Health Financia	al Systems	CHILDREN'S HOSPITAL O	F WISCONSIN	In Lie	u of Form CMS-2552-10
This report is	required by law (42 USC 1395	g; 42 CFR 413.20(b)). Falur	re to report can r	result in all interim	FORM APPROVED
payments made	since the beginning of the co	st reporting period being o	deemed overpayment	ts (42 USC 1395g).	OMB NO. 0938-0050
HOSPITAL AND H AND SETTLEMENT	OSPITAL HEALTH CARE COMPLEX C SUMMARY	OST REPORT CERTIFICATION	Provi der CCN: 5.	23300 Peri od: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 7/2/2012 2:04 pm
PART I - COST	REPORT STATUS				
Provi der	1. [ X ] Electronically filed	cost report		Date: 5/30/20	012 Time: 12:09 pm
use only	2. [ ] Manually submitted co	ost report			
	3. [ 0 ] If this is an amended 4. [ F ] Medicare Utilization.			der resubmitted this c	ost report
Contractor use only		6. Date Received: 7. Contractor No. 8. [ N ] Initial Report for 9. [ N ] Final Report for t	this Provider CC his Provider CCN		

## 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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHILDREN'S HOSPITAL OF WISCONSIN for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement 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 identified in this cost report were provided in compliance with such laws and regulations.

(Si gned)	
	Officer or Administrator of Provider(s)
Ti tl e	
Data	

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1. 00	2. 00	3.00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	192, 480	250, 947	0	25, 491, 129	1. 00
2.00	Subprovi der - I PF	0	0	0		0	2. 00
3.00	Subprovi der - I RF	0	0	0		0	3. 00
4.00	SUBPROVI DER I	0	0	0		0	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	192, 480	250, 947	0	25, 491, 129	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.

Health Financia	al Systems	CHILDREN'S HOSPITAL O	F WISCONSIN	In Lie	u of Form CMS-2552-10
This report is	required by law (42 USC 1395	g; 42 CFR 413.20(b)). Falur	e to report can resu	It in all interim	FORM APPROVED
payments made	since the beginning of the co	st reporting period being o	leemed overpayments (	42 USC 1395g).	OMB NO. 0938-0050
HOSPITAL AND H	Worksheet S				
AND SETTLEMENT	SUMMARY		From 01/01/2011		
				To 12/31/2011	Date/Time Prepared: 5/30/2012 12:09 pm
PART I - COST	REPORT STATUS				·
Provi der	1. [ X ] Electronically filed	cost report		Date: 5/30/20	12 Time: 12:09 pm
use only	2. [ ] Manually submitted co	st report			
	3. [ 0 ] If this is an amended 4. [ F ] Medicare Utilization.			resubmitted this co	ost report
Contractor use only	5. [ 0 ]Cost Report Status (1) As Submitted	7. Contractor No.	11	. NPR Date: . Contractor's Vendo	
		8. [ N ] Initial Report for	this Provider CCN 12		
	(3) Settled with Audit	9. N Final Report for the	nis Provider CCN	number of tim	nes reopened = 0-9.
	(4) Reopened				
	(5) Amended				

## PART II - CERTIFICATION

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Encryption Information (Signed)

ECR: Date: 5/30/2012 Time: 12:09 pm Officer or Administrator of Provider(s)

MDBn6qakYu9v91.: 7i DSaeg2P20bD0
8dNrtOnMi cYoCui 8bthZxyN4AUTT86

utzC2i I op90vG0JP

PI: Date: 5/30/2012 Time: 12:09 pm

Dxx. nzZ6EuX9TVI wCl i pJI J8Uv5X: 1

MSMqj 0I zvEXRd3oAMun9WodudegbzI
: PrfNvI 1CL0J0AvF

			Title XVIII				
		Title V	Part A	Part B	HI T	Title XIX	
		1.00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	192, 480	250, 947	0	25, 491, 129	1. 00
2.00	Subprovi der - I PF	0	0	0		0	2. 00
3.00	Subprovi der - I RF	0	0	0		0	3. 00
4.00	SUBPROVI DER I	0	0	0		0	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	192, 480	250, 947	0	25, 491, 129	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 523300 Peri od: Worksheet S-2 From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 9000 W. WISCONSIN AVE 1.00 PO Box: 1.00 2.00 City: MILWAUKEE State: WI Zip Code: 53201 County: MI LWAUKEE 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, O, or N)

XVIII XIX Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 CHILDREN'S HOSPITAL OF 523300 33340 01/01/1984 0 0 3.00 WLSCONSLN Subprovider - IPF 4.00 4 00 5.00 Subprovider - IRF 5.00 Subprovi der - (Other) 6.00 6.00 Swing Beds - SNF 7.00 Ν 7 00 Ν Ν 8.00 Swing Beds - NF Ν Ν 8.00 9.00 Hospital -Based SNF Ν Ν Ν 9.00 Hospi tal -Based NF 10.00 10.00 Ν Ν 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA Ν Ν Ν 12.00 Separately Certified ASC 13.00 N Ν 13.00 Hospi tal -Based Hospi ce 14.00 14.00 Hospital-Based Health Clinic - RHC 15.00 N Ν N 15 00 Hospital-Based Health Clinic - FQHC Ν Ν Ν 16.00 17.00 Hospital-Based (CMHC) 1 Ν Ν Ν 17.00 Hospi tal -Based (CORF) 1 17.10 17. 10 Ν N Ν 18.00 Renal Dialysis RENAL DIALYSIS 522319 33340 01/01/2004 18.00 19.00 Other 19.00 To: From: 1.00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2011 12/31/2011 20.00 21.00 Type of Control (see instructions) 21.00 Inpatient PPS Information Does this facility qualify for and is it currently receiving payments for 22.00 Ν Ν 22.00 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 §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 23.00 Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on Ν 23.00 lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no. In-State In-State Out-of Medicai d Other Out-of Medi cai d Medi cai d State State HMO days Medi cai d paid days el i gi bl e Medi cai d Medi cai d days el i gi bl e paid days unpai d days 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 col. 1, in-state 24.00 Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid O O 0 0 ol 25.00 eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6. 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 26.00 cost reporting period. Enter (1) for urban or (2) for rural. For the Standard Geographic classification (not wage), what is your status at the end 27.00 of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2. If this is a sole community hospital (SCH), enter the number of periods SCH status in 35.00 effect in the cost reporting period. Begi nni ng: Endi ng: 1. 00 2.00 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 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 0 37.00 in effect in the cost reporting period.

		1. 00	2. 00	Nonprovi der Si te 3.00	Hospi tal 4.00	4)) 5.00	
					ноѕрі таі	4))	
				FTEs	FTEs in	(col. 3 + col.	
		Program Name	Program Code	Unweighted	Unwei ghted	Ratio (col. 3/	
	2.						
	in column 3, the ratio of column	1 divided by the sum	of columns 1 and				
	Include unweighted OB/GYN, denta	I and podiatry FTEs o	on this line. Enter				
	unweighted nonprimary care FTE r						
	occurred in all nonprovider sett						
	unweighted nonprimary care FTE r						
	period, enter in column 1, from on or after July 1, 2009, and be						
4. 00	If line 63 is yes or your facili			0. 00	110. 57	0. 000000	64. (
	period that begins on or after J						
	Section 5504 of the ACA Base Yea			This base year	is your cost n	reporti ng	
				1. 00	2.00	3.00	
				Si te	·		
				Nonprovi der	Hospi tal	2))	
				FTEs	FTEs in	(col. 1 + col.	
	lyes, comprete filles 64-67. (see	THS CLUCTIONS)		Unweighted	Unwei ghted	Ratio (col. 1/	
	yes, complete lines 64-67. (see		io ili cordiiii i. Il				
3. 00	Has your facility trained reside cost reporting period? Enter "Y"			Y			63.
2 00	Teaching Hospitals that Claim Re			Υ			(2
	HRSA THC program. (see instructi						
	Center (THC) into your hospital		eporting period of				
2. 01	Enter the number of FTE resident			0.00			62.
	(see instructions)		G				
	cost reporting period for which						
2. 00	Enter the number of FTE resident			0.00			62.
	ACA Provisions Affecting the Hea			(HRSA)			
	2 and direct GME in column 3, fr reports ending and submitted bef						
	enter the average number of prim						

Health Financial Systems	CHI LDREN' S	HOSPITAL OF	WESCONST	N	In Lie	u of Form CMS-2	<u> 2552-10</u>
HOSPITAL AND HOSPITAL HEALTH CARE COMF	PLEX IDENTIFICATION DA	ATA	Provi der		eriod: rom 01/01/2011 o 12/31/2011	Worksheet S-2 Part I Date/Time Pre 7/2/2012 2:04	pared:
	Program Name	Progran	n Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1. 00	2. (	00	3. 00	4.00	5. 00	
65.00 If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)		1350		2. 85	61. 09		
65. 02	INTERNAL MEDICINE	1400		0.00			
				1			
65. 03	GERIATRIC MEDICINE	1408		0.00			
65. 04	INTERNAL MED & PEDS	1450		0.00 Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	65. 04
				1. 00	2.00	3. 00	
Section 5504 of the ACA Current		n Nonprovi de	er setting	sEffective fo	or cost reporti	ng peri ods	
beginning on or after July 1, 20	010						
66.00 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospif (column 1 divided by (column 1	occurring in all non- unweighted non-prima tal. Enter in column	provider set ry care resi 3 the ratio	ti ngs. dent	1. 02	129. 09	0. 007840	66. 00
	Program Name	Progran	Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.0	00	3. 00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 523300 Period: Worksheet S-2 From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Ratio (col. 3/ Program Name Program Code Unwei ghted Unwei ghted (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 67.00 If line 63 is yes, then, for PEDI ATRI CS 2000 5. 53 58. 46 0.086420 67.00 each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program. 67.01 FAMILY MEDICINE 1350 0.00 5.80 0.000000 67.01 67.02 INTERNAL MEDICINE 0.00 0.000000 1400 0.08 67.02 67.03 GERIATRIC MEDICINE 67.03 1408 0.00 0.00 0. 000000 0. 79 INTERNAL MED & PEDS 0.066892 67.04 67.04 1450 11.02 67.06 0.00 0.00 0.000000 67.06 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Ν Enter "Y" for yes or "N" for no. If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 0 71.00 report filed 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF Ν 75.00 subprovider? Enter "Y" for yes and "N" for no. If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost 76.00 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, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions) 1.00 Long Term Care Hospital PPS Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can 80.00 only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.) 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 Ν 86.00 §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. V XIX 1. 00 2.00 Title V or XIX Inpatient Services 90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for Υ 90 00 Ν yes or "N" for no in the applicable column. 91 00 is this hospital reimbursed for title V and/or XIX through the cost report either in Υ 91.00 Ν full or in part? Enter "Y" for yes or "N" for no in the applicable column.

129.00

130.00

131.00

129.00|If this is a Medicare certified lung transplant center, enter the certification date in

130.00 If this is a Medicare certified pancreas transplant center, enter the certification

131.00 If this is a Medicare certified intestinal transplant center, enter the certification

column 1 and termination date, if applicable, in column 2.

date in column 1 and termination date, if applicable, in column 2.

