0	0	4,897	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,648,640	0	0	5,176	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	241,874	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,723,482,022	0	0	543,978	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			16.00	17.00	18.00	18.01	19.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	385,951	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	2,740,137	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	1,536,826	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	266,308,226	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	23,043,701	0	0	4,476,424	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005769	0.000000	0.000000	8.229053	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,060,379	0	0	259,145	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000265	0.000000	0.000000	0.476389	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		46,641				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			46,641			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	PHARMACY PROGRAM					100	23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM						23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST						23.04
23.05	02305	ULTRASOUND TECHNOLOGIST						23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST						23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	46,294	46,294	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	347	347	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	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	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
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	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	46,641	46,641	0	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	45,244,713	19,300,898	0	1,041,081	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	970.063099	413.818271	0.000000	10,410.810000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,479,702	342,795	0	48,297	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	31.725349	7.349649	0.000000	482.970000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAISMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
1.09	00110	CAP REL COSTS-TAC						1.09
1.10	00111	CAP REL COSTS-PHARMACY SERVICES						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM	100					23.02
23.03	02303	DIETARY PROGRAM		100				23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST			100			23.04
23.05	02305	ULTRASOUND TECHNOLOGIST				100		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST					100	23.06
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	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	100	100	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	100	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
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
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	100	0	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	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
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	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07959	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07950	MADISON REHAB HOSPITAL	0	0	0	0	0	194.06
194.07	07956	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
194.09	07957	INN TOWNER	0	0	0	0	0	194.09
194.10	07960	LIVER RESEARCH	0	0	0	0	0	194.10
194.11	07961	TLC LIGHTING RESEARCH	0	0	0	0	0	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,195,777	56,516	629,176	589,250	60,711	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11,957.770000	565.160000	6,291.760000	5,892.500000	607.110000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	214,649	5,264	94,046	84,719	1,406	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2,146.490000	52.640000	940.460000	847.190000	14.060000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-2 | Date/Time Prepared: 11/16/2018 8:03 am

		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	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00		ADJUST FOR NON CAP	1	90.00	-10,521,418	7.00
8.00		ADJUST FOR NON CAP	1	90.01	5,300,969	8.00
9.00		ADJUST FOR NON CAP	1	90.02	811,121	9.00
10.00		ADJUST FOR NON CAP	1	90.03	184,588	10.00
11.00		ADJUST FOR NON CAP	1	90.04	1,284,041	11.00
12.00		ADJUST FOR NON CAP	1	90.05	558,480	12.00
13.00		ADJUST FOR NON CAP	1	90.06	255,207	13.00
14.00		ADJUST FOR NON CAP	1	90.07	1,221,324	14.00
15.00		ADJUST FOR NON CAP	1	90.08	605,472	15.00
16.00		ADJUST FOR NON CAP	1	90.09	2,509	16.00
17.00		ADJUST FOR NON CAP	1	90.10	37,838	17.00
18.00		ADJUST FOR NON CAP	1	90.11	11,090	18.00
19.00		ADJUST FOR NON CAP	1	90.12	48,848	19.00
20.00		ADJUST FOR NON CAP	1	90.13	199,931	20.00
21.00		ADJUST FOR CAP	2	90.00	-523,688	21.00
22.00		ADJUST FOR CAP	2	90.01	251,477	22.00
23.00		ADJUST FOR CAP	2	90.02	27,861	23.00
24.00		ADJUST FOR CAP	2	90.03	2,620	24.00
25.00		ADJUST FOR CAP	2	90.04	36,729	25.00
26.00		ADJUST FOR CAP	2	90.05	23,793	26.00
27.00		ADJUST FOR CAP	2	90.06	11,029	27.00
28.00		ADJUST FOR CAP	2	90.07	100,713	28.00
29.00		ADJUST FOR CAP	2	90.08	40,664	29.00
30.00		ADJUST FOR CAP	2	90.09	189	30.00
31.00		ADJUST FOR CAP	2	90.10	907	31.00
32.00		ADJUST FOR CAP	2	90.11	1,813	32.00
33.00		ADJUST FOR CAP	2	90.12	2,213	33.00
34.00		ADJUST FOR CAP	2	90.13	23,680	34.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	197,627,833		197,627,833	0	197,627,833	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,907,480		20,907,480	0	20,907,480	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	6,965,474		6,965,474	0	6,965,474	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	5,018,750		5,018,750	0	5,018,750	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	12,731,308		12,731,308	0	12,731,308	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	14,449,606		14,449,606	0	14,449,606	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	10,466,216		10,466,216	0	10,466,216	31.06
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,305,243		6,305,243	0	6,305,243	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,824,632		5,824,632	0	5,824,632	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	128,999,267		128,999,267	0	128,999,267	50.00
51.00	05100	RECOVERY ROOM	23,979,775		23,979,775	0	23,979,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,190,270		14,190,270	0	14,190,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,340,405		54,340,405	0	54,340,405	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,275,303		19,275,303	0	19,275,303	55.00
56.00	05600	RADIOISOTOPE	7,347,074		7,347,074	0	7,347,074	56.00
57.00	05700	CT SCAN	11,196,232		11,196,232	0	11,196,232	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,044,133		15,044,133	0	15,044,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,569,616		1,569,616	0	1,569,616	59.01
60.00	06000	LABORATORY	55,528,679		55,528,679	0	55,528,679	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.	15,216,951		15,216,951	0	15,216,951	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,843,227	0	31,843,227	0	31,843,227	65.00
65.01	03550	NEUROPSYCH TESTING	1,158,568	0	1,158,568	0	1,158,568	65.01
66.00	06600	PHYSICAL THERAPY	31,077,697	0	31,077,697	0	31,077,697	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	37,738,310		37,738,310	0	37,738,310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,467,152		5,467,152	0	5,467,152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,263,306		1,263,306	0	1,263,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,856,453		62,856,453	0	62,856,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,925,923		190,925,923	0	190,925,923	73.00
74.00	07400	RENAL DIALYSIS	4,757,986		4,757,986	0	4,757,986	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	1,363,947		1,363,947	0	1,363,947	75.01
75.02	03540	ORTHOTICS LAB	3,535,010		3,535,010	0	3,535,010	75.02
		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	CLINIC CSC	90,027,909		90,027,909	0	90,027,909	90.01
90.02	09002	CLINIC UNIVERSITY STATION	13,775,510		13,775,510	0	13,775,510	90.02
90.03	09003	CLINIC WAISMAN	3,134,911		3,134,911	0	3,134,911	90.03
90.04	09004	CLINIC WEST	21,807,236		21,807,236	0	21,807,236	90.04
90.05	09005	CLINIC EAST	9,484,834		9,484,834	0	9,484,834	90.05
90.06	09006	CLINIC RESEARCH PARK	4,334,253		4,334,253	0	4,334,253	90.06
90.07	09009	CLINIC DHC	20,742,108		20,742,108	0	20,742,108	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	10,282,903		10,282,903	0	10,282,903	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	42,607		42,607	0	42,607	90.09
90.10	09007	CLINIC MIDDLETON REHAB	642,607		642,607	0	642,607	90.10
90.11	09011	CLINIC AODA	188,339		188,339	0	188,339	90.11
90.12	09012	CLINIC KIDNEY	829,603		829,603	0	829,603	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	3,395,480		3,395,480	0	3,395,480	90.13
91.00	09100	EMERGENCY	39,128,078		39,128,078	0	39,128,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,739,689		9,739,689		9,739,689	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am
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		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	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,492,881		11,492,881	0	11,492,881	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
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	8,712,309		8,712,309		8,712,309	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	20,977,120		20,977,120		20,977,120	105.00
106.00	10600	HEART ACQUISITION	2,537,217		2,537,217		2,537,217	106.00
107.00	10700	LIVER ACQUISITION	8,165,258		8,165,258		8,165,258	107.00
108.00	10800	LUNG ACQUISITION	4,200,615		4,200,615		4,200,615	108.00
109.00	10900	PANCREAS ACQUISITION	4,835,494		4,835,494		4,835,494	109.00
110.00	11000	INTESTINAL ACQUISITION	26,314		26,314		26,314	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	POST TRANSPLANT	8,274,988		8,274,988		8,274,988	112.00
112.01	08601	PRE TRANSPLANT	0		0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
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
200.00		Subtotal (see instructions)	1,295,750,089	0	1,295,750,089	0	1,295,750,089	200.00
201.00		Less Observation Beds	9,739,689		9,739,689		9,739,689	201.00
202.00		Total (see instructions)	1,286,010,400	0	1,286,010,400	0	1,286,010,400	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

		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	411,244,362		411,244,362			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	61,110,618		61,110,618			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	21,298,327		21,298,327			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	14,411,283		14,411,283			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	38,132,682		38,132,682			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	43,294,054		43,294,054			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	36,590,483		36,590,483			31.06
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,650,982		12,650,982			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	11,349,067		11,349,067			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	454,919,311	212,410,345	667,329,656	0.193307	0.000000	50.00
51.00	05100	RECOVERY ROOM	37,699,427	35,035,719	72,735,146	0.329686	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	33,980,468	18,904,391	52,884,859	0.268324	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,179,629	129,029,675	210,209,304	0.258506	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,558,893	126,246,954	131,805,847	0.146240	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,351,318	26,573,394	28,924,712	0.254007	0.000000	56.00
57.00	05700	CT SCAN	68,234,618	143,029,711	211,264,329	0.052996	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,358,707	129,593,344	158,952,051	0.094646	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	329,745	3,392,857	3,722,602	0.421645	0.000000	59.01
60.00	06000	LABORATORY	139,550,698	202,536,095	342,086,793	0.162323	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.	29,775,051	18,418,541	48,193,592	0.315746	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	83,660,009	26,764,202	110,424,211	0.288372	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	121,563	1,679,590	1,801,153	0.643237	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	36,308,282	58,915,105	95,223,387	0.326366	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	89,861,267	107,649,560	197,510,827	0.191070	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,680,555	8,084,910	23,765,465	0.230046	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,265,976	791,366	3,057,342	0.413204	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,976,591	16,522,319	76,498,910	0.821665	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	236,258,938	422,608,105	658,867,043	0.289779	0.000000	73.00
74.00	07400	RENAL DIALYSIS	9,980,682	2,478,957	12,459,639	0.381872	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	301,694	5,145,198	5,446,892	0.250408	0.000000	75.01
75.02	03540	ORTHOTICS LAB	943,718	6,062,057	7,005,775	0.504585	0.000000	75.02
		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	CLINIC CSC	13,082,583	116,054,773	129,137,356	0.697148	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	21,434	21,377,898	21,399,332	0.643736	0.000000	90.02
90.03	09003	CLINIC WAISMAN	4,162	2,380,179	2,384,341	1.314791	0.000000	90.03
90.04	09004	CLINIC WEST	146,616	39,582,249	39,728,865	0.548902	0.000000	90.04
90.05	09005	CLINIC EAST	10,835	16,392,970	16,403,805	0.578209	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	3,427	5,807,162	5,810,589	0.745923	0.000000	90.06
90.07	09009	CLINIC DHC	47,972	70,306,656	70,354,628	0.294822	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	117,216	18,178,719	18,295,935	0.562032	0.000000	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	328	43,196	43,524	0.978931	0.000000	90.09
90.10	09007	CLINIC MIDDLETON REHAB	3,064	1,841,245	1,844,309	0.348427	0.000000	90.10
90.11	09011	CLINIC AODA	0	201,178	201,178	0.936181	0.000000	90.11
90.12	09012	CLINIC KIDNEY	1,673	875,722	877,395	0.945530	0.000000	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	2,449	4,483,541	4,485,990	0.756908	0.000000	90.13
91.00	09100	EMERGENCY	62,157,478	110,084,102	172,241,580	0.227170	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	46,401,132	46,401,132	0.209902	0.000000	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII Hospital PPS