date in column 1 and termination date, if applicable, in column 2

	X IDENTIFICATION DATA	Provider	CCN: 523300			Worksheet S	
					1/01/2011 2/31/2011	Part I Date/Time F 7/2/2012 2:	
					1. 00	2. 00	
132.00  f this is a Medicare certified i	slet transplant center, en	ter the certifi	cation date		1. 00	2.00	132. 00
in column 1 and termination date, 133.00 If this is a Medicare certified o	ther transplant center, en	ter the certifi	cation date				133. 00
in column 1 and termination date, 134.00 If this is an organ procurement of and termination date, if applicab	rganization (OPO), enter t		n column 1				134. 00
All Providers							
(40.00) Are there any related organization chapter 10? Enter "Y" for yes or are claimed, enter in column 2 the	'N" for no in column 1. If	yes, and home	office cost	s	Υ		140. 00
1.00	2.0	00		<u>'</u>	3. 00		
If this facility is part of a cha home office and enter the home of				name and	l address	of the	
41. 00 Name:	Contractor's Name:		Contrac	tor's Nu	mber:		141. 0
142.00 Street: 143.00 Ci ty:	PO Box: State:		Zi p Code	2.			142. 00 143. 00
43. 00 Cl ty.	state.		Zip cou	₹.			143.0
						1.00	
144.00 Are provider based physicians' co 145.00 If costs for renal services are c services only? Enter "Y" for yes	aimed on Worksheet A, line		costs for i	npati ent		Y N	144. 00 145. 00
por vi dee dii yr Liitedi i rei yee	,				1. 00	2. 00	
46.00 Has the cost allocation methodolog	gy changed from the previous	usly filed cost	report?		N N	2.00	146. 0
Enter "Y" for yes or "N" for no in enter the approval date (mm/dd/yy	column 1. (See CMS Pub.			,			
47.00 Was there a change in the statist		yes or "N" for	no.		N		147. 0
148.00 ightharpoons there a change in the order of $149.00 ightharpoons$ there a change to the simplificial $149.00 ightharpoons$				r	N N		148. 0 149. 0
	· ·			-			1147.00
no.					i +1 o .V	Ti +l o VI V	
no.		Part A	Part B		itle V	Title XIX	
Does this facility contain a prov		Part A 1.00 n exemption from	Part B 2.00 n the applic	ation of	3.00 the lowe	4.00 r of costs	
Does this facility contain a prov or charges? Enter "Y" for yes or		Part A 1.00 1 exemption from the part A	Part B 2.00 n the applicand Part B.	ation of	3.00 the lowe 2 CFR §413	4.00 r of costs .13)	(
Does this facility contain a prov or charges? Enter "Y" for yes or 55.00Hospital		Part A 1.00 n exemption from the for Part A N	Part B 2.00 n the applic and Part B.	ation of	3.00 f the lowe 2 CFR §413 N	4.00 r of costs .13)	155. 0
Does this facility contain a prov or charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF		Part A 1.00 n exemption from the ent for Part A N N	Part B 2.00  1 the applicand Part B.  N N	ation of	3.00 f the lowe 2 CFR §413 N N	4.00 r of costs .13) N N	155. 0 156. 0
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF		Part A 1.00 n exemption from the for Part A N	Part B 2.00 n the applic and Part B.	ation of	3.00 f the lowe 2 CFR §413 N	4.00 r of costs .13)	155. 0 156. 0 157. 0
Does this facility contain a prov or charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER		Part A 1.00 n exemption from the ent for Part A N N	Part B 2.00  1 the applicand Part B.  N N	ation of	3.00 f the lowe 2 CFR §413 N N	4.00 r of costs .13) N N	155. 0 156. 0 157. 0 158. 0
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 66.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY		Part A 1.00 n exemption from lent for Part A N N N	Part B 2.00 In the applicand Part B. N N N	ation of	3.00 f the Lowe 2 CFR §413 N N	4.00 r of costs .13) N N N	155. 0 156. 0 157. 0 158. 0 159. 0 160. 0
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC		Part A 1.00 n exemption from the part A N N N N	Part B 2.00 n the applic and Part B. N N N N N	ation of	3.00 The Lowe CFR §413 N N N N N	4.00 r of costs .13) N N N N	155. 0 156. 0 157. 0 158. 0 159. 0 160. 0 161. 0
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC		Part A 1.00 n exemption from the part A N N N N	Part B 2.00 In the applicand Part B. N N N N N N	ation of	3.00 the lowe CFR §413 N N N	4.00 r of costs .13) N N N	155. 0 156. 0 157. 0 158. 0 159. 0 160. 0 161. 0
Does this facility contain a provor charges? Enter "Y" for yes or 155.00 Hospital 156.00 Subprovider - IPF 157.00 Subprovider - IRF 158.00 SUBPROVIDER 159.00 SNF 160.00 HOME HEALTH AGENCY 161.00 CMHC 161.10 CORF		Part A 1.00 n exemption from the part A N N N N	Part B 2.00 n the applic and Part B. N N N N N	ation of	3.00 The Lowe CFR §413 N N N N N	4.00 r of costs .13) N N N N	155. 00 156. 00 157. 00 158. 00 159. 00 160. 00 161. 00
Does this facility contain a provor charges? Enter "Y" for yes or 155.00 Hospital 156.00 Subprovider - IPF 157.00 Subprovider - IRF 158.00 SUBPROVIDER 159.00 SNF 160.00 HOME HEALTH AGENCY 161.00 CMHC 161.10 CORF	'N" for no for each compon	Part A 1.00 n exemption from lent for Part A N N N N N	Part B 2.00 In the applicant Part B. N N N N N N N N N N N N N N N N N N N	ation of (See 42	3.00 The Lowe 2 CFR §413 N N N N N	4.00 r of costs .13) N N N N	
Does this facility contain a provor charges? Enter "Y" for yes or 155.00 Hospital 156.00 Subprovider - IPF 157.00 Subprovider - IRF 158.00 SUBPROVIDER 159.00 SNF 160.00 HOME HEALTH AGENCY 161.00 CMHC 161.10 CORF	mmpus hospital that has on	Part A  1.00  Rexemption from the ent for Part A  N N N N N N N N N N N N N N N N N N	Part B 2.00 n the applic and Part B. N N N N N N N N N N N N N N N N N N N	Tation of (See 42	3.00  The Lowe CFR §413  N N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N N N N N N N N N N	155. 00 156. 00 157. 00 158. 00 160. 00 161. 10
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF	'N" for no for each compon	Part A 1.00 n exemption from lent for Part A N N N N N	Part B 2.00 n the applic and Part B. N N N N N N N N N N N N N N N N N N N	ation of (See 42	3.00 The Lowe 2 CFR §413 N N N N N	4.00 r of costs .13)  N N N N N N N N N N N N N N N N N N	155. 0 156. 0 157. 0 158. 0 160. 0 161. 1
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF  Multicampus 65.00 Is this hospital part of a Multicanter "Y" for yes or "N" for no.	ampus hospital that has on	Part A 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	Part B 2.00  In the applicand Part B.  N N N N N N N Sees in diff	ration of (See 42) erent CB	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N N T N N N N N N N N	155. 0 156. 0 157. 0 158. 0 159. 0 160. 0 161. 1
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF  Multicampus 65.00 Is this hospital part of a Multical Enter "Y" for yes or "N" for no.  66.00 If line 165 is yes, for each campus enter the name in column	ampus hospital that has on	Part A 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	Part B 2.00  In the applicand Part B.  N N N N N N N Sees in diff	ration of (See 42) erent CB	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N N T N N N N N N N N	155. 00 156. 00 157. 00 158. 00 160. 00 161. 10 165. 00
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF  Multicampus 65.00 Is this hospital part of a Multicate Enter "Y" for yes or "N" for no. 66.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in	ampus hospital that has on	Part A 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	Part B 2.00  In the applicand Part B.  N N N N N N N Sees in diff	ration of (See 42) erent CB	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N N T N N N N N N N N	155. 00 156. 00 157. 00 158. 00 160. 00 161. 10
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF  Multicampus 65.00 Is this hospital part of a Multicate Enter "Y" for yes or "N" for no.  66.00 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	ampus hospital that has on	Part A 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	Part B 2.00  In the applicand Part B.  N N N N N N N Sees in diff	ration of (See 42) erent CB	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N N T N N N N N N N N	155. 00 156. 00 157. 00 158. 00 160. 00 161. 10 165. 00
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF  Multicampus 65.00 Is this hospital part of a Multical Enter "Y" for yes or "N" for no.  66.00 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,	ampus hospital that has on	Part A 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	Part B 2.00  In the applicand Part B.  N N N N N N N Sees in diff	ration of (See 42) erent CB	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N O T 1.00  N FTE/Campus 5.00 O.	155. 0 156. 0 157. 0 158. 0 159. 0 160. 0 161. 1
Does this facility contain a provor charges? Enter "Y" for yes or 155.00 Hospital 156.00 Subprovider - IPF 157.00 Subprovider - IRF 158.00 SUBPROVIDER 159.00 SNF 160.00 HOME HEALTH AGENCY 161.00 CMHC 161.10 CORF 165.00 Is this hospital part of a Multicate Enter "Y" for yes or "N" for no. 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	ampus hospital that has one	Part A 1.00 n exemption from tent for Part A N N N N N N 1 N N N N N N N N N N N N	Part B 2.00  In the application of the application	erent CB ip Code 3.00	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N N T N N N N N N N N	155. 00 156. 00 157. 00 158. 00 160. 00 161. 10 165. 00
Does this facility contain a provor charges? Enter "Y" for yes or 155.00 Hospital 156.00 Subprovider - IPF 157.00 Subprovider - IRF 158.00 SUBPROVIDER 159.00 SNF 160.00 HOME HEALTH AGENCY 161.00 CMHC 161.10 CORF  Multicampus 165.00 Is this hospital part of a Multical Enter "Y" for yes or "N" for no.  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	ampus hospital that has on Name 0	Part A 1.00  Rexemption from the part A N N N N N N N N N N N N N N N N N N N	Part B 2.00 In the applicand Part B. N N N N N N N Sees in diff	erent CB i p Code 3.00	3.00  The Lowe CFR §413 N N N N N N SAs?	4.00 r of costs .13)  N N N N N N N N N O T 1.00  N FTE/Campus 5.00 O.	155. 0 156. 0 157. 0 158. 0 159. 0 160. 0 161. 1
Does this facility contain a provor charges? Enter "Y" for yes or 155.00 Hospital 156.00 Subprovider - IPF 157.00 Subprovider - IRF 158.00 SUBPROVIDER 159.00 SNF 160.00 HOME HEALTH AGENCY 161.00 CMHC 161.10 CORF 165.00 Is this hospital part of a Multicate Enter "Y" for yes or "N" for no. 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	ampus hospital that has on Name  0    Name	Part A 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	Part B 2.00  In the applicand Part B.  N N N N N N N N Sees in diff  State Z 2.00  d Reinvestme yes or "N"	erent CB ip Code 3.00	3.00  The Lowe CFR \$413 N N N N N N SAS?  CBSA 4.00	4.00 r of costs .13)  N N N N N N N N O T N N N N N N N N N	155. 0 156. 0 157. 0 158. 0 160. 0 161. 1 165. 0
Does this facility contain a provor charges? Enter "Y" for yes or 55.00 Hospital 66.00 Subprovider - IPF 57.00 Subprovider - IRF 58.00 SUBPROVIDER 59.00 SNF 60.00 HOME HEALTH AGENCY 61.00 CMHC 61.10 CORF  Multicampus 65.00 Is this hospital part of a Multical Enter "Y" for yes or "N" for no.  66.00 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  Health Information Technology (HI 67.00 Is this provider a meaningful use	mmpus hospital that has one  Name  0  I) incentive in the Americ runder Section §1886(n)?  15 is "Y") and is a meaning and is a meaning and is a section §188et (see instruction).	Part A  1.00  Examption from the part A  N N N N N N N N N N N N N N N N N N	Part B 2.00 In the applicant Part B.  N N N N N N N N N N N N N N N N N N	erent CB ip Code 3.00  nt Act for no.), enter	3.00  The Lowe CFR §413 N N N N N SAs?  CBSA 4.00	4.00 r of costs .13)  N N N N N N N N O T N N N N N N N N N	155. 0 156. 0 157. 0 158. 0 160. 0 161. 1 165. 0 8

	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of	the cost	N		1.00
	reporting period? If yes, enter the date of the change in column 2. (see	instructions)			
		Y/N	Date	V/I	
		1.00	2. 00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If	N			2. 00
	yes, enter in column 2 the date of termination and in column 3, "V" for				
	voluntary or "I" for involuntary.				
3.00	Is the provider involved in business transactions, including management	N			3.00
	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/N	Туре	Date	
		1.00	2. 00	3. 00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public	Y	Α	04/30/2012	4. 00
	Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled,				
	or "R" for Reviewed. Submit complete copy or enter date available in				
F 00	column 3. (see instructions) If no, see instructions.	.,			- 00
5.00	Are the cost report total expenses and total revenues different from	Y			5. 00
	those on the filed financial statements? If yes, submit reconciliation.		V /N	Logal Open	
			Y/N 1. 00	Legal Oper. 2.00	
	Approved Educational Activities		1.00	2.00	
6. 00	Approved Educational Activities  Column 1: Are costs claimed for nursing school? Column 2: If yes, is the	so providor io	N	T	6.00
6.00	the legal operator of the program?	ie provider is	IN		0.00
7. 00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8. 00	Were nursing school and/or allied health programs approved and/or renewed	l during the	N		8.00
8.00	cost reporting period? If yes, see instructions.	a dui riig tile	IN		0.00
9. 00	Are costs claimed for Intern-Resident programs claimed on the current cost	et report2 lf	Υ		9.00
7.00	yes, see instructions.	st report: II	'		7.00
10. 00	Was an Intern-Resident program been initiated or renewed in the current of	nst reporting	Υ		10.00
10.00	period? If yes, see instructions.	cost reporting			10.00
11 00	Are GME cost directly assigned to cost centers other than I & R in an App	proved	N		11.00
	Teaching Program on Worksheet A? If yes, see instructions.	o v o u			00
	Treatming traggam on workeness in the year old their detrains			Y/N	
				1. 00	
•	Bad Debts			•	
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instruct	tions.		N	12. 00
13.00			t reporting	N	13.00
	period? If yes, submit copy.	3	. 3		
14. 00	If line 12 is yes, were patient deductibles and/or co-payments waived? If	yes, see insti	ructi ons.	N	14. 00
	Dad Canal anat			•	

15.00 Did total beds available change from the	prior cost reporting period? I	f yes, see inst	ructions.	N	15. 00
			art A		
	Descri pti on	Y/N	Date		
	0	1. 00	2. 00		
PS&R Data					
16.00 Was the cost report prepared using the P		N	03/20/2012		16. 00
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)					
17.00 Was the cost report prepared using the P		Y	03/20/2012		17. 00
Report for totals and the provider's rec					
for allocation? If either column 1 or 3					
yes, enter the paid-through date in colu	mns				
2 and 4. (see instructions)					
18.00   If line 16 or 17 is yes, were adjustment	S	N			18. 00
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 instruction					
19.00 If line 16 or 17 is yes, were adjustment		N			19. 00
made to PS&R Report data for corrections					
other PS&R Report information? If yes, s	ee				
instructions.					
20.00 If line 16 or 17 is yes, were adjustment		N			20. 00
made to PS&R Report data for Other? Desc	ri be				
the other adjustments:					- 1

In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 523300 Period: Worksheet S-2 From 01/01/2011 Part II Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Part A Description Y/N Date 0 1.00 2.00 21 00 21.00 Was the cost report prepared only using the Ν provider's records? If yes, see instructions 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 Ν Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost 23.00 Ν 23.00 reporting period? If yes, see instructions. 24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? Ν 24.00 If ves. see instructions Have there been new capitalized leases entered into during the cost reporting period? If yes, see 25.00 25.00 Ν instructions. 26.00 26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see Ν instructions. 27 00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit Ν 27.00 сору. Interest Expense 28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting N 28.00 period? If yes, see instructions. 29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) Ν 29.00 treated as a funded depreciation account? If yes, see instructions Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see Ν 30.00 instructions. 31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see Ν 31.00 instructions. Purchased Services 32.00 Have changes or new agreements occurred in patient care services furnished through contractual N 32.00 arrangements with suppliers of services? If yes, see instructions. If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If Ν 33.00 33.00 no, see instructions. Provi der-Based Physi ci ans Are services furnished at the provider facility under an arrangement with provider-based physicians? Ν 34.00 If yes, see instructions. If line 34 is yes, were there new agreements or amended existing agreements with the provider-based Ν 35.00 physicians during the cost reporting period? If yes, see instructions. Y/N Date 1.00 2.00 Home Office Costs 36.00 Were home office costs claimed on the cost report? 36, 00 N 37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? N 37.00 If yes, see instructions. If line 36 is yes, was the fiscal year end of the home office different from that of 38.00 N 38.00 the provider? If yes, enter in column 2 the fiscal year end of the home office. If line 36 is yes, did the provider render services to other chain components? If yes, 39.00 39.00 N see instructions. 40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N 40.00 instructions. 1.00 2.00 3.00 Cost Report Preparer Contact Information 41.00 Enter the first name, last name and the 41.00 title/position held by the cost report preparer in columns 1, 2, and 3, respecti vel y. 42.00 Enter the employer/company name of the cost 42 00 report preparer Enter the telephone number and email address 43.00 of the cost report preparer in columns 1 and

2, respectively.

 Heal th Financial
 Systems
 CHILDREN'S HOURS

 HOSPITAL
 AND
 HOSPITAL HEALTH CARE REIMBURSEMENT
 QUESTIONNAIRE

				7/2/2012 2: 04	pm
		Par	t B		
		Y/N	Date		
		3. 00	4.00		
	PS&R Data				
16. 00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 (see instructions)	N	03/20/2012		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)	Υ	03/20/2012		17. 00
18. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18. 00
19. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19. 00
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20. 00
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21. 00

Heal th FinancialSystemsCHILDREN'S HOSPITAL OF WISCONSINHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATAProvider COMPLEX STATISTICAL DATA

					To	12/31/2011	Date/Time Prepared:   7/2/2012 2:04 pm
	Cost Center Description	Worksheet A	No.	of Beds	Bed Days	CAH Hours	77272012 2: 04 piii
	·	Line Number			Avai I abl e		
		1. 00		2.00	3.00	4. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		157	57, 305	0.00	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospi ce days)						
2.00	НМО						2. 00
3.00	HMO I PF						3.00
4.00	HMO I RF						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			157	57, 305	0. 00	7. 00
	beds) (see instructions)	04.00			44.075		
8.00	INTENSIVE CARE UNIT	31. 00		115		0.00	8.00
9.00	CORONARY CARE UNIT	32. 00		0		0.00	9.00
10.00	BURN INTENSIVE CARE UNIT	33. 00		0	_	0.00	10.00
11. 00	SURGICAL INTENSIVE CARE UNIT	34. 00		0		0.00	11.00
12.00	OTHER SPECIAL CARE HOT UNIT	35. 00		24	8, 760	0.00	12.00
13. 00 14. 00	NURSERY	43. 00		296	108, 040	0. 00	13. 00 14. 00
15. 00	Total (see instructions)			296	108, 040	0.00	14.00
16. 00	CAH visits SUBPROVIDER - IPF	40. 00		0	o		16. 00
17. 00	SUBPROVIDER - IPF	41. 00		0			17. 00
18. 00	SUBPROVI DER - TRF	41. 00 42. 00		0	-		18.00
19. 00	SKILLED NURSING FACILITY	44. 00		0	-		19.00
20. 00	NURSING FACILITY	45. 00		0	- 1		20.00
21. 00	OTHER LONG TERM CARE	46. 00		0	-		21.00
22. 00	HOME HEALTH AGENCY	101. 00		O			22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )	115. 00					23. 00
24. 00	HOSPI CE	116. 00		0	0		24.00
25. 00	CMHC - CMHC	99. 00		Ü			25. 00
25. 10	CMHC - CORF	99. 10					25. 10
26. 00	RURAL HEALTH CLINIC	88. 00					26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00					26. 25
27. 00	Total (sum of lines 14-26)			296			27. 00
28. 00	Observation Bed Days						28. 00
28. 01	SUBPROVIDER - I PF	40. 00					28. 01
28. 02	SUBPROVIDER - IRF	41. 00					28. 02
28. 03	SUBPROVI DER	42. 00					28. 03
29. 00	Ambul ance 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
33.00	,						33.00
	*	·	-		•		•

 
 Heal th Financial
 Systems
 CHILDREN'S

 HOSPITAL
 AND
 HOSPITAL
 HEALTH CARE COMPLEX
 STATISTICAL
 DATA
 

				10	12/31/2011	7/2/2012 2:04 pm
			/P Days / O/P	Visits / Trips		77272012 2101 2111
	Cost Center Description	Title V	Title XVIII	Title XIX	Total All Patients	
		5. 00	6.00	7. 00	8. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	158	8, 107	34, 766	1.00
2.00	HMO		o	18, 122		2.00
3.00	HMO I PF		o	0		3.00
4.00	HMO IRF		o	O		4. 00
5. 00	Hospital Adults & Peds. Swing Bed SNF	0	o	0	0	5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF	0	]	0	0	6.00
7. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	158	8, 107	34, 766	7. 00
8. 00	INTENSIVE CARE UNIT	0	93	9, 119	30, 798	8. 00
9. 00	CORONARY CARE UNIT	0	79	7, 117	30, 770	9. 00
10.00	BURN INTENSIVE CARE UNIT	0	0	0	0	10.00
11. 00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	11.00
12. 00	OTHER SPECIAL CARE HOT UNIT	0	11	1, 484	6, 780	12. 00
13. 00	NURSERY	0	' '	1, 404	0, 700	13. 00
14. 00	Total (see instructions)	0	262	18, 710	72, 344	14. 00
15. 00	CAH visits	0	0	10, 710	72,011	15. 00
16. 00	SUBPROVI DER - I PF	0	0	0	0	16. 00
17. 00	SUBPROVI DER - I RF	0	0	0	0	17. 00
18. 00	SUBPROVI DER	0	0	0	0	18. 00
19. 00	SKILLED NURSING FACILITY	0	0	0	0	19.00
20. 00	NURSING FACILITY	0	ı -	0	0	20.00
21. 00	OTHER LONG TERM CARE	O		٥	0	21. 00
22. 00	HOME HEALTH AGENCY	0	0	0	0	22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )	O	ı -	٥	٥	23. 00
24. 00	HOSPI CE		0	0	0	24.00
25. 00	CMHC - CMHC	0	0	0	0	25. 00
25. 10	CMHC - CORF	0	0	0	0	25. 10
26. 00	RURAL HEALTH CLINIC	0	o	0	0	26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26. 25
27. 00	Total (sum of lines 14-26)	O	ı -	٥	٥	27. 00
28. 00	Observation Bed Days	0		0	0	28. 00
28. 01	SUBPROVI DER - I PF	O		o o	0	28. 01
28. 02	SUBPROVIDER - IRF				0	28. 02
28. 03	SUBPROVI DER				0	28. 03
29. 00	Ambul ance Tri ps		0		٩	29. 00
30. 00	Employee discount days (see instruction)		٩		0	30.00
31. 00	Employee discount days (see Histruction)				0	31. 00
32. 00	Labor & delivery days (see instructions)			0	0	32.00
	LTCH non-covered days		o	U	٩	33.00
33.00	LIGHT HOT COVERED Ways		٩			33.00

Heal th FinancialSystemsCHILDREN'S HOSPITAL OF WISCONSINHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATAProvider COMPLEX STATISTICAL DATA Provi der CCN: 523300 | Peri od: | Worksheet S-3 | Part | To | 12/31/2011 | Date/Time Prepared: | Provi der CCN: 523300 | Peri od: | Worksheet S-3 | Part |

				10	0 12/31/2011	7/2/2012 2: 04	
		Ful	Time Equivale	ents	Di scharges		
	Cost Center Description	Total Interns & Residents	Employees On Payroll	Nonpai d Workers	Title V	Title XVIII	
		9. 00	10.00	11. 00	12.00	13. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	46	1. 00
2. 00 3. 00	HMO HMO I PF					0	2. 00 3. 00
4. 00	HMO I RF						4. 00
5. 00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6. 00	Hospital Adults & Peds. Swing Bed NF						6. 00
7. 00	Total Adults and Peds. (exclude observation beds) (see instructions)						7. 00
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	OTHER SPECIAL CARE HOT UNIT						12.00
13. 00	NURSERY				_		13. 00
14.00	Total (see instructions)	204. 15	2, 446. 01	0.00	0	46	14.00
15.00	CAH visits	0.00	0.00	0.00			15.00
16. 00 17. 00	SUBPROVIDER - I PF	0. 00 0. 00			0	0	16. 00 17. 00
18.00	SUBPROVI DER	0.00			0	0	18.00
19. 00	SKILLED NURSING FACILITY	0.00			U	U	19.00
20. 00	NURSING FACILITY	0.00					20.00
21. 00	OTHER LONG TERM CARE	0.00					21.00
22. 00	HOME HEALTH AGENCY	0.00					22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )	0.00	0.00				23. 00
24. 00	HOSPI CE	0.00					24. 00
25.00	CMHC - CMHC	0.00	0.00	0.00			25. 00
25. 10	CMHC - CORF	0.00	0.00	0.00			25. 10
26.00	RURAL HEALTH CLINIC	0.00	0.00				26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00				26. 25
27. 00	Total (sum of lines 14-26)	204. 15	2, 446. 01	0.00			27. 00
28. 00	Observation Bed Days						28. 00
28. 01	SUBPROVI DER - I PF						28. 01
28. 02	SUBPROVI DER - I RF						28. 02
28. 03	SUBPROVI DER						28. 03
29. 00 30. 00	Ambul ance Trips						29. 00 30. 00
31.00	Employee discount days (see instruction) Employee discount days - IRF						30.00
32.00	Labor & delivery days (see instructions)						32.00
33. 00	,						33. 00
55. 50	12.5 5546164 4435	l .			'		30.00

Heal th FinancialSystemsCHILDREN'S HOSPITAL OF WISCONSINHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATAProvider COMPLEX STATISTICAL DATA

					7/2/2012 2: 04	1 pm
		Di sch	arges			
	Cost Center Description	Title XIX	Total All			
			Pati ents			
		14.00	15. 00			
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	2, 633	12, 178	3		1.00
	8 exclude Swing Bed, Observation Bed and					
	Hospi ce days)					
2.00	HMO					2. 00
3.00	HMO IPF					3. 00
4.00	HMO IRF					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					7.00
	beds) (see instructions)					
8.00	INTENSIVE CARE UNIT					8. 00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE HOT UNIT					12.00
13.00	NURSERY					13.00
14.00	Total (see instructions)	2, 633	12, 178	3		14.00
15.00	CAH visits					15. 00
16.00	SUBPROVI DER - I PF	0	0			16.00
17.00	SUBPROVI DER - I RF	0	0			17. 00
18.00	SUBPROVI DER	0	0			18. 00
19.00	SKILLED NURSING FACILITY					19. 00
20.00	NURSING FACILITY					20. 00
21.00	OTHER LONG TERM CARE		0			21. 00
22.00	HOME HEALTH AGENCY					22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)					23. 00
24.00	HOSPI CE					24. 00
25. 00	CMHC - CMHC					25. 00
25. 10	CMHC - CORF					25. 10
26. 00	RURAL HEALTH CLINIC					26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER					26. 25
27.00	Total (sum of lines 14-26)					27. 00
28.00	Observation Bed Days					28. 00
28. 01	SUBPROVIDER - IPF					28. 01
28. 02	SUBPROVI DER - I RF					28. 02
28. 03	SUBPROVI DER					28. 03
29. 00	Ambul ance Tri ps					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
33.00	LTCH non-covered days					33. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10 HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA Provider CCN: 523300 Period: Worksheet S-5 From 01/01/2011 To 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Outpati ent Trai ni ng Regul ar High Flux Hemodialysis CAPD / CCPD 3.00 4. 00 1.00 2.00 1.00 Number of patients in program at end of cost 1. 00 reporting period Number of times per week patient receives 2.00 3.00 0.00 0.00 5.00 2.00 di al ysi s 3.00 Average patient dialysis time including 4.00 0.00 0.00 8.00 3.00 setup 4.00 CAPD exchanges per day 0.00 4.00 5.00 Number of days in year dialysis furnished 365 0 5.00 6.00 Number of stations 0 1 6.00