		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	
		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	19,906,204	19,906,204	0.577352	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
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	1,036	9,761,484	9,762,520			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	28,361,462	25,116	28,386,578			105.00
106.00	10600	HEART ACQUISITION	2,214,498	0	2,214,498			106.00
107.00	10700	LIVER ACQUISITION	11,031,117	0	11,031,117			107.00
108.00	10800	LUNG ACQUISITION	3,708,341	0	3,708,341			108.00
109.00	10900	PANCREAS ACQUISITION	4,648,640	0	4,648,640			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
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
200.00		Subtotal (see instructions)	2,193,943,329	2,185,575,921	4,379,519,250			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,193,943,329	2,185,575,921	4,379,519,250			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		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
31.01	02180	TRAUMA INTENSIVE CARE UNIT		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		31.06
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - IPF		40.00
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	0.193307	50.00
51.00	05100	RECOVERY ROOM	0.329686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	55.00
56.00	05600	RADIOISOTOPE	0.254007	56.00
57.00	05700	CT SCAN	0.052996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	59.01
60.00	06000	LABORATORY	0.162323	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.	0.315746	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.191070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	73.00
74.00	07400	RENAL DIALYSIS	0.381872	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	75.01
75.02	03540	ORTHOTICS LAB	0.504585	75.02
		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	CLINIC CSC	0.697148	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	90.02
90.03	09003	CLINIC WAISMAN	1.314791	90.03
90.04	09004	CLINIC WEST	0.548902	90.04
90.05	09005	CLINIC EAST	0.578209	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	90.06
90.07	09009	CLINIC DHC	0.294822	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	90.10
90.11	09011	CLINIC AODA	0.936181	90.11
90.12	09012	CLINIC KIDNEY	0.945530	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	90.13
91.00	09100	EMERGENCY	0.227170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	92.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0.577352	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
112.00	08600	POST TRANSPLANT			112.00
112.01	08601	PRE TRANSPLANT			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS			112.02
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
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: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

		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	197,627,833		197,627,833	0	197,627,833	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,907,480		20,907,480	0	20,907,480	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	6,965,474		6,965,474	0	6,965,474	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	5,018,750		5,018,750	0	5,018,750	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	12,731,308		12,731,308	0	12,731,308	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	14,449,606		14,449,606	0	14,449,606	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	10,466,216		10,466,216	0	10,466,216	31.06
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,305,243		6,305,243	0	6,305,243	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,824,632		5,824,632	0	5,824,632	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	128,999,267		128,999,267	0	128,999,267	50.00
51.00	05100	RECOVERY ROOM	23,979,775		23,979,775	0	23,979,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,190,270		14,190,270	0	14,190,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,340,405		54,340,405	0	54,340,405	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,275,303		19,275,303	0	19,275,303	55.00
56.00	05600	RADIOISOTOPE	7,347,074		7,347,074	0	7,347,074	56.00
57.00	05700	CT SCAN	11,196,232		11,196,232	0	11,196,232	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,044,133		15,044,133	0	15,044,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,569,616		1,569,616	0	1,569,616	59.01
60.00	06000	LABORATORY	55,528,679		55,528,679	0	55,528,679	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.	15,216,951		15,216,951	0	15,216,951	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,843,227	0	31,843,227	0	31,843,227	65.00
65.01	03550	NEUROPSYCH TESTING	1,158,568	0	1,158,568	0	1,158,568	65.01
66.00	06600	PHYSICAL THERAPY	31,077,697	0	31,077,697	0	31,077,697	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	37,738,310		37,738,310	0	37,738,310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,467,152		5,467,152	0	5,467,152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,263,306		1,263,306	0	1,263,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,856,453		62,856,453	0	62,856,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,925,923		190,925,923	0	190,925,923	73.00
74.00	07400	RENAL DIALYSIS	4,757,986		4,757,986	0	4,757,986	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	1,363,947		1,363,947	0	1,363,947	75.01
75.02	03540	ORTHOTICS LAB	3,535,010		3,535,010	0	3,535,010	75.02
		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	CLINIC CSC	90,027,909		90,027,909	0	90,027,909	90.01
90.02	09002	CLINIC UNIVERSITY STATION	13,775,510		13,775,510	0	13,775,510	90.02
90.03	09003	CLINIC WAISMAN	3,134,911		3,134,911	0	3,134,911	90.03
90.04	09004	CLINIC WEST	21,807,236		21,807,236	0	21,807,236	90.04
90.05	09005	CLINIC EAST	9,484,834		9,484,834	0	9,484,834	90.05
90.06	09006	CLINIC RESEARCH PARK	4,334,253		4,334,253	0	4,334,253	90.06
90.07	09009	CLINIC DHC	20,742,108		20,742,108	0	20,742,108	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	10,282,903		10,282,903	0	10,282,903	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	42,607		42,607	0	42,607	90.09
90.10	09007	CLINIC MIDDLETON REHAB	642,607		642,607	0	642,607	90.10
90.11	09011	CLINIC AODA	188,339		188,339	0	188,339	90.11
90.12	09012	CLINIC KIDNEY	829,603		829,603	0	829,603	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	3,395,480		3,395,480	0	3,395,480	90.13
91.00	09100	EMERGENCY	39,128,078		39,128,078	0	39,128,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,739,689		9,739,689		9,739,689	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

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	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,492,881		11,492,881	0	11,492,881	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
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	8,712,309		8,712,309		8,712,309	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	20,977,120		20,977,120		20,977,120	105.00
106.00	10600	HEART ACQUISITION	2,537,217		2,537,217		2,537,217	106.00
107.00	10700	LIVER ACQUISITION	8,165,258		8,165,258		8,165,258	107.00
108.00	10800	LUNG ACQUISITION	4,200,615		4,200,615		4,200,615	108.00
109.00	10900	PANCREAS ACQUISITION	4,835,494		4,835,494		4,835,494	109.00
110.00	11000	INTESTINAL ACQUISITION	26,314		26,314		26,314	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	POST TRANSPLANT	8,274,988		8,274,988		8,274,988	112.00
112.01	08601	PRE TRANSPLANT	0		0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
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
200.00		Subtotal (see instructions)	1,295,750,089	0	1,295,750,089	0	1,295,750,089	200.00
201.00		Less Observation Beds	9,739,689		9,739,689		9,739,689	201.00
202.00		Total (see instructions)	1,286,010,400	0	1,286,010,400	0	1,286,010,400	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

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	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	411,244,362		411,244,362			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	61,110,618		61,110,618			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	21,298,327		21,298,327			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	14,411,283		14,411,283			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	38,132,682		38,132,682			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	43,294,054		43,294,054			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	36,590,483		36,590,483			31.06
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,650,982		12,650,982			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	11,349,067		11,349,067			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	454,919,311	212,410,345	667,329,656	0.193307	0.000000	50.00
51.00	05100	RECOVERY ROOM	37,699,427	35,035,719	72,735,146	0.329686	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	33,980,468	18,904,391	52,884,859	0.268324	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,179,629	129,029,675	210,209,304	0.258506	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,558,893	126,246,954	131,805,847	0.146240	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,351,318	26,573,394	28,924,712	0.254007	0.000000	56.00
57.00	05700	CT SCAN	68,234,618	143,029,711	211,264,329	0.052996	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,358,707	129,593,344	158,952,051	0.094646	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	329,745	3,392,857	3,722,602	0.421645	0.000000	59.01
60.00	06000	LABORATORY	139,550,698	202,536,095	342,086,793	0.162323	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.	29,775,051	18,418,541	48,193,592	0.315746	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	83,660,009	26,764,202	110,424,211	0.288372	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	121,563	1,679,590	1,801,153	0.643237	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	36,308,282	58,915,105	95,223,387	0.326366	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	89,861,267	107,649,560	197,510,827	0.191070	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,680,555	8,084,910	23,765,465	0.230046	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,265,976	791,366	3,057,342	0.413204	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,976,591	16,522,319	76,498,910	0.821665	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	236,258,938	422,608,105	658,867,043	0.289779	0.000000	73.00
74.00	07400	RENAL DIALYSIS	9,980,682	2,478,957	12,459,639	0.381872	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	301,694	5,145,198	5,446,892	0.250408	0.000000	75.01
75.02	03540	ORTHOTICS LAB	943,718	6,062,057	7,005,775	0.504585	0.000000	75.02
		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	CLINIC CSC	13,082,583	116,054,773	129,137,356	0.697148	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	21,434	21,377,898	21,399,332	0.643736	0.000000	90.02
90.03	09003	CLINIC WAISMAN	4,162	2,380,179	2,384,341	1.314791	0.000000	90.03
90.04	09004	CLINIC WEST	146,616	39,582,249	39,728,865	0.548902	0.000000	90.04
90.05	09005	CLINIC EAST	10,835	16,392,970	16,403,805	0.578209	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	3,427	5,807,162	5,810,589	0.745923	0.000000	90.06
90.07	09009	CLINIC DHC	47,972	70,306,656	70,354,628	0.294822	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	117,216	18,178,719	18,295,935	0.562032	0.000000	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	328	43,196	43,524	0.978931	0.000000	90.09
90.10	09007	CLINIC MIDDLETON REHAB	3,064	1,841,245	1,844,309	0.348427	0.000000	90.10
90.11	09011	CLINIC AODA	0	201,178	201,178	0.936181	0.000000	90.11
90.12	09012	CLINIC KIDNEY	1,673	875,722	877,395	0.945530	0.000000	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	2,449	4,483,541	4,485,990	0.756908	0.000000	90.13
91.00	09100	EMERGENCY	62,157,478	110,084,102	172,241,580	0.227170	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	46,401,132	46,401,132	0.209902	0.000000	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am

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	
		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	19,906,204	19,906,204	0.577352	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
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	1,036	9,761,484	9,762,520			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	28,361,462	25,116	28,386,578			105.00
106.00	10600	HEART ACQUISITION	2,214,498	0	2,214,498			106.00
107.00	10700	LIVER ACQUISITION	11,031,117	0	11,031,117			107.00
108.00	10800	LUNG ACQUISITION	3,708,341	0	3,708,341			108.00
109.00	10900	PANCREAS ACQUISITION	4,648,640	0	4,648,640			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	POST TRANSPLANT	0	0	0			112.00
112.01	08601	PRE TRANSPLANT	0	0	0			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
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
200.00		Subtotal (see instructions)	2,193,943,329	2,185,575,921	4,379,519,250			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,193,943,329	2,185,575,921	4,379,519,250			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XIX	Hospital	Cost

		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
31.01	02180	TRAUMA INTENSIVE CARE UNIT			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT			31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT			31.06
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
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
59.01	05901	CARDIAC REHABILITATION	0.000000		59.01
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	03550	NEUROPSYCH TESTING	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000		75.01
75.02	03540	ORTHOTICS LAB	0.000000		75.02
		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	CLINIC CSC	0.000000		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000		90.02
90.03	09003	CLINIC WAISMAN	0.000000		90.03
90.04	09004	CLINIC WEST	0.000000		90.04
90.05	09005	CLINIC EAST	0.000000		90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000		90.06
90.07	09009	CLINIC DHC	0.000000		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000		90.10
90.11	09011	CLINIC AODA	0.000000		90.11
90.12	09012	CLINIC KIDNEY	0.000000		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000		90.13
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

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XIX	Hospital	Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
112.00	08600	POST TRANSPLANT			112.00
112.01	08601	PRE TRANSPLANT			112.01
112.02	08602	OPO ADMINISTRATIVE COSTS			112.02
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
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part I Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,562,681	0	12,562,681	145,811	86.16	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	1,081,179		1,081,179	7,773	139.09	31.01
31.02	CARDIOTHORACIC SURGERY ICU	415,102		415,102	2,083	199.28	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	243,709		243,709	2,010	121.25	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	867,624		867,624	4,541	191.06	31.04
31.05	NEURO INTENSIVE CARE UNIT	896,297		896,297	5,641	158.89	31.05
31.06	NEONATAL INTENSIVE CARE UNIT	1,013,486		1,013,486	4,059	249.69	31.06
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	378,255		378,255	2,230	169.62	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	432,094	0	432,094	5,301	81.51	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	17,890,427		17,890,427	179,449		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	46,906	4,041,421	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	4,715	655,809	31.01
31.02	CARDIOTHORACIC SURGERY ICU	1,263	251,691	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	1,219	147,804	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	3	573	31.04
31.05	NEURO INTENSIVE CARE UNIT	3,422	543,722	31.05
31.06	NEONATAL INTENSIVE CARE UNIT	0	0	31.06
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	276	46,815	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	1,357	110,609	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)	59,161	5,798,444	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part II Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,988,809	667,329,656	0.020962	134,541,133	2,820,251	50.00
51.00	05100	RECOVERY ROOM	2,056,062	72,735,146	0.028268	12,236,434	345,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,390,599	52,884,859	0.026295	10,159,770	267,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,890,180	210,209,304	0.028021	26,982,519	756,077	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,881,745	131,805,847	0.044624	1,914,838	85,448	55.00
56.00	05600	RADIOISOTOPE	410,142	28,924,712	0.014180	899,636	12,757	56.00
57.00	05700	CT SCAN	2,364,510	211,264,329	0.011192	25,501,479	285,413	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,794,712	158,952,051	0.030165	8,395,338	253,245	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	135,642	3,722,602	0.036437	142,450	5,190	59.01
60.00	06000	LABORATORY	3,543,224	342,086,793	0.010358	47,864,850	495,784	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.	754,491	48,193,592	0.015655	9,623,328	150,653	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,038,095	110,424,211	0.018457	27,624,086	509,858	65.00
65.01	03550	NEUROPSYCH TESTING	121,384	1,801,153	0.067392	23,301	1,570	65.01
66.00	06600	PHYSICAL THERAPY	1,965,097	95,223,387	0.020637	11,440,945	236,107	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,159,570	197,510,827	0.026123	37,465,391	978,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	543,366	23,765,465	0.022864	3,560,189	81,400	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,437	3,057,342	0.007339	799,071	5,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,116,368	76,498,910	0.014593	18,335,279	267,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,372,467	658,867,043	0.005119	75,049,666	384,179	73.00
74.00	07400	RENAL DIALYSIS	321,900	12,459,639	0.025835	4,560,850	117,830	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	157,198	5,446,892	0.028860	98,321	2,838	75.01
75.02	03540	ORTHOTICS LAB	213,047	7,005,775	0.030410	219,557	6,677	75.02
		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	CLINIC CSC	8,028,318	129,137,356	0.062169	5,808,267	361,094	90.01
90.02	09002	CLINIC UNIVERSITY STATION	889,437	21,399,332	0.041564	7,587	315	90.02
90.03	09003	CLINIC WAISMAN	83,645	2,384,341	0.035081	0	0	90.03
90.04	09004	CLINIC WEST	1,172,555	39,728,865	0.029514	55,377	1,634	90.04
90.05	09005	CLINIC EAST	759,595	16,403,805	0.046306	5,556	257	90.05
90.06	09006	CLINIC RESEARCH PARK	352,088	5,810,589	0.060594	1,852	112	90.06
90.07	09009	CLINIC DHC	3,215,217	70,354,628	0.045700	27,369	1,251	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1,298,169	18,295,935	0.070954	63,854	4,531	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	6,043	43,524	0.138843	328	46	90.09
90.10	09007	CLINIC MIDDLETON REHAB	28,968	1,844,309	0.015707	2,909	46	90.10
90.11	09011	CLINIC AODA	57,870	201,178	0.287656	0	0	90.11
90.12	09012	CLINIC KIDNEY	70,652	877,395	0.080525	786	63	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	755,984	4,485,990	0.168521	1,814	306	90.13
91.00	09100	EMERGENCY	3,018,053	172,241,580	0.017522	21,322,950	373,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	619,123	46,401,132	0.013343	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50 through 199)	76,596,762	3,649,779,494		484,737,080	8,813,743	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part III Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				Title XVIII		Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	56,516	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.06
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	56,516	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	56,516	145,811	0.39	46,906	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0.00	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	7,773	0.00	4,715	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	2,083	0.00	1,263	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	2,010	0.00	1,219	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	4,541	0.00	3	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0	5,641	0.00	3,422	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0	4,059	0.00	0	31.06
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	2,230	0.00	276	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	5,301	0.00	1,357	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)		56,516	179,449		59,161	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	18,293	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT	0	31.06
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
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
200.00		Total (lines 30 through 199)	18,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School Post-Stepdown Adjustments	Title XVIII Nursing School	Hospital Allied Health Post-Stepdown Adjustments	PPS 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	1,218,426	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	60,711	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,041,081	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	1,195,777	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		2,786	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	3,518,781	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:03 am

		Cost Center Description	All Other Medical Education Cost	Title XVIII Total Cost (sum of col 1 through col. 4)	Title XVIII Total Outpatient Cost (sum of col. 2, 3 and 4)	Hospital Total Charges (from Wkst. C, Part I, col. 8)	PPS 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	667,329,656	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	72,735,146	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	52,884,859	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,218,426	1,218,426	210,209,304	0.005796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	60,711	60,711	131,805,847	0.000461	55.00
56.00	05600	RADIOISOTOPE	0	0	0	28,924,712	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	211,264,329	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	158,952,051	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	3,722,602	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	342,086,793	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	48,193,592	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	110,424,211	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	1,801,153	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	95,223,387	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	197,510,827	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	23,765,465	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,057,342	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	76,498,910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,041,081	1,041,081	658,867,043	0.001580	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,459,639	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	5,446,892	0.000000	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	7,005,775	0.000000	75.02
		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	CLINIC CSC	0	0	0	129,137,356	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	21,399,332	0.000000	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	2,384,341	0.000000	90.03
90.04	09004	CLINIC WEST	0	0	0	39,728,865	0.000000	90.04
90.05	09005	CLINIC EAST	0	0	0	16,403,805	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	5,810,589	0.000000	90.06
90.07	09009	CLINIC DHC	0	0	0	70,354,628	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	18,295,935	0.000000	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	43,524	0.000000	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	1,844,309	0.000000	90.10
90.11	09011	CLINIC AODA	0	0	0	201,178	0.000000	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	877,395	0.000000	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	4,485,990	0.000000	90.13
91.00	09100	EMERGENCY	0	1,195,777	1,195,777	172,241,580	0.006942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,786	2,786	46,401,132	0.000060	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50 through 199)	0	3,518,781	3,518,781	3,649,779,494		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:03 am

		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	PPS 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	134,541,133	0	46,143,237	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	12,236,434	0	9,590,024	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	10,159,770	0	3,688,860	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.005796	26,982,519	156,391	32,561,651	188,727	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000461	1,914,838	883	46,458,296	21,417	55.00
56.00	05600	RADIOISOTOPE	0.000000	899,636	0	8,158,788	0	56.00
57.00	05700	CT SCAN	0.000000	25,501,479	0	43,886,969	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	8,395,338	0	26,315,023	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.000000	142,450	0	1,538,337	0	59.01
60.00	06000	LABORATORY	0.000000	47,864,850	0	36,592,800	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	9,623,328	0	3,492,058	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	27,624,086	0	1,413,568	0	65.00
65.01	03550	NEUROPSYCH TESTING	0.000000	23,301	0	364,481	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	11,440,945	0	390,710	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	37,465,391	0	38,621,756	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,560,189	0	1,498,683	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	799,071	0	21,802	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,335,279	0	6,001,724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001580	75,049,666	118,578	131,116,082	207,163	73.00
74.00	07400	RENAL DIALYSIS	0.000000	4,560,850	0	416,456	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000	98,321	0	1,639,216	0	75.01
75.02	03540	ORTHOTICS LAB	0.000000	219,557	0	70,606	0	75.02
		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	CLINIC CSC	0.000000	5,808,267	0	35,360,320	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000	7,587	0	7,028,868	0	90.02
90.03	09003	CLINIC WAISMAN	0.000000	0	0	23,633	0	90.03
90.04	09004	CLINIC WEST	0.000000	55,377	0	11,833,688	0	90.04
90.05	09005	CLINIC EAST	0.000000	5,556	0	4,290,644	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000	1,852	0	1,101,235	0	90.06
90.07	09009	CLINIC DHC	0.000000	27,369	0	16,803,218	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	63,854	0	4,583,798	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000	328	0	33,894	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000	2,909	0	740,994	0	90.10
90.11	09011	CLINIC AODA	0.000000	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.000000	786	0	361,768	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000	1,814	0	1,118,244	0	90.13
91.00	09100	EMERGENCY	0.006942	21,322,950	148,024	20,487,201	142,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000060	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		484,737,080	423,876	543,748,632	559,529	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

		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	0.193307	46,143,237	0	0	8,919,811	50.00
51.00	05100	RECOVERY ROOM	0.329686	9,590,024	0	0	3,161,697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	3,688,860	0	0	989,810	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	32,561,651	0	0	8,417,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	46,458,296	0	0	6,794,061	55.00
56.00	05600	RADIOISOTOPE	0.254007	8,158,788	0	0	2,072,389	56.00
57.00	05700	CT SCAN	0.052996	43,886,969	0	0	2,325,834	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	26,315,023	0	0	2,490,612	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	1,538,337	0	0	648,632	59.01
60.00	06000	LABORATORY	0.162323	36,592,800	16,087	0	5,939,853	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.	0.315746	3,492,058	0	0	1,102,603	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	1,413,568	0	0	407,633	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	364,481	0	0	234,448	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	390,710	0	0	127,514	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	0.191070	38,621,756	0	0	7,379,459	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	1,498,683	0	0	344,766	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	21,802	0	0	9,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	6,001,724	67,500	0	4,931,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	131,116,082	0	1,515,155	37,994,687	73.00
74.00	07400	RENAL DIALYSIS	0.381872	416,456	0	0	159,033	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	1,639,216	0	0	410,473	75.01
75.02	03540	ORTHOTICS LAB	0.504585	70,606	0	0	35,627	75.02
		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	CLINIC CSC	0.697148	35,360,320	0	0	24,651,376	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	7,028,868	0	0	4,524,735	90.02
90.03	09003	CLINIC WAISMAN	1.314791	23,633	0	0	31,072	90.03
90.04	09004	CLINIC WEST	0.548902	11,833,688	0	0	6,495,535	90.04
90.05	09005	CLINIC EAST	0.578209	4,290,644	0	0	2,480,889	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	1,101,235	0	0	821,437	90.06
90.07	09009	CLINIC DHC	0.294822	16,803,218	0	0	4,953,958	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	4,583,798	0	0	2,576,241	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	33,894	0	0	33,180	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	740,994	0	0	258,182	90.10
90.11	09011	CLINIC AODA	0.936181	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.945530	361,768	0	0	342,062	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	1,118,244	0	0	846,408	90.13
91.00	09100	EMERGENCY	0.227170	20,487,201	0	0	4,654,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.577352		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
200.00		Subtotal (see instructions)		543,748,632	83,587	1,515,155	147,565,892	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		543,748,632	83,587	1,515,155	147,565,892	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