7.00	Treatment capacity per day per station	2	C			7. 00
8.00	Utilization (see instructions)	0.00	0.00			8.00
9.00	Average times dialyzers re-used	0.00	0.00			9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00			10.00
	TRANSPLANT INFORMATION					
11.00	Number of patients on transplant list	15				11. 00
12.00	Number of patients transplanted during the	12				12. 0
	cost reporting period					
	EPOETI N					
13.00	Net costs of Epoetin furnished to all	0				13.00
	maintenance dialysis patients by the					
	provi der.					
	Epoetin amount from Worksheet A for Home	0				14. 00
	Di al ysi s program					1 - 0
15.00	Number of EPO units furnished relating to	4, 448				15. 0
1/ 00	the renal dialysis department					1, 0
16. 00	Number of EPO units furnished relating to the home dialysis department	0				16. 0
	ARANESP					-
	Net costs of ARANESP furnished to all					17.00
17.00	maintenance dialysis patients by the	0				17.00
	provi der.					
18. 00	[P	0				18.00
	Di al ysi s program					10.0
	Number of ARANESP units furnished relating	o				19.00
	to the renal dialysis department					
20.00	Number of ARANESP units furnished relating	0				20.0
	to the home dialysis department					
		_		MCP	INITIAL METHOD	
				1. 00	2. 00	
	PHYSICIAN PAYMENT METHOD					
21. 00	enter "X" if method(s) is applicable			X		21.00

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 Systems
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 HOSPITAL
 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 523300 | Period: | Worksheet S-5 | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

				7/2/2012 2: 04 pi	mc
		Но			
		Hemodialysis	CAPD / CCPD		
		5. 00	6. 00		
1.00	Number of patients in program at end of cost reporting period	0	5	5	1. 00
2.00	Number of times per week patient receives dialysis	0.00	7.00		2. 00
3.00	Average patient dialysis time including setup				3. 00
4.00	CAPD exchanges per day		0.00		4. 00
5. 00 6. 00	Number of days in year dialysis furnished Number of stations			l l	5. 00 6. 00
7. 00 8. 00	Treatment capacity per day per station Utilization (see instructions)				7. 00 8. 00
9. 00	Average times dialyzers re-used				9. 00
10. 00	Percentage of patients re-using dialyzers TRANSPLANT INFORMATION			1	10. 00
11. 00	Number of patients on transplant list			l l	11. 00
12. 00	Number of patients transplanted during the cost reporting period			1	12. 00
	EPOETI N				
13. 00	Net costs of Epoetin furnished to all maintenance dialysis patients by the			1	13. 00
14. 00	provider. Epoetin amount from Worksheet A for Home				14. 00
14.00	Dialysis program				14. 00
15. 00	Number of EPO units furnished relating to the renal dialysis department			1	15. 00
16. 00	Number of EPO units furnished relating to the home dialysis department			1	16. 00
	ARANESP				
17. 00	Net costs of ARANESP furnished to all maintenance dialysis patients by the			1	17. 00
18. 00	provider.  ARANESP amount from Worksheet A for Home				18. 00
	Di al ysi s program				
19. 00	Number of ARANESP units furnished relating to the renal dialysis department			1	19. 00
20. 00	Number of ARANESP units furnished relating to the home dialysis department			2	20. 00

	Financial Systems CH SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	ILDREN'S HOSPITA NE EYDENSES			In Lie Period:	u of Form CMS-: Worksheet A	2552-10
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EAPENSES	Provider	F	rom 01/01/2011 o 12/31/2011	Date/Time Pre	pared:
	Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	7/2/2012 2: 04 Recl assi fi ed	pm
	cost center bescriptron	Sararres	other	+ col . 2)	ons (See A-6)	Trial Balance	
						(col. 3 +-	
		1.00	2. 00	3.00	4. 00	col . 4) 5.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	0.00	1. 00	0.00	
1.00	CAP REL COSTS-BLDG & FIXT		19, 901, 353			36, 515, 494	1. 00
2. 00 3. 00	CAP REL COSTS-MVBLE EQUIP OTHER CAP REL COSTS		15, 956, 369	15, 956, 369		16, 846, 287 0	2. 00 3. 00
4. 00	EMPLOYEE BENEFITS	0	Ö		4, 555, 418	4, 555, 418	4. 00
5.00	ADMI NI STRATI VE & GENERAL	13, 309, 661	105, 661, 064	118, 970, 725	-33, 212, 494	85, 758, 231	5.00
6. 00 7. 00	MAINTENANCE & REPAIRS OPERATION OF PLANT	2, 547, 124	0 11, 435, 423	) 13, 982, 547	0	0 13, 982, 547	6. 00 7. 00
8. 00	LAUNDRY & LINEN SERVICE	0	1, 029, 278			1, 029, 278	8. 00
9.00	HOUSEKEEPI NG	2, 914, 100	2, 695, 712			5, 609, 220	
10. 00 11. 00	DI ETARY CAFETERI A	1, 440, 162 243, 398	2, 583, 455 924, 895			4, 023, 617 1, 283, 759	
12. 00	MAINTENANCE OF PERSONNEL	0	0	) (, 188, 278		0	12. 00
13.00	NURSING ADMINISTRATION	4, 890, 714	2, 139, 345			6, 860, 038	
14. 00 15. 00	CENTRAL SERVICES & SUPPLY PHARMACY	3, 429, 727 6, 842, 110	5, 924, 057 22, 786, 546			6, 499, 327 10, 708, 474	1
16. 00	MEDICAL RECORDS & LIBRARY	2, 334, 358	2, 575, 125			4, 909, 483	
17. 00	SOCIAL SERVICE	1, 824, 797	711, 942	2, 536, 739	-252, 401	2, 284, 338	1
18. 00 19. 00	OTHER GENERAL SERVICE (SPECIFY) NONPHYSICIAN ANESTHETISTS	0	0		0	0	18. 00 19. 00
20. 00	NURSI NG SCHOOL	O	Ö		0	0	20.00
21.00	I &R SERVI CES-SALARY & FRI NGES APPRVD	0	10, 641, 974	10, 641, 974		15, 960, 961	
22. 00 23. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD   PARAMED ED PRGM-(SPECIFY)	0	0		11, 621, 082	11, 621, 082 0	22. 00 23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	0		1	,		20.00
30.00	ADULTS & PEDI ATRI CS	16, 147, 874	6, 772, 437			22, 059, 720	1
31. 00 32. 00	INTENSIVE CARE UNIT	24, 220, 805	11, 107, 506 0	35, 328, 311	-2, 727, 933 0	32, 600, 378 0	31. 00 32. 00
33. 00	BURN INTENSIVE CARE UNIT	o	Ö		o o	0	33. 00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0 101 05	-357	-357	34.00
35. 00 40. 00	OTHER SPECIAL CARE HOT UNIT SUBPROVIDER - IPF	3, 528, 090	4, 955, 969 0	8, 484, 059	-128, 165 0	8, 355, 894 0	35. 00 40. 00
41. 00	SUBPROVI DER - I RF	o	Ö		o o	0	41.00
42.00	SUBPROVI DER	0	0	C	0	0	42.00
43. 00 44. 00	NURSERY SKILLED NURSING FACILITY		0		0	0	
45. 00	NURSING FACILITY	O	Ö		0	0	45. 00
46. 00	OTHER LONG TERM CARE	0	0	) C	0	0	46. 00
50. 00	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	8, 191, 359	6, 056, 304	14, 247, 663	-12, 148, 024	2, 099, 639	50.00
51.00	RECOVERY ROOM	1, 602, 416	610, 000			2, 212, 416	51.00
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	298, 983	0 1, 248, 797	) ' 1, 547, 780	0 -695, 554	0 852, 226	
54. 00	RADI OLOGY – DI AGNOSTI C	5, 719, 920	5, 777, 105			12, 043, 431	1
55. 00	RADI OLOGY-THERAPEUTI C	0	0	C	0	0	55. 00
56. 00 57. 00	RADI OI SOTOPE CT SCAN	0 486, 193	460, 032	) 2 946, 225	0 -276	0 945, 949	56. 00 57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	538, 294	1, 120, 077			1, 651, 567	58.00
59. 00	CARDI AC CATHETERI ZATI ON	483, 681	1, 456, 787	1, 940, 468	0	1, 940, 468	1
60. 00 60. 01	LABORATORY BLOOD LABORATORY	5, 515, 739	13, 607, 925	19, 123, 664	314, 501	19, 438, 165 0	60. 00
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	C	0	0	62. 00
63. 00 64. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	0	6, 567, 250	6, 567, 250	-211	6, 567, 039	63. 00 64. 00
65. 00	RESPIRATORY THERAPY	4, 625, 961	3, 850, 200	8, 476, 161	-2, 199, 286	6, 276, 875	
66. 00	PHYSI CAL THERAPY	1, 929, 026	837, 591	2, 766, 617	-150, 364	2, 616, 253	
67. 00 68. 00	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	1, 983, 890	0 1, 144, 977	) ' 3, 128, 867	0 ' -479, 727	0 2, 649, 140	67. 00 68. 00
69. 00	ELECTROCARDI OLOGY	2, 345, 091	2, 375, 177			4, 934, 251	
70. 00	ELECTROENCEPHALOGRAPHY	591, 164	279, 255			927, 192	
71. 00 72. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	0	0 10, 312, 000	0 10, 312, 000	,,	25, 729, 158 10, 312, 000	
73. 00	DRUGS CHARGED TO PATIENTS	0	0, 312, 000	0 10, 312, 000	18, 909, 237	18, 909, 237	73. 00
74. 00	RENAL DIALYSIS	271, 619	260, 332	531, 951	-4, 926	527, 025	
75. 00	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS	0	0	)] C	0	0	75. 00
88. 00	RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	) C	0	0	
90. 00 90. 01	CLINIC ID PRIM CARE SUPP NETWORK	365, 276	135, 330	500, 606	0 86, 910	0 587, 516	90. 00 90. 01
90. 02		493, 357	168, 342			808, 721	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 523300 Period: Worksheet A From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm 1 Recl assi fi cati Cost Center Description Sal ari es 0ther Total (col. Reclassi fied + col. 2) ons (See A-6) Trial Balance (col. 3 +-4) col. 2.00 4. 00 1.00 3.00 5.00 90.03 DIABETIC CLINIC 493, 160 206, 541 699, 701 700, 121 90.03 420 1, 771, 768 296, 966 90.04 GI CLINIC 1, 300, 235 471, 533 2, 068, 734 90.04 90.05 CLINIC FOR SPECIAL NEEDS 507.577 249.576 -25, 251 731, 902 90.05 757, 153 90.06 DIFTETICS 1, 329, 955 424, 625 1, 754, 580 -23, 562 1, 731, 018 90.06 -2, 321 90.07 INFUSION ROOM 235, 987 78, 141 314, 128 311, 807 90.07 90.08 CARDIOLOGY CLINIC 774, 329 405, 541 1, 179, 870 -7, 808 1, 172, 062 90 08 PULMONARY CLINIC -39.544 492, 934 90.09 378, 211 154, 267 532, 478 90.09 90.10 ENT CLINIC 497, 937 187, 617 685, 554 98, 616 784, 170 90.10 745, 117 90.11 ORTHOPEDIC CLINIC 559, 977 295, 752 855, 729 -110, 612 90.11 90. 12 EYE CLINIC 168, 068 73, 226 241, 294 23, 204 264, 498 90.12 1, 797, 928 ONCOLOGY CLINIC 1, 173, 756 624, 172 -250, 644 1, 547, 284 90 13 90 13 90.14 SURGICAL SPECIALTIES 797, 042 330, 334 1, 127, 376 677 1, 128, 053 90.14 90. 15 ALLERGY CLINIC 769, 473 427, 147 1, 196, 620 246, 632 1, 443, 252 90.15 90.16 90.16 LASER CLINIC C 0 462, 097 227, 627 689.724 90 17 DERMATOLOGY CLINIC 103.761 793, 485 90.17 90.18 CLINIC ADMINISTRATION 51,051 17,074 68, 125 -68, 125 90.18 0 90.19 CRANI OFACIAL CENTER 118, 948 50, 361 169, 309 102 169, 411 90.19 HEMATOLOGY CLINIC 94, 751 389, 335 90 20 294 584 389 335 90 20 90.21 SPINA BIFIDA 174, 710 56,078 230, 788 44, 566 275, 354 90.21 90. 22 NEUROSCI ENCES CLINIC 922, 945 300, 094 1, 223, 039 60, 441 1, 283, 480 90. 22 90. 23 RHEUMATOLOGY CLINIC 191, 358 68, 587 259, 945 77, 505 337, 450 90.23 90 24 ENDOCRINE CLINIC 55, 478 222, 816 121, 304 90 24 167.338 344, 120 90. 25 RENAL CLINIC 213, 244 69, 455 282, 699 68 282, 767 90.25 90. 26 GREENWAY CLINIC 403, 752 598, 993 1,002,745 -260, 970 741, 775 90. 26 90 27 NEW BERLIN CLINIC 1, 101, 542 3, 044, 322 4, 145, 864 4, 145, 197 90 27 -667 91.00 **EMERGENCY** 5, 120, 989 2, 714, 930 7, 835, 919 -792, 417 7, 043, 502 91.00 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94 00 HOME PROGRAM DIALYSIS 17.120 140, 199 157, 319 32, 045 189, 364 94 00 95.00 AMBULANCE SERVICES 95.00 DURABLE MEDICAL EQUIP-RENTED 0 0 96.00 0 96.00 97.00 97.00 DURABLE MEDICAL EQUIP-SOLD n 1, 493, 815 502, 867 1, 996, 682 2, 252, 566 98.00 PSYCHIATRY - OFFICE BLDG 255, 884 98 00 98.01 TRANSPORT 2,017,462 3, 189, 249 5, 206, 711 -100, 486 5, 106, 225 98.01 379, 985 GENETICS CENTER 1, 021, 865 98.02 641,880 60, 852 1, 082, 717 98.02 98.03 NUCLEAR MEDICINE 209, 996 482, 458 692.454 692, 454 98.03 435, 940 CHILD DEVELOPMENT 84, 760 98.04 351, 180 57, 223 493, 163 98 04 98.05 CHILD PROTECTION CENTER 913, 837 763, 542 1, 677, 379 91, 224 1, 768, 603 98.05 98.06 DENTAL SRVC 2, 409, 499 1, 186, 742 3, 596, 241 -509, 058 3, 087, 183 98 06 CMHC. 99.00 99.00 99. 10 CORF 0 0 0 Λ 99.10 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 0 0 100.00 101.00 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 175, 266 547, 371 722, 637 -46, 462 676, 175 105. 00 106.00 HEART ACQUISITION 148, 131 861, 157 1, 009, 288 1, 009, 288 106. 00 107.00 LIVER ACQUISITION 149, 894 149, 568 0 149, 568 107. 00 -326 0 108. 00 LUNG ACQUISITION 0 0 0 108.00 109.00 PANCREAS ACQUISITION 0 0 0 109.00 110.00 INTESTINAL ACQUISITION 0 0 0 110.00 111.00 ISLET ACQUISITION 0 0 1111.00 113.00 INTEREST EXPENSE 14, 505, 073 14, 505, 073 -14, 505, 073 0 113.00 114.00 UTILIZATION REVIEW-SNF 0 0 0 114.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 115.00 116.00 HOSPI CE 0 0 116, 00 117.00 OTHER CAPITAL RELATED COSTS 321, 197 321, 197 -321, 197 0 117.00 118.00 SUBTOTALS (SUM OF LINES 1-117) 458, 925, 591 118. 00 145, 434, 594 318, 677, 067 464, 111, 661 -5, 186, 070 NONREI MBURSABLE COST CENTERS 184, 741 190. 00 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 184, 741 184.741 191. 00 RESEARCH 1, 581, 713 1, 738, 088 3, 319, 801 337, 562 3, 657, 363 191. 00 192.00 PHYSICIANS' PRIVATE OFFICES 0 192.00 193. 00 NONPALD WORKERS 0 0 193 00 0 194.00 DOWNTOWN HEALTH CENTER 348, 464 348, 464 0 348, 464 194. 00 194. 01 POI SON CENTER 1, 277, 636 496, 669 1, 774, 305 1, 774, 305 194. 01 0 194.02 PUBLIC RELATIONS 115, 460 115, 460 1, 768, 095 1, 883, 555 194. 02 194. 03 OUTREACH 360, 088 1, 806, 362 194. 03 256 535 103, 553 1, 446, 274 194.04 OTHER OFFSITE CLINICS 344, 265 394, 236 738, 501 1, 579, 036 2, 317, 537 194. 04 194.05 CHILDREN'S SPECIALTY GROUP 325, 733 194. 05 248, 519 81,844 330, 363 -4, 630 194.06 EAST SIDE SPEECH AND HEARING 0 194.06 23, 903 22, 691 194. 07 194. 07 NORTH SHORE CLINIC 13.357 10, 546 -1.21260, 945 194.08 ADOLESCENT MEDICINE 91, 204 39, 059 130, 263 191, 208 194. 08 322, 189, 727 200.00 TOTAL (SUM OF LINES 118-199) 149, 247, 823 471, 437, 550 471, 437, 550 200. 00