		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
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	2,611	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,462	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	439,060		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	ORTHOTICS LAB	0	0		75.02
		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	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0		90.10
90.11	09011	CLINIC AODA	0	0		90.11
90.12	09012	CLINIC KIDNEY	0	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	58,073	439,060		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	58,073	439,060		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0098
Component CCN: 52-S098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part II
Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,988,809	667,329,656	0.020962	0	0	50.00
51.00	05100	RECOVERY ROOM	2,056,062	72,735,146	0.028268	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,390,599	52,884,859	0.026295	6,694	176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,890,180	210,209,304	0.028021	16,318	457	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,881,745	131,805,847	0.044624	0	0	55.00
56.00	05600	RADIOISOTOPE	410,142	28,924,712	0.014180	0	0	56.00
57.00	05700	CT SCAN	2,364,510	211,264,329	0.011192	47,132	528	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,794,712	158,952,051	0.030165	39,356	1,187	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	135,642	3,722,602	0.036437	0	0	59.01
60.00	06000	LABORATORY	3,543,224	342,086,793	0.010358	301,112	3,119	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.	754,491	48,193,592	0.015655	4,979	78	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,038,095	110,424,211	0.018457	117,135	2,162	65.00
65.01	03550	NEUROPSYCH TESTING	121,384	1,801,153	0.067392	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,965,097	95,223,387	0.020637	204,324	4,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,159,570	197,510,827	0.026123	15,213	397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	543,366	23,765,465	0.022864	2,056	47	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,437	3,057,342	0.007339	2,921	21	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,116,368	76,498,910	0.014593	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,372,467	658,867,043	0.005119	366,412	1,876	73.00
74.00	07400	RENAL DIALYSIS	321,900	12,459,639	0.025835	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	157,198	5,446,892	0.028860	0	0	75.01
75.02	03540	ORTHOTICS LAB	213,047	7,005,775	0.030410	1,517	46	75.02
		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	CLINIC CSC	8,028,318	129,137,356	0.062169	33,275	2,069	90.01
90.02	09002	CLINIC UNIVERSITY STATION	889,437	21,399,332	0.041564	0	0	90.02
90.03	09003	CLINIC WAISMAN	83,645	2,384,341	0.035081	0	0	90.03
90.04	09004	CLINIC WEST	1,172,555	39,728,865	0.029514	0	0	90.04
90.05	09005	CLINIC EAST	759,595	16,403,805	0.046306	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	352,088	5,810,589	0.060594	0	0	90.06
90.07	09009	CLINIC DHC	3,215,217	70,354,628	0.045700	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	1,298,169	18,295,935	0.070954	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	6,043	43,524	0.138843	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	28,968	1,844,309	0.015707	0	0	90.10
90.11	09011	CLINIC AODA	57,870	201,178	0.287656	0	0	90.11
90.12	09012	CLINIC KIDNEY	70,652	877,395	0.080525	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	755,984	4,485,990	0.168521	197	33	90.13
91.00	09100	EMERGENCY	3,018,053	172,241,580	0.017522	289,676	5,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	46,401,132	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50 through 199)	75,977,639	3,649,779,494		1,448,317	21,489	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098
Component CCN: 52-S098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,218,426	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	60,711	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,041,081	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
		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	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	1,195,777	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	3,515,995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098
Component CCN: 52-S098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	667,329,656	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	72,735,146	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	52,884,859	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,218,426	1,218,426	210,209,304	0.005796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	60,711	60,711	131,805,847	0.000461	55.00
56.00	05600	RADIOISOTOPE	0	0	0	28,924,712	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	211,264,329	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	158,952,051	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	3,722,602	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	342,086,793	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	48,193,592	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	110,424,211	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	1,801,153	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	95,223,387	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	197,510,827	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	23,765,465	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,057,342	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	76,498,910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,041,081	1,041,081	658,867,043	0.001580	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	12,459,639	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	5,446,892	0.000000	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	7,005,775	0.000000	75.02
		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	CLINIC CSC	0	0	0	129,137,356	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	21,399,332	0.000000	90.02
90.03	09003	CLINIC WAISMAN	0	0	0	2,384,341	0.000000	90.03
90.04	09004	CLINIC WEST	0	0	0	39,728,865	0.000000	90.04
90.05	09005	CLINIC EAST	0	0	0	16,403,805	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	5,810,589	0.000000	90.06
90.07	09009	CLINIC DHC	0	0	0	70,354,628	0.000000	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0	0	18,295,935	0.000000	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0	0	43,524	0.000000	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0	0	1,844,309	0.000000	90.10
90.11	09011	CLINIC AODA	0	0	0	201,178	0.000000	90.11
90.12	09012	CLINIC KIDNEY	0	0	0	877,395	0.000000	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0	0	4,485,990	0.000000	90.13
91.00	09100	EMERGENCY	0	1,195,777	1,195,777	172,241,580	0.006942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	46,401,132	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50 through 199)	0	3,515,995	3,515,995	3,649,779,494		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 52-0098
Component CCN: 52-S098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part IV
Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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	5,193	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,694	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.005796	16,318	95	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000461	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	47,132	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	39,356	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	301,112	0	681	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	4,979	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	117,135	0	1,030	0	65.00
65.01	03550	NEUROPSYCH TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	204,324	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	15,213	0	189	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,056	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,921	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	0.001580	366,412	579	719	1	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	1,649	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.000000	1,517	0	0	0	75.02
		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	CLINIC CSC	0.000000	33,275	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.000000	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	0.000000	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0.000000	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0.000000	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.000000	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0.000000	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.000000	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.000000	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.000000	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0.000000	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.000000	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.000000	197	0	0	0	90.13
91.00	09100	EMERGENCY	0.006942	289,676	2,011	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		1,448,317	2,685	9,461	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098
Component CCN: 52-S098

Period: From 07/01/2017 To 06/30/2018

Worksheet D Part V
Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Subprovider - IPF | PPS

		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	0.193307	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.329686	5,193	0	0	1,712	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.254007	0	0	0	0	56.00
57.00	05700	CT SCAN	0.052996	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	0	0	0	0	59.01
60.00	06000	LABORATORY	0.162323	681	0	0	111	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.	0.315746	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	1,030	0	0	297	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	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	0.191070	189	0	0	36	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	719	0	0	208	73.00
74.00	07400	RENAL DIALYSIS	0.381872	1,649	0	0	630	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.504585	0	0	0	0	75.02
		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	CLINIC CSC	0.697148	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	0	0	0	0	90.02
90.03	09003	CLINIC WAISMAN	1.314791	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0.548902	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0.578209	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	0	0	0	0	90.06
90.07	09009	CLINIC DHC	0.294822	0	0	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	0	0	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	0	0	0	0	90.10
90.11	09011	CLINIC AODA	0.936181	0	0	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.945530	0	0	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.227170	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.577352		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
200.00		Subtotal (see instructions)		9,461	0	0	2,994	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		9,461	0	0	2,994	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

		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
59.01	05901	CARDIAC REHABILITATION	0	0		59.01
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03550	NEUROPSYCH TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	03540	ORTHOTICS LAB	0	0		75.02
		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	CLINIC CSC	0	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	09003	CLINIC WAISMAN	0	0		90.03
90.04	09004	CLINIC WEST	0	0		90.04
90.05	09005	CLINIC EAST	0	0		90.05
90.06	09006	CLINIC RESEARCH PARK	0	0		90.06
90.07	09009	CLINIC DHC	0	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	0	0		90.10
90.11	09011	CLINIC AODA	0	0		90.11
90.12	09012	CLINIC KIDNEY	0	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
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: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/16/2018 8:03 am

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	0.193307	0	9,784,893	0	0	50.00
51.00	05100	RECOVERY ROOM	0.329686	0	2,982,513	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	0	1,139,392	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	0	4,307,657	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	0	3,158,888	0	0	55.00
56.00	05600	RADIOISOTOPE	0.254007	0	376,133	0	0	56.00
57.00	05700	CT SCAN	0.052996	0	3,842,858	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	0	4,368,704	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	0	307,851	0	0	59.01
60.00	06000	LABORATORY	0.162323	0	5,990,472	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	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.	0.315746	0	779,189	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	0	2,147,553	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	0	139,367	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	0	1,898,945	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	0.191070	0	2,636,014	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	0	423,212	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	0	20,467	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	0	410,603	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	0	11,052,505	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.381872	0	85,240	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	0	164,323	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.504585	0	600,008	0	0	75.02
		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	CLINIC CSC	0.697148	0	5,586,793	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	0	409,498	0	0	90.02
90.03	09003	CLINIC WAISMAN	1.314791	0	897,855	0	0	90.03
90.04	09004	CLINIC WEST	0.548902	0	332,177	0	0	90.04
90.05	09005	CLINIC EAST	0.578209	0	219,108	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	0	82,765	0	0	90.06
90.07	09009	CLINIC DHC	0.294822	0	472,864	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	0	175,588	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	0	0	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	0	238,249	0	0	90.10
90.11	09011	CLINIC AODA	0.936181	0	36,377	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.945530	0	22,113	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	0	184,912	0	0	90.13
91.00	09100	EMERGENCY	0.227170	0	5,302,099	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	0	831,894	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.577352	0	72,158			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
200.00		Subtotal (see instructions)		0	71,481,237	0	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	71,481,237	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/16/2018 8:03 am

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	1,891,488	0		50.00
51.00	05100	RECOVERY ROOM	983,293	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	305,726	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,113,555	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	461,956	0		55.00
56.00	05600	RADIOISOTOPE	95,540	0		56.00
57.00	05700	CT SCAN	203,656	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	413,480	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHABILITATION	129,804	0		59.01
60.00	06000	LABORATORY	972,391	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.	246,026	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	619,294	0		65.00
65.01	03550	NEUROPSYCH TESTING	89,646	0		65.01
66.00	06600	PHYSICAL THERAPY	619,751	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	503,663	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97,358	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,457	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,378	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,202,784	0		73.00
74.00	07400	RENAL DIALYSIS	32,551	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03560	PULMONARY FUNCTION TESTING	41,148	0		75.01
75.02	03540	ORTHOTICS LAB	302,755	0		75.02
		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	CLINIC CSC	3,894,822	0		90.01
90.02	09002	CLINIC UNIVERSITY STATION	263,609	0		90.02
90.03	09003	CLINIC WAISMAN	1,180,492	0		90.03
90.04	09004	CLINIC WEST	182,333	0		90.04
90.05	09005	CLINIC EAST	126,690	0		90.05
90.06	09006	CLINIC RESEARCH PARK	61,736	0		90.06
90.07	09009	CLINIC DHC	139,411	0		90.07
90.08	09008	CLINIC THE AMERICAN CENTER	98,686	0		90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0	0		90.09
90.10	09007	CLINIC MIDDLETON REHAB	83,012	0		90.10
90.11	09011	CLINIC AODA	34,055	0		90.11
90.12	09012	CLINIC KIDNEY	20,909	0		90.12
90.13	09013	CLINIC PAIN MANAGEMENT	139,961	0		90.13
91.00	09100	EMERGENCY	1,204,478	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	174,616	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	41,661			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	20,318,171	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	20,318,171	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	145,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	145,811	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)	138,625	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)	46,906	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)	197,627,833	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)	197,627,833	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)	197,627,833	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,355.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	63,574,985	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)	63,574,985	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

	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	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	20,907,480	7,773	2,689.76	4,715	12,682,218	43.01
43.02	CARDIOTHORACIC SURGERY ICU	6,965,474	2,083	3,343.96	1,263	4,223,421	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	5,018,750	2,010	2,496.89	1,219	3,043,709	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	12,731,308	4,541	2,803.64	3	8,411	43.04
43.05	NEURO INTENSIVE CARE UNIT	14,449,606	5,641	2,561.53	3,422	8,765,556	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	10,466,216	4,059	2,578.52	0	0	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	6,305,243	2,230	2,827.46	276	780,379	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	120,959,348	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	214,038,027	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)	5,706,128	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,237,619	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	14,943,747	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	199,094,280	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)	7,186	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,355.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	9,739,689	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	12,562,681	197,627,833	0.063567	9,739,689	619,123	90.00
91.00	Nursing School cost	0	197,627,833	0.000000	9,739,689	0	91.00
92.00	Allied health cost	56,516	197,627,833	0.000286	9,739,689	2,786	92.00
93.00	All other Medical Education	0	197,627,833	0.000000	9,739,689	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,301	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,301	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)	5,301	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)	1,357	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,824,632	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,824,632	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,824,632	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,098.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,491,044	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,491,044	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

	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	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	363,832	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,854,876	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)	110,609	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	24,174	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	134,783	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,720,093	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	432,094	5,824,632	0.074184	0	0	90.00
91.00	Nursing School cost	0	5,824,632	0.000000	0	0	91.00
92.00	Allied health cost	0	5,824,632	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,824,632	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		141,052,178		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		21,442,989		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		15,249,845		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		5,718,698		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		29,982		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		12,596,060		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,613,629		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
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	0.193307	134,541,133	26,007,743	50.00
51.00	05100	RECOVERY ROOM	0.329686	12,236,434	4,034,181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	10,159,770	2,726,110	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	26,982,519	6,975,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	1,914,838	280,026	55.00
56.00	05600	RADIOISOTOPE	0.254007	899,636	228,514	56.00
57.00	05700	CT SCAN	0.052996	25,501,479	1,351,476	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	8,395,338	794,585	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	142,450	60,063	59.01
60.00	06000	LABORATORY	0.162323	47,864,850	7,769,566	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.	0.315746	9,623,328	3,038,527	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	27,624,086	7,966,013	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	23,301	14,988	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	11,440,945	3,733,935	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.191070	37,465,391	7,158,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	3,560,189	819,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	799,071	330,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	18,335,279	15,065,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	75,049,666	21,747,817	73.00
74.00	07400	RENAL DIALYSIS	0.381872	4,560,850	1,741,661	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	98,321	24,620	75.01
75.02	03540	ORTHOTICS LAB	0.504585	219,557	110,785	75.02
		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	CLINIC CSC	0.697148	5,808,267	4,049,222	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	7,587	4,884	90.02
90.03	09003	CLINIC WAISMAN	1.314791	0	0	90.03
90.04	09004	CLINIC WEST	0.548902	55,377	30,397	90.04
90.05	09005	CLINIC EAST	0.578209	5,556	3,213	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	1,852	1,381	90.06
90.07	09009	CLINIC DHC	0.294822	27,369	8,069	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	63,854	35,888	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	328	321	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	2,909	1,014	90.10
90.11	09011	CLINIC AODA	0.936181	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.945530	786	743	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	1,814	1,373	90.13
91.00	09100	EMERGENCY	0.227170	21,322,950	4,843,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		484,737,080	120,959,348	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)		484,737,080		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 52-0098
Component CCN: 52-S098

Period: From 07/01/2017 To 06/30/2018

Worksheet D-3
Date/Time Prepared: 11/16/2018 8:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		0		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		2,914,527		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	0.193307	0	0	50.00
51.00	05100	RECOVERY ROOM	0.329686	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	6,694	1,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	16,318	4,218	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	0	0	55.00
56.00	05600	RADIOISOTOPE	0.254007	0	0	56.00
57.00	05700	CT SCAN	0.052996	47,132	2,498	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	39,356	3,725	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	0	0	59.01
60.00	06000	LABORATORY	0.162323	301,112	48,877	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.	0.315746	4,979	1,572	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	117,135	33,778	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	204,324	66,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.191070	15,213	2,907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	2,056	473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	2,921	1,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	366,412	106,179	73.00
74.00	07400	RENAL DIALYSIS	0.381872	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	0	0	75.01
75.02	03540	ORTHOTICS LAB	0.504585	1,517	765	75.02
		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	CLINIC CSC	0.697148	33,275	23,198	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	0	0	90.02
90.03	09003	CLINIC WAISMAN	1.314791	0	0	90.03
90.04	09004	CLINIC WEST	0.548902	0	0	90.04
90.05	09005	CLINIC EAST	0.578209	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	0	0	90.06
90.07	09009	CLINIC DHC	0.294822	0	0	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	0	0	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	0	0	90.10
90.11	09011	CLINIC AODA	0.936181	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.945530	0	0	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	197	149	90.13
91.00	09100	EMERGENCY	0.227170	289,676	65,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
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
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,448,317	363,832	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)		1,448,317		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/16/2018 8:03 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		31,481,070		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		4,898,169		31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		1,101,018		31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		1,288,600		31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		7,202,519		31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		2,277,715		31.05
31.06	02060	NEONATAL INTENSIVE CARE UNIT		7,790,096		31.06
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,167,990		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		1,266,612		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	0.193307	23,140,491	4,473,219	50.00
51.00	05100	RECOVERY ROOM	0.329686	1,825,335	601,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.268324	1,760,488	472,381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258506	5,196,639	1,343,362	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146240	219,311	32,072	55.00
56.00	05600	RADIOISOTOPE	0.254007	151,267	38,423	56.00
57.00	05700	CT SCAN	0.052996	3,815,761	202,220	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.094646	2,303,906	218,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.421645	14,906	6,285	59.01
60.00	06000	LABORATORY	0.162323	10,014,536	1,625,590	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.	0.315746	1,708,065	539,315	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.288372	8,364,554	2,412,103	65.00
65.01	03550	NEUROPSYCH TESTING	0.643237	7,154	4,602	65.01
66.00	06600	PHYSICAL THERAPY	0.326366	2,932,311	957,007	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.191070	4,104,211	784,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.230046	1,635,589	376,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413204	216,084	89,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.821665	2,220,606	1,824,594	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289779	18,259,594	5,291,247	73.00
74.00	07400	RENAL DIALYSIS	0.381872	772,357	294,942	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.250408	37,164	9,306	75.01
75.02	03540	ORTHOTICS LAB	0.504585	67,692	34,156	75.02
		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	CLINIC CSC	0.697148	722,117	503,422	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0.643736	559	360	90.02
90.03	09003	CLINIC WAISMAN	1.314791	1,363	1,792	90.03
90.04	09004	CLINIC WEST	0.548902	6,241	3,426	90.04
90.05	09005	CLINIC EAST	0.578209	654	378	90.05
90.06	09006	CLINIC RESEARCH PARK	0.745923	164	122	90.06
90.07	09009	CLINIC DHC	0.294822	3,617	1,066	90.07
90.08	09008	CLINIC THE AMERICAN CENTER	0.562032	4,135	2,324	90.08
90.09	09010	CLINIC OAKWOOD VILLAGE	0.978931	0	0	90.09
90.10	09007	CLINIC MIDDLETON REHAB	0.348427	0	0	90.10
90.11	09011	CLINIC AODA	0.936181	0	0	90.11
90.12	09012	CLINIC KIDNEY	0.945530	164	155	90.12
90.13	09013	CLINIC PAIN MANAGEMENT	0.756908	0	0	90.13
91.00	09100	EMERGENCY	0.227170	3,771,894	856,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209902	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/16/2018 8:03 am
	Title XIX	Hospital	Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		93,278,929	23,000,312	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)		93,278,929		202.00

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

Provider CCN: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

Kidney Hospital PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,228,962	1,355.37	260	352,396	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,689.76	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	329,306	3,343.96	32	107,007	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,496.89	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	72,470	2,803.64	7	19,625	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,561.53	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,578.52	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	29,719	2,827.46	3	8,482	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		1,660,457		302	487,510	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	0.193307	6,054,648	1,170,406	8.00
9.00	RECOVERY ROOM	51.00	0.329686	386,545	127,438	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.268324	324,221	86,996	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.258506	1,990,128	514,460	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146240	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.254007	103,564	26,306	14.00
15.00	CT SCAN	57.00	0.052996	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094646	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.421645	0	0	17.01
18.00	LABORATORY	60.00	0.162323	3,820,182	620,103	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	0.315746	15,713	4,961	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.288372	87,559	25,250	23.00
23.01	NEUROPSYCH TESTING	65.01	0.643237	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.326366	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.191070	604,354	115,474	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.230046	256,921	59,104	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413204	918,331	379,458	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.821665	9,587	7,877	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.289779	713,892	206,871	31.00
32.00	RENAL DIALYSIS	74.00	0.381872	26,504	10,121	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.250408	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.504585	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.697148	688,844	480,226	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.643736	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.314791	0	0	37.03
37.04	CLINIC WEST	90.04	0.548902	0	0	37.04
37.05	CLINIC EAST	90.05	0.578209	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.745923	0	0	37.06
37.07	CLINIC DHC	90.07	0.294822	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.562032	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.978931	0	0	37.09
37.10	CLINIC MIDDLETON REHAB	90.10	0.348427	0	0	37.10
37.11	CLINIC AODA	90.11	0.936181	0	0	37.11
37.12	CLINIC KIDNEY	90.12	0.945530	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT	90.13	0.756908	0	0	37.13
38.00	EMERGENCY	91.00	0.227170	566	129	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.209902	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00

(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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

		Kidney		Hospital	PPS	
	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
41.00	TOTAL (sum of lines 8 through 40)			16,001,559	3,835,180	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	260	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	32	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	7	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	3	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			302	0	48.00
	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	688,844	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
52.00	EMERGENCY	24.00	566	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)		689,410		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	4,322,690		17,662,016		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)	20,977,120		27,241,500		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)	25,299,810		44,903,516		61.00
62.00	Total Usable Organs (see instructions)		625			62.00
63.00	Medicare Usable Organs (see instructions)		478			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.764800			64.00
65.00	Medicare Cost/Charges (see instructions)	19,349,295		34,342,209		65.00
66.00	Revenue for Organs Sold	2,316,168		0		66.00
67.00	Subtotal (line 65 minus line 66)	17,033,127		34,342,209		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	17,033,127	0	34,342,209	0	69.00

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

Provider CCN: 52-0098
Component CCN: 52P001

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-4
Date/Time Prepared:
11/16/2018 8:03 am

	Cost Center Description	Kidney Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	113	80		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	16	234		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	217		73.00
74.00	Total (sum of lines 70 through 73)	129	531		74.00
75.00	Organs Transplanted	113	217	0	75.00
76.00	Organs Sold to Other Hospitals	16	41	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	217	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	26		82.00
83.00	Unusable/Discarded Organs	0	30		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	129	531		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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

Liver | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	81,184	1,355.37	17	23,041	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,689.76	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	158,336	3,343.96	17	56,847	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,496.89	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	36,235	2,803.64	4	11,215	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,561.53	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,578.52	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	13,823	2,827.46	1	2,827	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		289,578		39	93,930	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	0.193307	679,279	131,309	8.00
9.00	RECOVERY ROOM	51.00	0.329686	111,031	36,605	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.268324	55,970	15,018	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.258506	1,210,229	312,851	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146240	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.254007	5,804	1,474	14.00
15.00	CT SCAN	57.00	0.052996	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094646	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.421645	0	0	17.01
18.00	LABORATORY	60.00	0.162323	1,316,920	213,766	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	0.315746	9,944	3,140	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.288372	46,647	13,452	23.00
23.01	NEUROPSYCH TESTING	65.01	0.643237	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.326366	2,732	892	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.191070	570,507	109,007	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.230046	341,821	78,635	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413204	67,086	27,720	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.821665	1,373	1,128	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.289779	241,480	69,976	31.00
32.00	RENAL DIALYSIS	74.00	0.381872	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.250408	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.504585	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.697148	345,476	240,848	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.643736	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.314791	0	0	37.03
37.04	CLINIC WEST	90.04	0.548902	0	0	37.04
37.05	CLINIC EAST	90.05	0.578209	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.745923	0	0	37.06
37.07	CLINIC DHC	90.07	0.294822	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.562032	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.978931	0	0	37.09
37.10	CLINIC MIDDLETON REHAB	90.10	0.348427	0	0	37.10
37.11	CLINIC AODA	90.11	0.936181	0	0	37.11
37.12	CLINIC KIDNEY	90.12	0.945530	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT	90.13	0.756908	0	0	37.13
38.00	EMERGENCY	91.00	0.227170	1,761	400	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.209902	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00