 Health Financial
 Systems
 CHILDREN'S HOST

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300 | Period: | Worksheet A | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

				7/2/2012 2:	
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8)	For Allocation		
	GENERAL SERVICE COST CENTERS	6. 00	7. 00		
1.00	CAP REL COSTS-BLDG & FLXT	-11, 463, 935	25, 051, 559		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	105, 865			2. 00
3.00	OTHER CAP REL COSTS	0	0		3. 00
4.00	EMPLOYEE BENEFITS	0	4, 555, 418		4. 00
5.00	ADMI NI STRATI VE & GENERAL	-6, 617, 546	79, 140, 685		5. 00
6.00	MAINTENANCE & REPAIRS	105.254	12 057 101		6.00
7. 00 8. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	-125, 356	13, 857, 191 1, 029, 278		7. 00 8. 00
9. 00	HOUSEKEEPI NG	0	5, 609, 220		9. 00
10. 00	DI ETARY	1, 071, 088			10.00
11. 00	CAFETERI A	-1, 270, 011	13, 748		11. 00
12. 00	MAINTENANCE OF PERSONNEL	0	0		12. 00
13. 00	NURSING ADMINISTRATION	-136, 494			13. 00
14.00	CENTRAL SERVICES & SUPPLY	1 004 073	6, 499, 327		14. 00
15. 00	PHARMACY MEDICAL RECORDS & LIBRARY	-1, 904, 873 -51, 087			15. 00 16. 00
17. 00	SOCI AL SERVI CE	-11, 972			17. 00
	OTHER GENERAL SERVICE (SPECIFY)	0	0		18. 00
19. 00	NONPHYSICIAN ANESTHETISTS	0	o		19. 00
	NURSI NG SCHOOL	0	0		20. 00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD	0			21. 00
	I &R SERVICES-OTHER PRGM COSTS APPRVD	-6, 817, 481	4, 803, 601		22. 00
23. 00	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERVICE COST CENTERS	0	0		23. 00
30. 00		-127, 618	21, 932, 102		30.00
	INTENSIVE CARE UNIT	-491, 831	1		31. 00
32.00	CORONARY CARE UNIT	0	0		32. 00
33. 00	BURN INTENSIVE CARE UNIT	0	1		33. 00
	SURGICAL INTENSIVE CARE UNIT	0	-357		34.00
35. 00 40. 00	OTHER SPECIAL CARE HOT UNIT	-266, 790	8, 089, 104		35. 00
41. 00	SUBPROVI DER - I PF  SUBPROVI DER - I RF	0	0		40. 00 41. 00
42. 00	SUBPROVI DER	0			42. 00
	NURSERY	0	o		43. 00
44.00	SKILLED NURSING FACILITY	0	0		44. 00
45.00	NURSING FACILITY	0	1		45. 00
46. 00	OTHER LONG TERM CARE	0	0		46. 00
50. 00	ANCILLARY SERVICE COST CENTERS  OPERATING ROOM	-769, 793	1, 329, 846		50.00
51. 00	RECOVERY ROOM	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	O		52. 00
53.00	ANESTHESI OLOGY	-30, 538			53. 00
54. 00	RADI OLOGY - DI AGNOSTI C	-691, 426			54.00
55. 00 56. 00	RADI OLOGY-THERAPEUTI C   RADI OI SOTOPE	0	0		55. 00 56. 00
57. 00	CT SCAN	0	945, 949		57. 00
	MAGNETIC RESONANCE IMAGING (MRI)	0			58. 00
59.00	CARDI AC CATHETERI ZATI ON	0	1, 940, 468		59. 00
60.00	LABORATORY	-167, 018			60.00
	BLOOD LABORATORY	0	0		60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		61. 00 62. 00
63. 00	BLOOD STORING, PROCESSING & TRANS.	0	6, 567, 039		63. 00
	INTRAVENOUS THERAPY	0	0		64. 00
65.00	RESPI RATORY THERAPY	-77, 472	6, 199, 403		65. 00
	PHYSI CAL THERAPY	0	2, 616, 253		66. 00
	OCCUPATIONAL THERAPY	0	0		67. 00
	SPEECH PATHOLOGY  ELECTROCARDI OLOGY	227 521	2, 649, 140		68. 00
	ELECTROENCEPHALOGRAPHY	-237, 531 0			69. 00 70. 00
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25, 729, 158		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0			72. 00
73. 00	DRUGS CHARGED TO PATIENTS	0	18, 909, 237		73. 00
74. 00	RENAL DI ALYSI S	-15, 042			74. 00
75. 00	ASC (NON-DISTINCT PART)	0	0		75. 00
88. 00	OUTPATIENT SERVICE COST CENTERS RURAL HEALTH CLINIC	1	O		88. 00
	FEDERALLY QUALIFIED HEALTH CENTER	0	1		89. 00
	CLINIC	0	Ö		90.00
	ID PRIM CARE SUPP NETWORK	-43, 348	544, 168		90. 01
	PAIN/PALLIATIVE CARE	-114, 057			90. 02
90. 03	DI ABETI C CLINI C	0	700, 121		90. 03
90. 04	GI CLINIC	-149, 034	1, 919, 700		90. 04

RECLASSI	inancial Systems FFICATION AND ADJUSTMENTS OF TRIAL BALANC	E OF EXPENSES	Provi der CCN	l: 523300		Worksheet A	
					From 01/01/2011 To 12/31/2011	Date/Time Pre	
	Cost Center Description	Adjustments	Net Expenses		L	7/2/2012 2: 04	1 pm
		(See A-8) F	or Allocation				
90. 05 C	CLINIC FOR SPECIAL NEEDS	6. 00	7. 00 731, 902				90.0
1	DI ETETI CS	-45, 947	1, 685, 071				90.0
90. 07 I	NFUSION ROOM	0	311, 807				90.0
1	CARDI OLOGY CLINI C	0	1, 172, 062				90.0
1	PULMONARY CLINIC	-19, 322	473, 612				90.0
	ENT CLINIC DRTHOPEDIC CLINIC	0	784, 170 745, 117				90. 1
1	EYE CLINIC	-47, 491	217, 007				90. 1
	ONCOLOGY CLINIC	0	1, 547, 284				90. 1
	SURGI CAL SPECI ALTI ES	0	1, 128, 053				90. 1
	ALLERGY CLINIC LASER CLINIC	-414, 457 0	1, 028, 795 0				90. 1
1	DERMATOLOGY CLINIC		793, 485				90. 1
1	CLINIC ADMINISTRATION	0	0				90. 1
4	CRANI OFACIAL CENTER	0	169, 411				90. 1
1	HEMATOLOGY CLINIC	0	389, 335				90. 2
4	SPINA BIFIDA NEUROSCIENCES CLINIC	0	275, 354 1, 283, 480				90. 2
1	RHEUMATOLOGY CLINIC	-39, 246	298, 204				90. 2
90. 24 E	ENDOCRINE CLINIC	-60, 671	283, 449				90. 2
1	RENAL CLINIC	-97, 575	185, 192				90. 2
1	GREENWAY CLINIC	0	741, 775				90. 2
1	NEW BERLIN CLINIC EMERGENCY	-83, 822	4, 145, 197 6, 959, 680				91.0
	OBSERVATION BEDS (NON-DISTINCT PART)	00,022	0, 707, 000				92. 0
	THER REIMBURSABLE COST CENTERS		,				
	HOME PROGRAM DIALYSIS	0	189, 364				94.0
4	AMBULANCE SERVICES DURABLE MEDICAL EQUIP-RENTED	0	0				95. 0 96. 0
	DURABLE MEDICAL EQUIP-SOLD	0	0				97. 0
	PSYCHIATRY - OFFICE BLDG	-108, 088	2, 144, 478				98. 0
4	TRANSPORT	-218	5, 106, 007				98. 0
	GENETICS CENTER NUCLEAR MEDICINE	-35, 863	1, 046, 854 692, 454				98. 0 98. 0
1	CHILD DEVELOPMENT	-26, 500	466, 663				98. 0
	CHILD PROTECTION CENTER	-55, 479	1, 713, 124				98. 0
4	DENTAL SRVC	0	3, 087, 183				98. 0
	CMHC CORF	0	0				99. 0
1	&R SERVICES-NOT APPRVD PRGM	0	0				99. 1
1	HOME HEALTH AGENCY	Ö	o				101. 0
	PECIAL PURPOSE COST CENTERS						
	KIDNEY ACQUISITION HEART ACQUISITION	0 -58, 810	676, 175 950, 478				105. 0 106. 0
	LIVER ACQUISITION	-58, 810	149, 568				107. 0
	LUNG ACQUISITION	0	0				108. C
1	PANCREAS ACQUISITION	0	0				109. 0
	NTESTINAL ACQUISITION SLET ACQUISITION	0	0				110. C
	NTEREST EXPENSE	0	0				113. 0
1	JTILIZATION REVIEW-SNF	o	Ö				114. C
	AMBULATORY SURGICAL CENTER (D. P.)	0	O				115. 0
116. 00 H		0	0				116. 0
	OTHER CAPITAL RELATED COSTS SUBTOTALS (SUM OF LINES 1-117)	-31, 496, 789	427, 428, 802				117. 0 118. 0
_	ONREI MBURSABLE COST CENTERS	31, 470, 707	427, 420, 002				1110.0
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-184, 741	0				190. 0
	RESEARCH	-70, 129	3, 587, 234				191. 0
4	PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS	0	0				192. 0 193. 0
1	DOWNTOWN HEALTH CENTER		348, 464				194. 0
4	POLSON CENTER	-12, 275	1, 762, 030				194. 0
194. 02 P	PUBLIC RELATIONS	0	1, 883, 555				194. 0
	DUTREACH	-248, 574	1, 557, 788				194. C
	OTHER OFFSITE CLINICS	0	2, 317, 537				194. 0
	CHILDREN'S SPECIALTY GROUP EAST SIDE SPEECH AND HEARING		325, 733 0				194. 0 194. 0
1	NORTH SHORE CLINIC	-22, 930	-239				194. 0
1	ADOLESCENT MEDICINE	0	191, 208				194. 0
	TOTAL (SUM OF LINES 118-199)	-32, 035, 438	439, 402, 112				200. 0