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

Provider CCN: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Liver: Worksheet C Line Numbers	Liver: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
41.00	TOTAL (sum of lines 8 through 40)			5,008,060	1,256,221	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	17	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	17	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	4	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			39	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	345,476	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
52.00	EMERGENCY	24.00	1,761	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)		347,237		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	1,350,151		5,297,638		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)	8,165,258		3,791,428		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)	9,515,409		9,089,066		61.00
62.00	Total Usable Organs (see instructions)		255			62.00
63.00	Medicare Usable Organs (see instructions)		161			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.631373			64.00
65.00	Medicare Cost/Charges (see instructions)	6,007,772		5,738,591		65.00
66.00	Revenue for Organs Sold	802,541		0		66.00
67.00	Subtotal (line 65 minus line 66)	5,205,231		5,738,591		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,205,231	0	5,738,591	0	69.00

(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: 52-0098
Component CCN: 52P001

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-4
Date/Time Prepared:
11/16/2018 8:03 am

	Cost Center Description	Liver Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	3	32		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	114		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	116		73.00
74.00	Total (sum of lines 70 through 73)	3	262		74.00
75.00	Organs Transplanted	3	232	0	75.00
76.00	Organs Sold to Other Hospitals	0	20	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	6		82.00
83.00	Unusable/Discarded Organs	0	4		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	3	262		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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,355.37	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,689.76	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	70,810	3,343.96	7	23,408	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,496.89	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	63,880	2,803.64	6	16,822	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,561.53	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,578.52	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,827.46	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		134,690		13	40,230	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	0.193307	223,172	43,141	8.00
9.00	RECOVERY ROOM	51.00	0.329686	5,668	1,869	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.268324	10,442	2,802	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.258506	127,461	32,949	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146240	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.254007	-2,578	-655	14.00
15.00	CT SCAN	57.00	0.052996	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094646	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.421645	0	0	17.01
18.00	LABORATORY	60.00	0.162323	254,404	41,296	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	0.315746	3,837	1,212	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.288372	42,762	12,331	23.00
23.01	NEUROPSYCH TESTING	65.01	0.643237	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.326366	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.191070	228,399	43,640	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.230046	222,634	51,216	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413204	16,349	6,755	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.821665	87	71	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.289779	74,597	21,617	31.00
32.00	RENAL DIALYSIS	74.00	0.381872	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.250408	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.504585	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.697148	112,829	78,659	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.643736	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.314791	0	0	37.03
37.04	CLINIC WEST	90.04	0.548902	0	0	37.04
37.05	CLINIC EAST	90.05	0.578209	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.745923	0	0	37.06
37.07	CLINIC DHC	90.07	0.294822	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.562032	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.978931	0	0	37.09
37.10	CLINIC MIDDLETON REHAB	90.10	0.348427	0	0	37.10
37.11	CLINIC AODA	90.11	0.936181	0	0	37.11
37.12	CLINIC KIDNEY	90.12	0.945530	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT	90.13	0.756908	0	0	37.13
38.00	EMERGENCY	91.00	0.227170	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.209902	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00

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

Provider CCN: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Heart: Worksheet C Line Numbers	Heart: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
41.00	TOTAL (sum of lines 8 through 40)			1,320,063	336,903	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	7	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	6	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			13	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	112,829	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
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)		112,829		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	377,133		1,454,753		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)	2,537,217		1,919,556		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)	2,914,350		3,374,309		61.00
62.00	Total Usable Organs (see instructions)		65			62.00
63.00	Medicare Usable Organs (see instructions)		45			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.692308			64.00
65.00	Medicare Cost/Charges (see instructions)	2,017,628		2,336,061		65.00
66.00	Revenue for Organs Sold	889,017		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,128,611		2,336,061		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,128,611	0	2,336,061	0	69.00

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

Provider CCN: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Heart Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	20		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	33		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	22		73.00
74.00	Total (sum of lines 70 through 73)	0	75		74.00
75.00	Organs Transplanted	0	44	0	75.00
76.00	Organs Sold to Other Hospitals	0	21	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	10		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	75		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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Worksheet D-1 Line Numbers	Lung: Inpatient Routine Organ Charges	Lung: Per Diem Costs (from Wkst. D-1, Part II)	Hospital: Organ Acquisition	PPS: Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,355.37	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,689.76	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	85,750	3,343.96	8	26,752	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,496.89	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	15,797	2,803.64	2	5,607	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,561.53	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,578.52	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	19,352	2,827.46	2	5,655	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		120,899		12	38,014	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	0.193307	415,988	80,413	8.00
9.00	RECOVERY ROOM	51.00	0.329686	22,136	7,298	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.268324	15,958	4,282	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.258506	192,793	49,838	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146240	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.254007	23,636	6,004	14.00
15.00	CT SCAN	57.00	0.052996	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094646	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.421645	0	0	17.01
18.00	LABORATORY	60.00	0.162323	227,705	36,962	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	0.315746	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.288372	225,572	65,049	23.00
23.01	NEUROPSYCH TESTING	65.01	0.643237	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.326366	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.191070	323,352	61,783	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.230046	8,047	1,851	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413204	26,441	10,926	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.821665	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.289779	76,821	22,261	31.00
32.00	RENAL DIALYSIS	74.00	0.381872	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.250408	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.504585	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.697148	65,226	45,472	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.643736	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.314791	0	0	37.03
37.04	CLINIC WEST	90.04	0.548902	0	0	37.04
37.05	CLINIC EAST	90.05	0.578209	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.745923	0	0	37.06
37.07	CLINIC DHC	90.07	0.294822	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.562032	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.978931	0	0	37.09
37.10	CLINIC MIDDLETON REHAB	90.10	0.348427	0	0	37.10
37.11	CLINIC AODA	90.11	0.936181	0	0	37.11
37.12	CLINIC KIDNEY	90.12	0.945530	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT	90.13	0.756908	0	0	37.13
38.00	EMERGENCY	91.00	0.227170	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.209902	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00

(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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Lung		Hospital	PPS	
		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	
41.00	TOTAL (sum of lines 8 through 40)			1,623,675	392,139	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	8	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	2	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	2	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			12	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	65,226	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
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)		65,226		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	430,153		1,744,574		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)	4,200,615		916,346		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	4,630,768		2,660,920		61.00
62.00	Total Usable Organs (see instructions)		127			62.00
63.00	Medicare Usable Organs (see instructions)		103			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.811024			64.00
65.00	Medicare Cost/Charges (see instructions)	3,755,664		2,158,070		65.00
66.00	Revenue for Organs Sold	1,338,771		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,416,893		2,158,070		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,416,893	0	2,158,070	0	69.00

(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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Lung Living Related	Hospital Cadaveric	PPS Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	30		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	74		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	39		73.00
74.00	Total (sum of lines 70 through 73)	0	143		74.00
75.00	Organs Transplanted	0	78	0	75.00
76.00	Organs Sold to Other Hospitals	0	49	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	10		82.00
83.00	Unusable/Discarded Organs	0	6		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	143		84.00

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

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

Provider CCN: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,355.37	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,689.76	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	81,522	3,343.96	8	26,752	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,496.89	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	36,235	2,803.64	4	11,215	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,561.53	0	0	2.05
2.06	NEONATAL INTENSIVE CARE UNIT	43.06	0	2,578.52	0	0	2.06
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	9,676	2,827.46	1	2,827	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		127,433		13	40,794	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	0.193307	241,892	46,759	8.00
9.00	RECOVERY ROOM	51.00	0.329686	17,600	5,802	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.268324	8,106	2,175	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.258506	35,934	9,289	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.146240	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.254007	3,038	772	14.00
15.00	CT SCAN	57.00	0.052996	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.094646	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.421645	0	0	17.01
18.00	LABORATORY	60.00	0.162323	235,104	38,163	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	0.315746	3,863	1,220	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.288372	22,991	6,630	23.00
23.01	NEUROPSYCH TESTING	65.01	0.643237	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.326366	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.191070	30,901	5,904	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.230046	21,382	4,919	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413204	26,583	10,984	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.821665	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.289779	73,642	21,340	31.00
32.00	RENAL DIALYSIS	74.00	0.381872	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.250408	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.504585	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.697148	29,857	20,815	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	0.643736	0	0	37.02
37.03	CLINIC WAISMAN	90.03	1.314791	0	0	37.03
37.04	CLINIC WEST	90.04	0.548902	0	0	37.04
37.05	CLINIC EAST	90.05	0.578209	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	0.745923	0	0	37.06
37.07	CLINIC DHC	90.07	0.294822	0	0	37.07
37.08	CLINIC THE AMERICAN CENTER	90.08	0.562032	0	0	37.08
37.09	CLINIC OAKWOOD VILLAGE	90.09	0.978931	0	0	37.09
37.10	CLINIC MIDDLETON REHAB	90.10	0.348427	0	0	37.10
37.11	CLINIC AODA	90.11	0.936181	0	0	37.11
37.12	CLINIC KIDNEY	90.12	0.945530	0	0	37.12
37.13	CLINIC PAIN MANAGEMENT	90.13	0.756908	0	0	37.13
38.00	EMERGENCY	91.00	0.227170	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.209902	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00

(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: 52-0098
Component CCN: 52P001

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4
Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Pancreas: Worksheet C Line Numbers	Pancreas: Ratio of Cost/Charges (from Wkst. C)	Hospital: Organ Acquisition Ancillary Charges	PPS: Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
41.00	TOTAL (sum of lines 8 through 40)			750,893	174,772	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	8	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	4	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
43.06	NEONATAL INTENSIVE CARE UNIT	3.06	0.00	0	0	43.06
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			13	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	CLINIC CSC	23.01	29,857	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07
51.08	CLINIC THE AMERICAN CENTER	23.08	0	0.000000	0	51.08
51.09	CLINIC OAKWOOD VILLAGE	23.09	0	0.000000	0	51.09
51.10	CLINIC MIDDLETON REHAB	23.10	0	0.000000	0	51.10
51.11	CLINIC AODA	23.11	0	0.000000	0	51.11
51.12	CLINIC KIDNEY	23.12	0	0.000000	0	51.12
51.13	CLINIC PAIN MANAGEMENT	23.13	0	0.000000	0	51.13
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)		29,857		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	215,566		878,326		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)	4,835,494		3,241,792		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)	5,051,060		4,120,118		61.00
62.00	Total Usable Organs (see instructions)		131			62.00
63.00	Medicare Usable Organs (see instructions)		89			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.679389			64.00
65.00	Medicare Cost/Charges (see instructions)	3,431,635		2,799,163		65.00
66.00	Revenue for Organs Sold	138,821		0		66.00
67.00	Subtotal (line 65 minus line 66)	3,292,814		2,799,163		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,292,814	0	2,799,163	0	69.00

(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: 52-0098
Component CCN: 52P001

Period:
From 07/01/2017
To 06/30/2018

Worksheet D-4
Date/Time Prepared:
11/16/2018 8:03 am

	Cost Center Description	Pancreas Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	26		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	82		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	64		73.00
74.00	Total (sum of lines 70 through 73)	0	172		74.00
75.00	Organs Transplanted	0	128	0	75.00
76.00	Organs Sold to Other Hospitals	0	3	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	32		82.00
83.00	Unusable/Discarded Organs	0	9		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	172		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	31,655,708	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	101,798,116	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	13,290,330	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	38,403,269	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	579.31	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	287.66	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	287.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	445.70	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	287.66	12.00
13.00	Total allowable FTE count for the prior year.	287.66	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	287.66	14.00
15.00	Sum of lines 12 through 14 divided by 3.	287.66	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	287.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.496556	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.501718	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.496556	21.00
22.00	IME payment adjustment (see instructions)	31,955,251	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	9,195,586	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	15.50	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	158.04	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	15.50	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.026756	26.00
27.00	IME payments adjustment factor. (see instructions)	0.007096	27.00
28.00	IME add-on adjustment amount (see instructions)	946,988	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	272,510	28.01
29.00	Total IME payment (sum of lines 22 and 28)	32,902,239	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	9,468,096	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)	19.57	31.00
32.00	Sum of lines 30 and 31	24.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.79	33.00
34.00	Disproportionate share adjustment (see instructions)	3,266,283	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	0	35.00
35.01	Factor 3 (see instructions)	0.000729966	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,363,359	7,296,258	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,099,806	5,457,200	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,557,006		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00

		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	189,469,682		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	198,937,778	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	15,045,656	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	7,200,416	52.00
53.00	Nursing and Allied Health Managed Care payment	312,808	53.00
54.00	Special add-on payments for new technologies	0	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	29,076,676	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	18,293	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	423,876	58.00
59.00	Total (sum of amounts on lines 49 through 58)	251,015,503	59.00
60.00	Primary payer payments	589,849	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	250,425,654	61.00
62.00	Deductibles billed to program beneficiaries	9,610,812	62.00
63.00	Coinsurance billed to program beneficiaries	726,943	63.00
64.00	Allowable bad debts (see instructions)	1,155,333	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	750,966	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	935,940	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	240,838,865	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	581,919	70.93
70.94	HRR adjustment amount (see instructions)	-52,699	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		489,113	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		240,878,972	71.00
71.01	Sequestration adjustment (see instructions)		4,817,579	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		232,379,607	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		3,681,786	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,754,898	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	497,133	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	147,006,363	2.00
3.00	OPPS payments	124,808,186	3.00
4.00	Outlier payment (see instructions)	1,456,845	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	559,529	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	497,133	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,598,742	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,598,742	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,598,742	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,101,609	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)	497,133	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)	126,824,560	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	13,500	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	23,993,582	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)	103,314,611	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,359,962	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)	107,674,573	30.00
31.00	Primary payer payments	90,415	31.00
32.00	Subtotal (line 30 minus line 31)	107,584,158	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	2,458,825	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,598,236	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,118,044	36.00
37.00	Subtotal (see instructions)	109,182,394	37.00
38.00	MSP-LCC reconciliation amount from PS&R	2,306	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	109,180,088	40.00
40.01	Sequestration adjustment (see instructions)	2,183,602	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	105,246,581	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1,749,905	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: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

		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)	2,993	2.00
3.00	OPPS payments	834	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	1	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)	835	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	167	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)	668	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	668	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	668	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)	668	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	668	40.00
40.01	Sequestration adjustment (see instructions)	13	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	654	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		231,887,218		105,052,603	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/05/2018	492,389	02/05/2018	193,978	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)		492,389		193,978	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)		232,379,607		105,246,581	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		3,681,786		1,749,905	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		236,061,393		106,996,486	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,194,645		654	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/05/2018	22,709		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		22,709		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,217,354		654	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		32,806		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,250,160		655	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,290,359	1.00
2.00	Net IPF PPS Outlier Payments	4,499	2.00
3.00	Net IPF PPS ECT Payments	9,592	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	5.66	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	3.47	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	3.47	8.00
9.00	Average Daily Census (see instructions)	14.523288	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.116654	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	150,526	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,454,976	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,454,976	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,454,976	18.00
19.00	Deductibles	201,904	19.00
20.00	Subtotal (line 18 minus line 19)	1,253,072	20.00
21.00	Coinsurance	658	21.00
22.00	Subtotal (line 20 minus line 21)	1,252,414	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	31,653	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	20,574	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	26,649	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,272,988	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	2,685	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,275,673	31.00
31.01	Sequestration adjustment (see instructions)	25,513	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	1,217,354	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	32,806	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	4,499	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/16/2018 8:03 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		20,318,171	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	20,318,171	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	20,318,171	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	93,278,929	71,481,237	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	93,278,929	71,481,237	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)	93,278,929	71,481,237	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	93,278,929	51,163,066	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	20,318,171	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)	0	20,318,171	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	20,318,171	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)	0	20,318,171	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	20,318,171	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	20,318,171	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	20,318,171	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098 Component CCN: 52-S098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/16/2018 8:03 am
	Title XIX	Subprovider - IPF	Cost

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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			324.18	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.24	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			320.94	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			466.41	6.00
7.00	Enter the lesser of line 5 or line 6			320.94	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	99.97	320.25	420.22	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.	68.79	220.37	289.16	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	68.79	220.37		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	71.12	219.29		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	80.42	209.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	73.44	216.25		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	73.44	216.25		17.00
18.00	Per resident amount	87,574.72	87,574.72		18.00
19.00	Approved amount for resident costs	6,431,487	18,938,033	25,369,520	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			15.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			145.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			13.96	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			103,029.07	23.00
24.00	Multiply line 22 time line 23			1,438,286	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			26,807,806	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	59,161	17,613		26.00
27.00	Total Inpatient Days (see instructions)	172,263	172,263		27.00
28.00	Ratio of inpatient days to total inpatient days	0.343434	0.102245		28.00
29.00	Program direct GME amount	9,206,712	2,740,964		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		387,298		30.00
31.00	Net Program direct GME amount			11,560,378	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	12,459,639	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)	215,892,903	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	29,076,676	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	589,849	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	244,379,730	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	148,066,019	42.00
43.00	Primary payer payments (see instructions)	90,415	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	147,975,604	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	392,355,334	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.622853	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.377147	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	11,560,378	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	7,200,416	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,359,962	50.00

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

Provider CCN: 52-0098

Period: From 07/01/2017 To 06/30/2018

Worksheet G

Date/Time Prepared: 11/16/2018 8:03 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	1,043,377,828	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	231,155,927	0	0	0	4.00
5.00	Other receivable	34,876,587	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	32,888,455	0	0	0	7.00
8.00	Prepaid expenses	19,583,232	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)	1,361,882,029	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	23,462,300	0	0	0	12.00
13.00	Land improvements	4,334,072	0	0	0	13.00
14.00	Accumulated depreciation	-2,827,505	0	0	0	14.00
15.00	Buildings	927,525,342	0	0	0	15.00
16.00	Accumulated depreciation	-378,423,616	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	527,423,883	0	0	0	23.00
24.00	Accumulated depreciation	-330,067,377	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	37,856,107	0	0	0	27.00
28.00	Accumulated depreciation	-38,146,066	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)	771,137,140	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	89,869,715	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	433,526,520	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	523,396,235	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,656,415,404	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	18,031,157	0	0	0	37.00
38.00	Salaries, wages, and fees payable	68,770,334	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	3,642,434	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	543,144,836	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	633,588,761	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	628,652,753	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	628,652,753	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,262,241,514	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,394,173,890				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)	1,394,173,890	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,656,415,404	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-1 | Date/Time Prepared: 11/16/2018 8:03 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,288,473,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		103,982,963				2.00
3.00	Total (sum of line 1 and line 2)		1,392,455,963		0		3.00
4.00	PLUG	1,717,927		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,717,927		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,394,173,890		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,394,173,890		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	PLUG		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 52-0098 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/16/2018 8:03 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	411,242,424		411,242,424	1.00
2.00	SUBPROVIDER - IPF	11,349,067		11,349,067	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)	422,591,491		422,591,491	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	TRAUMA INTENSIVE CARE UNIT	61,110,618		61,110,618	11.01
11.02	CARDIOTHORACIC SURGERY ICU	21,300,265		21,300,265	11.02
11.03	CARDIAC INTENSIVE CARE UNIT	14,411,283		14,411,283	11.03
11.04	PEDIATRIC INTENSIVE CARE UNIT	38,132,682		38,132,682	11.04
11.05	NEURO INTENSIVE CARE UNIT	43,294,054		43,294,054	11.05
11.06	NEONATAL INTENSIVE CARE UNIT	36,590,483		36,590,483	11.06
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	12,650,982		12,650,982	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	227,490,367		227,490,367	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	650,081,858		650,081,858	17.00
18.00	Ancillary services	1,418,297,140	1,701,872,395	3,120,169,535	18.00
19.00	Outpatient services	75,599,237	454,010,722	529,609,959	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		9,761,484	9,761,484	22.00
23.00	AMBULANCE SERVICES	0	19,906,204	19,906,204	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	SPECIAL PURPOSE COST CENTERS	49,965,094	25,116	49,990,210	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,193,943,329	2,185,575,921	4,379,519,250	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,788,830,397		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	OTHER DEDUCTIONS	12,667,360			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)		12,667,360		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,776,163,037		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet G-3 Date/Time Prepared: 11/16/2018 8:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,379,519,250	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,517,918,250	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,861,601,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,776,163,037	4.00
5.00	Net income from service to patients (line 3 minus line 4)	85,437,963	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,801,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	728,000	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	28,600,000	24.00
24.01	PERMANENT ENDOWMENTS	558,000	24.01
25.00	Total other income (sum of lines 6-24)	38,687,000	25.00
26.00	Total (line 5 plus line 25)	124,124,963	26.00
27.00	ACADEMIC SUPPORT	20,142,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	20,142,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	103,982,963	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period: From 07/01/2017 To 06/30/2018