						7/2/2	012 2: 04 pm
BECLASS INSURMER FORTERS   1.00			Increases				
A SPECIASS INCOSTS-BLUCK PEPENSE   1.00		Cost Center	Li ne #	Sal ary	0ther		
1.00		2. 00	3.00	4. 00	5. 00		
APP REL COSIS-MYREL EDUIP		A - RECLASS INSURANCE EXPENSE	Ę.				
TOTALS   0   377,197   1.00	1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	249, 922		1. 00
B. RECLASS INDIFFERENT EXPENSE   1.00	2.00	CAP REL COSTS-MVBLE EQUIP		+	7 <u>1, 2</u> 75		2. 00
LOD   CAP FILE COSTS-BURGE & FIXE   1.00   0   1.4, 480, 116   2.00   1.4, 480, 116   2.00   1.4, 480, 116   2.00   1.4, 480, 116   2.00   1.4, 480, 116   2.00   2.00   2.4, 480, 116   2.00   2.00   3.00, 304   2.00   2.00   3.00, 304   2.00   2.00   3.00   2				0	321, 197		
2.00							
TOTALS		1		1			<b>I</b>
C - RECLASS INDEPOCE INSURANCE   1.00	2.00		2.00	+			2. 00
1.00   AR SERVICES OFFIRE PROM   22.00   0   507.394				0	14, 505, 073		
COSTS APPRUD							
TOTALS	1. 00		22. 00	0	507, 394		1.00
0 - RECLASS DENTAL LAR FROM AGG   1.00   391,655   119,554   119					— — — —		
1.00				0	507, 394		
FIX NETS APPRIVIT   TOTAL				224 (55	440 554		
TOTALS	1.00		21.00	391, 655	119, 554		1.00
E - RECLASS BRUSS CHARGE TO PATIENTS   73.00   0   18.920, 182   1.00			<del></del>				
DEBUGS_CHARGED TO_PATIENTS			DATIENTS	391, 000	119, 554		
TOTALS	1 00			٥	19 020 192		1 00
F - RECLASS MED SUPP CHARGED TO PATIENTS   1.00	1.00						1.00
			TO DATIENTS	U	16, 920, 162		
PATT ENTS	1 00			ما	2 854 457		1 00
TOTALS	1.00		/1.00	٩	2,004,407		1.00
1.00			<del> </del>		2 854 457		
1.00				O <sub>1</sub>	2,007,707		
TOTALS	1 00		1 00	nl	1, 785, 893		1 00
RECLASS EQUI PMENT RENTAL COSTS	1.00		— — ··· • • +				1.00
1.00			COSTS	9	1,700,070		
2.00	1.00			0	891. 896		1.00
3.00							•
4.00				•	-		1
5.00 6.00 7.00 7.00 7.00 7.00 7.00 8.00 9.00 9.00 9.00 9.00 9.00 9.00 9					Ö		•
6.00   0.					Ö		
7.00				o	O		•
9.00 10.00 11.00 1				O	o		•
10. 00   10. 00   10. 00   10. 00   11. 00   12. 00   12. 00   13. 00   14. 00   15. 00   15. 00   16. 00   16. 00   17. 00   17. 00   18. 00   1	8.00		0.00	0	О		8. 00
11. 00	9.00		0.00	0	О		9. 00
12.00	10.00			0	О		10.00
13.00	11. 00		0.00	0	О		11. 00
14. 00	12.00		0.00	0	0		12. 00
15.00	13.00		0.00	0	0		13. 00
TOTALS	14.00		0.00	0	0		14. 00
1.00   1.00	15.00		0.00	0	0		15. 00
1.00   RR SERVICES-OTHER PRGM   22.00   0   11, 113, 688		TOTALS		0	891, 896		
COSTS APPRVD   COSTS APPRVD   COSTS APPRVD   COSTS APPRVD   ADULTS & PEDIATRICS   30.00   D 254,834   2.00   3.00   INTENSIVE CARE UNIT   31.00   D 697,017   3.00   4.00   OTHER SPECIAL CARE HOT UNIT   35.00   D 264,932   4.00   5.00   OPERATING ROOM   50.00   D 1,033,892   5.00   6.00   ANESTHESIOLOGY   53.00   D 237,787   6.00   7.00   LABORATORY   60.00   D 336,960   7.00   8.00   RADIOLOGY-DI AGNOSTIC   54.00   D 336,960   7.00   9.00   RESPIRATORY THERAPY   65.00   D 59,699   9.00   10.00   ELECTROCARDIOLOGY   69.00   D 219,794   11.00   11.00   ELECTROCARDIOLOGY   69.00   D 219,794   11.00   12.00   RENAL DI ALYSIS   74.00   D 29,981   12.00   13.00   PSYCHIATRY - OFFICE BLDG   98.00   D 231,116   13.00   15.00   OPSYCHIATRY - OFFICE BLDG   98.00   D 231,116   13.00   15.00   CHILD DEVELOPMENT   98.04   D 52,930   15.00   16.00   CHILD DEVELOPMENT   98.04   D 52,930   15.00   17.00   ID PRIM CARE SUPP NETWORK   90.01   D 86,609   17.00   18.00   GI CLINIC   90.01   D 86,609   17.00   19.00   PAIN/PALLIATIVE CARE   90.02   D 147,022   19.00   20.00   ENT CLINIC   90.15   D 245,918   22.00   22.00   ALLERGY CLINIC   90.17   D 103,588   23.00   23.00   DERMATOLOGY CLINIC   90.17   D 103,588   23.00   24.00   SPINA BIFIDA   90.21   D 48,576   24.00   25.00   RELUMSTOLOGY CLINIC   90.23   D 78,317   26.00   27.00   ENDOCRINE CLINIC   90.23   D 78,317   26.00   27.00   ENDOCRINE CLINIC   90.24   D 121,169   27.00   28.00   EMERGENCY   91.00   D 142,292   28.00   28.00   EMERGENCY   91.00   0 142,292   28.00   29.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00   20.00		J - RECLASS MCW PURCHASED SER	RVICES				
2. 00         ADULTS & PEDIATRI CS         30. 00         0         254,834         2. 00           3. 00         INTENSI VE CARE UNIT         31. 00         0         697,017         3. 00           5. 00         OTHER SPECIAL CARE HOT UNIT         35. 00         0         264,932         4. 00           5. 00         OPERATING ROOM         50. 00         0         1,033,892         5. 00           6. 00         AMESTHESI DLOGY         53. 00         0         237,787         6. 00           7. 00         LABORATORY         60. 00         0         336,960         7. 00           8. 00         RADI OLOGY-DI AGNOSTI C         54. 00         0         633,792         8. 00           9. 00         RESPI RATORY HERAPY         65. 00         0         69,99         9. 00           10. 00         LECTROCARDI OLOGY         69. 00         0         219,794         10. 00           11. 00         ELECTROCARDI OLOGY         69. 00         0         219,794         11. 00           12. 00         RENAL DI ALYSIS         74. 00         0         29,981         12. 00           13. 00         PSYCHI ATRY - OFFICE BLDG         98. 00         0         231, 116         13. 00	1.00		22. 00	0	11, 113, 688		1.00
3.00 INTENSIVE CARE UNIT							
4. 00 0 THER SPECIAL CARE HOT UNIT 5. 00 0 PERATING ROOM 50. 00 0 1, 033, 892 5. 00 7. 00 1 ABORATORY 60. 00 8. 00 RADIOLOGY-DIAGNOSTIC 54. 00 0 59, 699 9. 00 10. 00 11. 00 1219, 794 11. 00 11. 00 1219, 794 11. 00 12. 00 13. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 18. 00 18. 00 19. 0							
5.00       OPERATI NG ROOM       50.00       0       1,033,892       5.00         6.00       ANESTHESI OLOGY       53.00       0       237,787       6.00         7.00       LABORATORY       60.00       0       336,960       7.00         8.00       RADI OLOGY-DI AGNOSTI C       54.00       0       633,792       8.00         9.00       RESPI RATORY THERAPY       65.00       0       59,699       9.00         11.00       ELECTROCARDI OLOGY       69.00       0       219,794       10.00         11.00       ELECTROENCEPHALOGRAPHY       70.00       0       46,322       11.00         12.00       RENAL DI ALYSIS       74.00       0       29,981       12.00         13.00       PSYCHI ATRY - OFFI CE BLDG       98.00       0       231,116       13.00         14.00       GENETI CS CENTER       98.02       0       60,243       14.00         15.00       CHI LD DEVELOPMENT       98.04       0       52,930       15.00         17.00       ID PRIM CARE SUPP NETWORK       90.01       0       86,609       17.00         18.00       GI CLI NI C       90.04       0       297,543       18.00         1							•
6. 00   ANESTHESI OLOGY   53. 00   0   237, 787   6. 00   7. 00   LABORATORY   60. 00   0   336, 960   7. 00   88. 00   RADIO LOGY-DI AGNOSTI C   54. 00   0   633, 792   88. 00   7.							1
7. 00       LABORATORY       60. 00       0       336, 960       7. 00         8. 00       RADI OLOGY-DI AGNOSTI C       54. 00       0       633, 792       8. 00         9. 00       RESPI RATORY THERAPY       65. 00       0       59, 699       9. 00         10. 00       ELECTROCARDI OLOGY       69. 00       0       219, 794       10. 00         11. 00       ELECTROENCEPHALOGRAPHY       70. 00       0       46, 322       11. 00         12. 00       RENAL DI ALYSI S       74. 00       0       29, 981       12. 00         13. 00       PSYCHI ATRY - OFFI CE BLDG       98. 00       0       231, 116       13. 00         14. 00       GENETI CS CENTER       98. 02       0       60, 243       14. 00         15. 00       CHI LD DEVELOPMENT       98. 04       0       52, 930       15. 00         16. 00       CHI LD PROTECTI ON CENTER       98. 05       0       90, 323       16. 00         17. 00       ID PRI M CARE SUPP NETWORK       90. 01       0       86, 609       17. 00         18. 00       GI CLI NI C       90. 04       0       297, 543       18. 00         19. 00       PAI N-PALLI ATI VE CARE       90. 02       0							1
8. 00       RADI OLOGY-DI AGNOSTI C       54. 00       0       633, 792       8. 00         9. 00       RESPI RATORY THERAPY       65. 00       0       59, 699       9. 00         10. 00       ELECTROCARDI OLOGY       69. 00       0       219, 794       10. 00         11. 00       ELECTROENCEPHALOGRAPHY       70. 00       0       46, 322       11. 00         12. 00       RENAL DI ALYSIS       74. 00       0       29, 981       12. 00         13. 00       PSYCHI ATRY - OFFICE BLDG       98. 00       0       231, 116       13. 00         14. 00       GENETI CS CENTER       98. 02       0       60, 243       14. 00         15. 00       CHI LD DEVELOPMENT       98. 04       0       52, 930       15. 00         16. 00       CHI LD PROTECTI ON CENTER       98. 05       0       90, 323       16. 00         17. 00       ID PRIM CARE SUPP NETWORK       90.01       0       86, 609       17. 00         18. 00       GI CLI NI C       90. 04       0       297, 543       18. 00         19. 00       PAI NZPALLI ATI VE CARE       90. 02       0       147, 022       19. 00         20. 00       EYE CLI NI C       90. 12       0							1
9. 00       RESPIRATORY THERAPY       65. 00       0       59, 699       9. 00         10. 00       ELECTROCARDI OLOGY       69. 00       0       219, 794       10. 00         11. 00       ELECTROENCEPHALOGRAPHY       70. 00       0       46, 322       11. 00         12. 00       RENAL DI ALYSIS       74. 00       0       29, 981       12. 00         13. 00       PSYCHI ATRY - OFFICE BLDG       98. 00       0       231, 116       13. 00         14. 00       GENETI CS CENTER       98. 02       0       60, 243       14. 00         15. 00       CHI LD DEVELOPMENT       98. 04       0       52, 930       15. 00         16. 00       CHI LD PROTECTI ON CENTER       98. 05       0       90, 323       16. 00         17. 00       ID PRIM CARE SUPP NETWORK       90. 01       0       86, 609       17. 00         18. 00       GI CLINIC       90. 04       0       297, 543       18. 00         19. 00       PAIN/PALLIATIVE CARE       90. 02       0       147, 022       19. 00         20. 00       EYE CLINIC       90. 12       0       23, 059       21. 00         22. 00       ALLERGY CLINIC       90. 15       0       245, 918				•	•		
10.00   ELECTROCARDI OLOGY   69.00   0   219, 794   10.00   11.00   11.00   ELECTROENCEPHALOGRAPHY   70.00   0   46, 322   11.00   12.00   RENAL DI ALYSI S   74.00   0   29, 981   12.00   12.00   PSYCHI ATRY - OFFI CE BLDG   98.00   0   231, 116   13.00   14.00   GENETI CS CENTER   98.02   0   60, 243   14.00   15.00   CHI LD DEVELOPMENT   98.04   0   52, 930   15.00   16.00   CHI LD PROTECTI ON CENTER   98.05   0   90, 323   16.00   17.00   10 PRIM CARE SUPP NETWORK   90.01   0   86, 609   17.00   10 PRIM CARE SUPP NETWORK   90.01   0   86, 609   17.00   19.00   PAI N/PALLI ATI VE CARE   90.02   0   147, 022   19.00   19.00   21.00   ENT CLI NI C   90.12   0   23, 059   21.00   22.00   ALLERGY CLI NI C   90.15   0   245, 918   22.00   23.00   DERMATOLOGY CLI NI C   90.17   0   103, 588   23.00   24.00   SPI NA BI FI DA   90.21   0   48, 576   24.00   25.00   REUMSOSCI ENCES CLI NI C   90.22   0   46, 322   25.00   26.00   EMERGENCY   91.00   0   142, 292   28.00   EMERGENCY   91.00   0   142, 292   28.00   28.00   EMERGENCY   91.00   0   142, 292   28.00   29.00   28.00   28.00   29.00   28.00   28.00   29.00   28.00   29.00   28.00   29.00   29.00   29.00   29.00   29.00   29.00   29							4
11. 00   ELECTROENCEPHALOGRAPHY   70. 00   0   46, 322   11. 00   12. 00   12. 00   RENAL DI ALYSIS   74. 00   0   29, 981   12. 00   13. 00   PSYCHI ATRY - OFFICE BLDG   98. 00   0   231, 116   13. 00   14. 00   GENETICS CENTER   98. 02   0   60, 243   14. 00   15. 00   16. 00   CHI LD DEVELOPMENT   98. 04   0   52, 930   15. 00   16. 00   CHI LD PROTECTI ON CENTER   98. 05   0   90, 323   16. 00   17. 00   ID PRI M CARE SUPP NETWORK   90. 01   0   86, 609   17. 00   18. 00   GI CLI NI C   90. 04   0   297, 543   18. 00   19. 00   PAI N/PALLI ATI VE CARE   90. 02   0   147, 022   19. 00   20. 00   EYE CLI NI C   90. 12   0   23, 059   21. 00   22. 00   ALERGY CLI NI C   90. 15   0   245, 918   22. 00   24. 00   SPI NA BI FI DA   90. 21   0   48, 576   24. 00   25. 00   REUMATOLOGY CLI NI C   90. 22   0   46, 322   25. 00   26. 00   REUMATOLOGY CLI NI C   90. 23   0   78, 317   26. 00   27. 00   28. 00   EMERGENCY   91. 00   0   142, 292   28. 00   28. 00   EMERGENCY   91. 00   0   142, 292   28. 00   28. 00   EMERGENCY   91. 00   0   142, 292   28. 00   28. 00   28. 00   28. 00   28. 00   28. 00   29. 00   2				1			
12. 00       RENAL DI ALYSI S       74. 00       0       29, 981       12. 00         13. 00       PSYCHI ATRY - OFFI CE BLDG       98. 00       0       231, 116       13. 00         14. 00       GENETI CS CENTER       98. 02       0       60, 243       14. 00         15. 00       CHI LD DEVELOPMENT       98. 04       0       52, 930       15. 00         16. 00       CHI LD PROTECTI ON CENTER       98. 05       0       90, 323       16. 00         17. 00       ID PRIM CARE SUPP NETWORK       90. 01       0       86, 609       17. 00         18. 00       GI CLINIC       90. 04       0       297, 543       18. 00         19. 00       PAIN/PALLI ATI VE CARE       90. 02       0       147, 022       19. 00         20. 00       ENT CLINIC       90. 10       0       121, 858       20. 00         21. 00       EYE CLINIC       90. 12       0       23, 059       21. 00         22. 00       ALLERGY CLINIC       90. 15       0       245, 918       22. 00         23. 00       DERMATOLOGY CLINIC       90. 21       0       48, 576       24. 00         26. 00       REUMATOLOGY CLINIC       90. 22       0       46, 322				1			1
13. 00       PSYCHI ATRY - OFFICE BLDG       98. 00       0       231, 116       13. 00         14. 00       GENETI CS CENTER       98. 02       0       60, 243       14. 00         15. 00       CHI LD DEVELOPMENT       98. 04       0       52, 930       15. 00         16. 00       CHI LD PROTECTI ON CENTER       98. 05       0       90, 323       16. 00         17. 00       ID PRI M CARE SUPP NETWORK       90. 01       0       86, 609       17. 00         18. 00       GI CLI NI C       90. 04       0       297, 543       18. 00         19. 00       PAI N/PALLI ATI VE CARE       90. 02       0       147, 022       19. 00         20. 00       ENT CLI NI C       90. 10       0       121, 858       20. 00         21. 00       EYE CLI NI C       90. 12       0       245, 918       22. 00         22. 00       ALLERGY CLI NI C       90. 17       0       103, 588       23. 00         24. 00       SPI NA BI FI DA       90. 21       0       48, 576       24, 00         25. 00       NEUROSCI ENCES CLI NI C       90. 22       0       46, 322       25. 00         26. 00       RHEUMATOLOGY CLI NI C       90. 24       0       <							1
14. 00       GENETI CS CENTER       98. 02       0       60, 243       14. 00         15. 00       CHI LD DEVELOPMENT       98. 04       0       52, 930       15. 00         16. 00       CHI LD PROTECTI ON CENTER       98. 05       0       90, 323       16. 00         17. 00       ID PRI M CARE SUPP NETWORK       90. 01       0       86, 609       17. 00         18. 00       GI CLI NI C       90. 04       0       297, 543       18. 00         19. 00       PAI N/PALLI ATI VE CARE       90. 02       0       147, 022       19. 00         20. 00       ENT CLI NI C       90. 10       0       121, 858       20. 00         21. 00       EYE CLI NI C       90. 12       0       23, 059       21. 00         22. 00       ALLERGY CLI NI C       90. 15       0       245, 918       22. 00         23. 00       DERMATOLOGY CLI NI C       90. 21       0       48, 576       24. 00         25. 00       RHEUMATOLOGY CLI NI C       90. 22       0       78, 317       26. 00         26. 00       RHEUMATOLOGY CLI NI C       90. 24       0       121, 169       27. 00         28. 00       EMERGENCY       91. 00       0       142, 292 <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1</td>				1			1
15. 00 CHI LD DEVELOPMENT 98. 04 0 52, 930 15. 00 16. 00 CHI LD PROTECTI ON CENTER 98. 05 0 90, 323 16. 00 17. 00 I D PRI M CARE SUPP NETWORK 90. 01 0 86, 609 17. 00 18. 00 GI CLI NI C 90. 04 0 297, 543 18. 00 19. 00 PAI N/PALLI ATI VE CARE 90. 02 0 147, 022 19. 00 20. 00 ENT CLI NI C 90. 10 0 121, 858 22. 00 21. 00 EYE CLI NI C 90. 15 0 245, 918 22. 00 22. 00 ALLERGY CLI NI C 90. 17 0 103, 588 23. 00 24. 00 SPI NA BI FI DA 90. 21 0 48, 576 24. 00 25. 00 REUROSCI ENCES CLI NI C 90. 22 0 46, 322 26. 00 RHEUMATOLOGY CLI NI C 90. 24 0 121, 169 26. 00 RHEUMATOLOGY CLI NI C 90. 24 0 121, 169 27. 00 ENDOCRI NE CLI NI C 90. 24 0 121, 169 28. 00 EMERGENCY 91. 00 0 142, 292 28. 00							1
16. 00 CHILD PROTECTION CENTER 98. 05 0 90, 323 16. 00 17. 00 ID PRIM CARE SUPP NETWORK 90. 01 0 86, 609 17. 00 18. 00 GI CLINIC 90. 04 0 297, 543 18. 00 19. 00 PAIN/PALLIATIVE CARE 90. 02 0 147, 022 19. 00 20. 00 ENT CLINIC 90. 10 0 121, 858 20. 00 21. 00 EYE CLINIC 90. 15 0 23, 059 21. 00 22. 00 ALLERGY CLINIC 90. 15 0 245, 918 22. 00 23. 00 DERMATOLOGY CLINIC 90. 17 0 103, 588 23. 00 24. 00 SPI NA BI FI DA 90. 21 0 48, 576 24. 00 25. 00 NEUROSCI ENCES CLINIC 90. 22 26. 00 RHEUMATOLOGY CLINIC 90. 23 0 78, 317 26. 00 RHEUMATOLOGY CLINIC 90. 24 0 121, 169 28. 00 EMERGENCY 91. 00 0 142, 292 28. 00				1	•		
17. 00       ID PRIM CARE SUPP NETWORK       90. 01       0       86, 609       17. 00         18. 00       GI CLINIC       90. 04       0       297, 543       18. 00         19. 00       PAIN/PALLIATIVE CARE       90. 02       0       147, 022       19. 00         20. 00       ENT CLINIC       90. 10       0       121, 858       20. 00         21. 00       EYE CLINIC       90. 12       0       23, 059       21. 00         22. 00       ALLERGY CLINIC       90. 15       0       245, 918       22. 00         23. 00       DERMATOLOGY CLINIC       90. 17       0       103, 588       23. 00         24. 00       SPINA BIFIDA       90. 21       0       48, 576       24. 00         25. 00       NEUROSCI ENCES CLINIC       90. 22       0       46, 322       25. 00         26. 00       RHEUMATOLOGY CLINIC       90. 23       0       78, 317       26. 00         27. 00       ENDOCRINE CLINIC       90. 24       0       121, 169       27. 00         28. 00       EMERGENCY       91. 00       0       142, 292       28. 00							
18. 00       GI CLINIC       90. 04       0       297, 543       18. 00         19. 00       PAIN/PALLIATIVE CARE       90. 02       0       147, 022       19. 00         20. 00       ENT CLINIC       90. 10       0       121, 858       20. 00         21. 00       EYE CLINIC       90. 12       0       23, 059       21. 00         22. 00       ALLERGY CLINIC       90. 15       0       245, 918       22. 00         23. 00       DERMATOLOGY CLINIC       90. 17       0       103, 588       23. 00         24. 00       SPINA BIFIDA       90. 21       0       48, 576       24. 00         25. 00       NEUROSCI ENCES CLINIC       90. 22       0       46, 322       25. 00         26. 00       RHEUMATOLOGY CLINIC       90. 23       0       78, 317       26. 00         27. 00       ENDOCRINE CLINIC       90. 24       0       121, 169       27. 00         28. 00       EMERGENCY       91. 00       0       142, 292       28. 00				1			1
19. 00 PAIN/PALLIATIVE CARE 90. 02 0 147, 022 20. 00 ENT CLINIC 90. 10 0 121, 858 20. 00 21. 00 EYE CLINIC 90. 12 0 23, 059 21. 00 245, 918 22. 00 ALLERGY CLINIC 90. 15 0 245, 918 22. 00 DERMATOLOGY CLINIC 90. 17 0 103, 588 23. 00 24. 00 SPINA BIFIDA 90. 21 0 48, 576 24. 00 SPINA BIFIDA 90. 21 0 46, 322 25. 00 NEUROSCI ENCES CLINIC 90. 22 0 46, 322 25. 00 RHEUMATOLOGY CLINIC 90. 23 0 78, 317 26. 00 26. 00 RHEUMATOLOGY CLINIC 90. 24 0 121, 169 27. 00 ENDOCRINE CLINIC 90. 24 0 121, 169 27. 00 ENDOCRINE CLINIC 90. 24 0 121, 169 27. 00 EMERGENCY 91. 00 0 142, 292 28. 00				•			1
20. 00     ENT CLINIC     90. 10     0     121,858     20. 00       21. 00     EYE CLINIC     90. 12     0     23,059     21. 00       22. 00     ALLERGY CLINIC     90. 15     0     245, 918     22. 00       23. 00     DERMATOLOGY CLINIC     90. 17     0     103, 588     23. 00       24. 00     SPI NA BI FI DA     90. 21     0     48, 576     24. 00       25. 00     NEUROSCI ENCES CLINIC     90. 22     0     46, 322     25. 00       26. 00     RHEUMATOLOGY CLINIC     90. 23     0     78, 317     26. 00       27. 00     ENDOCRI NE CLINIC     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00				•			1
21. 00     EYE CLINIC     90. 12     0     23, 059     21. 00       22. 00     ALLERGY CLINIC     90. 15     0     245, 918     22. 00       23. 00     DERMATOLOGY CLINIC     90. 17     0     103, 588     23. 00       24. 00     SPI NA BI FI DA     90. 21     0     48, 576     24. 00       25. 00     NEUROSCI ENCES CLINIC     90. 22     0     46, 322     25. 00       26. 00     RHEUMATOLOGY CLINIC     90. 23     0     78, 317     26. 00       27. 00     ENDOCRI NE CLINIC     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00				•			1
22. 00     ALLERGY CLINIC     90. 15     0     245, 918     22. 00       23. 00     DERMATOLOGY CLINIC     90. 17     0     103, 588     23. 00       24. 00     SPI NA BI FI DA     90. 21     0     48, 576     24. 00       25. 00     NEUROSCI ENCES CLINIC     90. 22     0     46, 322     25. 00       26. 00     RHEUMATOLOGY CLINIC     90. 23     0     78, 317     26. 00       27. 00     ENDOCRI NE CLINIC     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00							1
23. 00     DERMATOLOGY CLINIC     90. 17     0     103, 588     23. 00       24. 00     SPI NA BI FI DA     90. 21     0     48, 576     24. 00       25. 00     NEUROSCI ENCES CLINIC     90. 22     0     46, 322     25. 00       26. 00     RHEUMATOLOGY CLINIC     90. 23     0     78, 317     26. 00       27. 00     ENDOCRI NE CLINIC     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00				•			1
24. 00     SPI NA BI FI DA     90. 21     0     48, 576     24. 00       25. 00     NEUROSCI ENCES CLI NI C     90. 22     0     46, 322     25. 00       26. 00     RHEUMATOLOGY CLI NI C     90. 23     0     78, 317     26. 00       27. 00     ENDOCRI NE CLI NI C     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00				•			
25. 00     NEUROSCI ENCES CLI NI C     90. 22     0     46, 322     25. 00       26. 00     RHEUMATOLOGY CLI NI C     90. 23     0     78, 317     26. 00       27. 00     ENDOCRI NE CLI NI C     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00				•			
26. 00     RHEUMATOLOGY CLINIC     90. 23     0     78, 317     26. 00       27. 00     ENDOCRINE CLINIC     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00							
27. 00     ENDOCRI NE CLI NI C     90. 24     0     121, 169     27. 00       28. 00     EMERGENCY     91. 00     0     142, 292     28. 00							
28.00 EMERGENCY 91.00 0 142, 292 28.00							
1 77.00   0 25,270   27.00							
		1	171.30	9	20, 210		