Worksheet H
Date/Time Prepared: 11/16/2018 8:03 am

Home Health Agency I

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	618,243	199,972	1,889	17,854	426,716	1,264,674	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,383,782	771,040	0	0	0	3,154,822	6.00
7.00	Physical Therapy	1,152,017	372,622	0	0	0	1,524,639	7.00
8.00	Occupational Therapy	321,363	103,946	0	0	0	425,309	8.00
9.00	Speech Pathology	111,743	36,143	0	0	0	147,886	9.00
10.00	Medical Social Services	66,728	21,583	0	0	0	88,311	10.00
11.00	Home Health Aide	99,426	32,160	0	0	0	131,586	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,753,302	1,537,466	1,889	17,854	426,716	6,737,227	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	1,264,674	0	1,264,674			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,154,822	0	3,154,822			6.00
7.00	Physical Therapy	0	1,524,639	0	1,524,639			7.00
8.00	Occupational Therapy	0	425,309	0	425,309			8.00
9.00	Speech Pathology	0	147,886	0	147,886			9.00
10.00	Medical Social Services	0	88,311	0	88,311			10.00
11.00	Home Health Aide	0	131,586	0	131,586			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	6,737,227	0	6,737,227			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-1
Part I
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,264,674	0	0	0	0	1,264,674	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,154,822	0	0	0	0	3,154,822	6.00
7.00	Physical Therapy	1,524,639	0	0	0	0	1,524,639	7.00
8.00	Occupational Therapy	425,309	0	0	0	0	425,309	8.00
9.00	Speech Pathology	147,886	0	0	0	0	147,886	9.00
10.00	Medical Social Services	88,311	0	0	0	0	88,311	10.00
11.00	Home Health Aide	131,586	0	0	0	0	131,586	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,737,227	0	0	0	0	6,737,227	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,264,674		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	729,060	3,883,882	6.00
7.00	Physical Therapy	352,335	1,876,974	7.00
8.00	Occupational Therapy	98,286	523,595	8.00
9.00	Speech Pathology	34,176	182,062	9.00
10.00	Medical Social Services	20,408	108,719	10.00
11.00	Home Health Aide	30,409	161,995	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		6,737,227	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-1
Part II
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-1,264,674	5,472,553	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,154,822	6.00
7.00	Physical Therapy	0	0	0	0	0	1,524,639	7.00
8.00	Occupational Therapy	0	0	0	0	0	425,309	8.00
9.00	Speech Pathology	0	0	0	0	0	147,886	9.00
10.00	Medical Social Services	0	0	0	0	0	88,311	10.00
11.00	Home Health Aide	0	0	0	0	0	131,586	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,264,674	5,472,553	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,264,674	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.231094	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part I
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	600 HIGHLAND	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	276	1.00
2.00	Skilled Nursing Care	3,883,882	0	0	0	0	650	2.00
3.00	Physical Therapy	1,876,974	0	0	0	0	316	3.00
4.00	Occupational Therapy	523,595	0	0	0	0	99	4.00
5.00	Speech Pathology	182,062	0	0	0	0	39	5.00
6.00	Medical Social Services	108,719	0	0	0	0	20	6.00
7.00	Home Health Aide	161,995	0	0	0	0	20	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,737,227	0	0	0	0	1,420	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS WAISMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	TAC	PHARMACY SERVICES	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part I
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		2.00	4.00	4A	5.00	6.00	7.00	
1.00	Administrative and General	0	25,824	26,100	4,621	1,187	0	1.00
2.00	Skilled Nursing Care	0	64,419	3,948,951	699,136	2,797	0	2.00
3.00	Physical Therapy	0	31,132	1,908,422	337,875	1,357	0	3.00
4.00	Occupational Therapy	0	8,685	532,379	94,255	424	0	4.00
5.00	Speech Pathology	0	3,020	185,121	32,775	170	0	5.00
6.00	Medical Social Services	0	1,803	110,542	19,571	85	0	6.00
7.00	Home Health Aide	0	2,687	164,702	29,160	85	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	137,570	6,876,217	1,217,393	6,105	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	475	0	0	0	102,810	1.00
2.00	Skilled Nursing Care	0	1,121	0	0	0	256,567	2.00
3.00	Physical Therapy	0	543	0	0	0	124,030	3.00
4.00	Occupational Therapy	0	170	0	0	0	34,575	4.00
5.00	Speech Pathology	0	68	0	0	0	11,982	5.00
6.00	Medical Social Services	0	34	0	0	0	7,134	6.00
7.00	Home Health Aide	0	34	0	0	0	10,702	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	2,445	0	0	0	547,800	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part I
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	
		14.00	15.00	16.00	17.00	18.00	18.01	
1.00	Administrative and General	1,092	40	10,572	0	0	0	1.00
2.00	Skilled Nursing Care	2,724	99	26,374	0	0	0	2.00
3.00	Physical Therapy	1,316	48	12,745	0	0	0	3.00
4.00	Occupational Therapy	367	13	3,555	0	0	0	4.00
5.00	Speech Pathology	128	5	1,236	0	0	0	5.00
6.00	Medical Social Services	76	3	738	0	0	0	6.00
7.00	Home Health Aide	114	4	1,100	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,817	212	56,320	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period: From 07/01/2017 To 06/30/2018

Worksheet H-2 Part I
Date/Time Prepared: 11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	EMERGENCY MED PROGRAM	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.02	23.03	23.04	23.05	23.06	24.00	
1.00	Administrative and General	0	0	0	0	0	146,897	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,937,769	2.00
3.00	Physical Therapy	0	0	0	0	0	2,386,336	3.00
4.00	Occupational Therapy	0	0	0	0	0	665,738	4.00
5.00	Speech Pathology	0	0	0	0	0	231,485	5.00
6.00	Medical Social Services	0	0	0	0	0	138,183	6.00
7.00	Home Health Aide	0	0	0	0	0	205,901	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	8,712,309	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	146,897					1.00
2.00	Skilled Nursing Care	0	4,937,769	84,683	5,022,452			2.00
3.00	Physical Therapy	0	2,386,336	40,926	2,427,262			3.00
4.00	Occupational Therapy	0	665,738	11,417	677,155			4.00
5.00	Speech Pathology	0	231,485	3,970	235,455			5.00
6.00	Medical Social Services	0	138,183	2,370	140,553			6.00
7.00	Home Health Aide	0	205,901	3,531	209,432			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	8,712,309	146,897	8,712,309			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.017150				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	WAISMAN (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	14	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	33	0	2.00
3.00	Physical Therapy	0	0	0	0	16	0	3.00
4.00	Occupational Therapy	0	0	0	0	5	0	4.00
5.00	Speech Pathology	0	0	0	0	2	0	5.00
6.00	Medical Social Services	0	0	0	0	1	0	6.00
7.00	Home Health Aide	0	0	0	0	1	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	72	0	20.00
21.00	Total cost to be allocated	0	0	0	0	1,420	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	19.722222	0.000000	22.00

	Cost Center Description	CAPITAL RELATED COSTS USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	TAC (SQUARE FEET)	PHARMACY SERVICES (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.06	1.07	1.08	1.09	1.10	2.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		4.00	5A	5.00	6.00	7.00	8.00	
1.00	Administrative and General	892,262	0	26,100	14	0	0	1.00
2.00	Skilled Nursing Care	2,225,816	0	3,948,951	33	0	0	2.00
3.00	Physical Therapy	1,075,675	0	1,908,422	16	0	0	3.00
4.00	Occupational Therapy	300,067	0	532,379	5	0	0	4.00
5.00	Speech Pathology	104,338	0	185,121	2	0	0	5.00
6.00	Medical Social Services	62,306	0	110,542	1	0	0	6.00
7.00	Home Health Aide	92,838	0	164,702	1	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,753,302		6,876,217	72	0	0	20.00
21.00	Total cost to be allocated	137,570		1,217,393	6,105	0	0	21.00
22.00	Unit cost multiplier	0.028942		0.177044	84.791667	0.000000	0.000000	22.00

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	14	0	0	0	1,124	3,024	1.00
2.00	Skilled Nursing Care	33	0	0	0	2,805	7,545	2.00
3.00	Physical Therapy	16	0	0	0	1,356	3,646	3.00
4.00	Occupational Therapy	5	0	0	0	378	1,017	4.00
5.00	Speech Pathology	2	0	0	0	131	354	5.00
6.00	Medical Social Services	1	0	0	0	78	211	6.00
7.00	Home Health Aide	1	0	0	0	117	315	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	72	0	0	0	5,989	16,112	20.00
21.00	Total cost to be allocated	2,445	0	0	0	547,800	5,817	21.00
22.00	Unit cost multiplier	33.958333	0.000000	0.000000	0.000000	91.467691	0.361035	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	18.01	19.00	
1.00	Administrative and General	204	1,832,564	0	0	0	0	1.00
2.00	Skilled Nursing Care	511	4,571,468	0	0	0	0	2.00
3.00	Physical Therapy	246	2,209,265	0	0	0	0	3.00
4.00	Occupational Therapy	69	616,289	0	0	0	0	4.00
5.00	Speech Pathology	24	214,293	0	0	0	0	5.00
6.00	Medical Social Services	14	127,967	0	0	0	0	6.00
7.00	Home Health Aide	21	190,674	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,089	9,762,520	0	0	0	0	20.00
21.00	Total cost to be allocated	212	56,320	0	0	0	0	21.00
22.00	Unit cost multiplier	0.194674	0.005769	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period:
From 07/01/2017
To 06/30/2018

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Part II
Date/Time Prepared:
11/16/2018 8:03 am

Home Health Agency I

	Cost Center Description	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)			
		23.03	23.04	23.05	23.06			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0098
HHA CCN: 52-7220

Period: From 07/01/2017 To 06/30/2018

Worksheet H-3 Part I
Date/Time Prepared: 11/16/2018 8:03 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	5,022,452		5,022,452	53,137	94.52	1.00
2.00	Physical Therapy	3.00	2,427,262	0	2,427,262	38,815	62.53	2.00
3.00	Occupational Therapy	4.00	677,155	0	677,155	12,798	52.91	3.00
4.00	Speech Pathology	5.00	235,455	0	235,455	2,085	112.93	4.00
5.00	Medical Social Services	6.00	140,553		140,553	2,654	52.96	5.00
6.00	Home Health Aide	7.00	209,432		209,432	9,720	21.55	6.00
7.00	Total (sum of lines 1-6)		8,712,309	0	8,712,309	119,209		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		31540	0	7,034			8.00
9.00	Physical Therapy		31540	0	5,673			9.00
10.00	Occupational Therapy		31540	0	1,811			10.00
11.00	Speech Pathology		31540	0	276			11.00
12.00	Medical Social Services		31540	0	347			12.00
13.00	Home Health Aide		31540	0	1,648			13.00
14.00	Total (sum of lines 8-13)			0	16,789			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	230,715	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,034		0	664,854		1.00
2.00	Physical Therapy	0	5,673		0	354,733		2.00
3.00	Occupational Therapy	0	1,811		0	95,820		3.00
4.00	Speech Pathology	0	276		0	31,169		4.00
5.00	Medical Social Services	0	347		0	18,377		5.00
6.00	Home Health Aide	0	1,648		0	35,514		6.00
7.00	Total (sum of lines 1-6)	0	16,789		0	1,200,467		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 52-0098 HHA CCN: 52-7220	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part I Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Home Health Agency I	

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	230,715	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	664,854		1.00
2.00	Physical Therapy	354,733		2.00
3.00	Occupational Therapy	95,820		3.00
4.00	Speech Pathology	31,169		4.00
5.00	Medical Social Services	18,377		5.00
6.00	Home Health Aide	35,514		6.00
7.00	Total (sum of lines 1-6)	1,200,467		7.00
	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
9.00	Physical Therapy			9.00
10.00	Occupational Therapy			10.00
11.00	Speech Pathology			11.00
12.00	Medical Social Services			12.00
13.00	Home Health Aide			13.00
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 52-0098 HHA CCN: 52-7220	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part II Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Home Health Agency I	

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.326366	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.413204	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.289779	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 52-0098 HHA CCN: 52-7220	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Home Health Agency I	

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	5,391,438	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	5,391,438	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	5,391,438	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,683,778	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	443,900	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	49,847	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	9,960	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	128,942	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	69	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,316,496	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,316,496	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,316,496	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	3,316,496	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	3,316,496	31.00
31.01	Sequestration adjustment (see instructions)	0	66,331	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	3,250,165	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 52-0098 HHA CCN: 52-7220	Period: From 07/01/2017 To 06/30/2018	Worksheet H-5 Date/Time Prepared: 11/16/2018 8:03 am
		Home Health Agency I	

		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		0		3,250,165	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,250,165	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,250,165	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 52-0098	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/16/2018 8:03 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	10,845,123	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,408,999	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	457.43	3.00
4.00	Number of interns & residents (see instructions)	303.16	4.00
5.00	Indirect medical education percentage (see instructions)	20.56	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,229,757	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	19.57	8.00
9.00	Sum of lines 7 and 8	24.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.18	10.00
11.00	Disproportionate share adjustment (see instructions)	561,777	11.00
12.00	Total prospective capital payments (see instructions)	15,045,656	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00