From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Increases Cost Center Sal ary 0ther Line # 2.00 3.00 4.00 5.00 30.00 ADOLESCENT MEDICINE 194.08 60,866 30.00 TOTALS 16, 909, 692 K - RECLASS IRIS FELLOWS SAL&BEN I&R SERVICES-SALARY & 0 4, 807, 778 1.00 21.00 1.00 FRI NGES APPRVD ō 4, 807, 778 TOTALS - RECLASS DEPRECIATION FOR A&E CAP REL COSTS-BLDG & FIXT TOTALS 1.00 1.00 98, 210 1.00 98, 210 O - RECLASS SOCIAL SERVICES EXPENSES 1 00 ADMINISTRATIVE & GENERAL 5.00 145, 021 90, 043 1.00 ITOTALS 145, 021 90.043 P - RECLASS SAL & BEN TO RENAL DIALYSIS 1.00 RENAL DIALYSIS 74.00 6,697 2, 246 1.00 HOME PROGRAM DIALYSIS 23, 927 8,029 2.00 94.00 2.00 ITOTALS 30, 624 10, 275 Q - RECLASS CHHS SALARY TO OTHER EXP 1.00 EMPLOYEE BENEFITS 4.00 2, 159, 046 2, 396, 372 1.00 ADMINISTRATIVE & GENERAL 2.00 5.00 16, 444, 134 15, 739, 293 2.00 3.00 CAFETERIA 11.00 115, 466 3.00 4.00 PUBLIC RELATIONS 194.02 837, 228 930, 867 4.00 5.00 OUTREACH 194.03 952, 829 493, 357 5.00 OTHER OFFSITE CLINICS 6.00 194.04 871, 116 731, 168 6.00 7.00 CHILDREN'S SPECIALTY GROUP 194.05 -<u>3, 7</u>50 -880 7.00 21, 110, 484 20, 555, 762 R - RECLASS AMBULATORY ADMINISTRATION 1.00 PHYSICAL THERAPY 66.00 980 295 1.00 2.00 SPEECH PATHOLOGY 68.00 1, 229 634 2.00 ELECTROENCEPHALOGRAPHY 3.00 70.00 366 155 3.00 4.00 74.00 RENAL DIALYSIS 58 4.00 5.00 RENAL DIALYSIS 74.00 163 86 5.00 6.00 PSYCHIATRY - OFFICE BLDG 98.00 1, 105 279 6.00 7.00 GENETICS CENTER 98.02 398 211 7.00 8 00 CHILD DEVELOPMENT 98 04 5.3 195 8 00 9.00 CHILD PROTECTION CENTER 98.05 479 422 9.00 10.00 DENTAL SRVC 98.06 989 420 10.00 11.00 DENTAL SRVC 98.06 11.00 125 60 12.00 DENTAL SRVC 98.06 379 178 12.00 13.00 ID PRIM CARE SUPP NETWORK 90.01 226 75 13.00 DIABETIC CLINIC 14.00 90.03 306 114 14.00 15 00 GE CLINIC 90 04 806 261 15 00 CLINIC FOR SPECIAL NEEDS 16.00 90.05 315 138 16.00 PULMONARY CLINIC 90.09 17.00 17.00 234 85 18.00 ADOLESCENT MEDICINE 194.08 22 18.00 57 19 00 ENT CLINIC 90 10 309 104 19 00 20.00 ORTHOPEDIC CLINIC 90.11 347 164 20.00 21.00 EYE CLINIC 90.12 104 41 21.00 SURGICAL SPECIALTIES 90.14 22.00 76 22.00 214 SURGICAL SPECIALTIES 90 14 107 23.00 280 23.00 24.00 ALLERGY CLINIC 90.15 477 237 24.00 DERMATOLOGY CLINIC 90.17 25.00 286 126 25.00 CRANIOFACIAL CENTER 90.19 26, 00 28 74 26,00 27 00 SPINA BIFIDA 90 21 60 17 27 00 28.00 SPINA BIFIDA 90.21 48 14 28.00 29. 00 NEUROSCIENCES CLINIC 90. 22 572 29.00 166 RHEUMATOLOGY CLINIC 90.23 30.00 119 38 30.00 31.00 ENDOCRINE CLINIC 90.24 104 31 31.00 RENAL CLINIC 90.25 38 32.00 132 32.00 HOME PROGRAM DIALYSIS 33.00 94.00 78 33.00 11 34.00 OUTREACH 194.03 34 10 34.00 35.00 OUTREACH 194.03 18 26 35.00 36.00 NORTH SHORE CLINIC 194.07 36.00 11, 413 4, 995 ITOTALS - RECLASS SUPPLY EX CHARGED TO PTS MEDICAL SUPPLIES CHARGED TO 1.00 71.00 23, 186, 335 1.00 PATI ENTS 2.00 0.00 0 0 2.00 0 3 00 0 00 0 3 00 4.00 0.00 0 0 4.00 5.00 o 0 0.00 5.00 6.00 0.00 0 0 6.00 0 0 7.00 0.00 7.00 8.00 0.00 0 0 8.00 9.00 0.00 9.00

Health Financial Systems RECLASSIFICATIONS CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10 Provi der CCN: 523300 | Peri od: From 01/01/2011 | To 12/31/2011 Worksheet A-6 Date/Time Prepared: 7/2/2012 2:04 pm Increases Cost Center Li ne # Sal ary 0ther 2. 00 3.00 4.00 5.00 10.00 0.00 0 0 10.00

10.00		0.00	U	U		10.00
11. 00		0.00	0	0		11. 00
12.00		0.00	0	0		12.00
	TOTALS		0	23, 186, 335		
	T - RECLASS COST OF EPO TO DI	ALYSIS		<u> </u>		
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	42, 963		1. 00
	TOTALS	— — <del>····</del>		42, 963		
	U - RECLASS BEHAV HEALTH/NEUR	O ADMIN	<u> </u>	12, 700		
1. 00	ELECTROENCEPHALOGRAPHY	70.00	7, 577	2, 353		1. 00
2. 00	PSYCHIATRY - OFFICE BLDG	98.00	19, 146	4, 238		2. 00
		•				
3.00	CHILD DEVELOPMENT	98. 04	1, 086	2, 959		3.00
4.00	NEUROSCI ENCES CLI NI C	<u>90. 22</u>	11, 829	2,529		4. 00
	TOTALS		39, 638	12, 079		
	V - RECLASS CLIN TRIAL COST T					
1.00	RESEARCH	191. 00	0	69, 349		1.00
2.00		0.00	0	0		2.00
3.00		0.00	O	0		3.00
4.00		0.00	o	0		4.00
5.00		0.00	o	0		5. 00
6. 00		0.00	o	0		6. 00
7. 00		0.00	Ö	0		7. 00
8. 00		0.00	0	0		
		<b>I</b>		_		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	o	0		15.00
16. 00		0.00	o	0		16. 00
17. 00		0.00	ol	Ô		17. 00
18. 00		0.00	Ö	0		18. 00
19. 00		0.00	0	0		19. 00
20. 00	+	0.00	o	0		20. 00
		ı		0		
21. 00		0.00	0	0		21. 00
22. 00		0.00		0		22. 00
	TOTALS		0	69, 349		
	W - RECLASS RESEARCH GRANT EX					
1.00	RESEARCH	191. 00	15, 234	10, 470		1.00
2.00	SOCI AL SERVI CE	17. 00	191	58		2.00
3.00	RESEARCH	191. 00	6, 398	1, 280		3.00
4.00	RESEARCH	191.00	2, 572	1, 577		4.00
5.00	RESEARCH	191.00	27, 480	8, 666		5. 00
6. 00	RESEARCH	191. 00	0	170, 021		6. 00
7. 00	RESEARCH	191.00	0	1, 272		7. 00
7.00	TOTALS		51, 875	193, 344		7.00
		ND.	31, 6/5	193, 344		
4 00	X - RECLASS KIDNEY COORDINATO		47.47.5	-		4 00
1. 00	ADMI NI STRATI VE & GENERAL	5.00	46, 462	0		1. 00
	TOTALS		46, 462	0		
500.00	Grand Total: Increases		21, 272, 450	106, 441, 193		500.00

Health Financial Systems In Lieu of Form CMS-2552-10 RECLASSI FI CATIONS Provider CCN: 523300 Period: Worksheet A-6

From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 - RECLASS INSURANCE EXPENSE 1.00 OTHER CAPITAL RELATED COSTS 117.00 0 321, 197 12 1.00 2.00 0.00 0 12 2.00 TOTALS ō 321, 197 B - RECLASS INTEREST EXPENSE 1.00 INTEREST EXPENSE 113.00 0 14, 505, 073 1.00 2.00 0.00 2.00 11 14, 505, 073 TOTALS RECLASS MALPACTICE INSURANCE 5. 00 1.00 ADMINISTRATIVE & GENERAL 507, 394 0 1.00 TOTAL S 507, 394 D - RECLASS DENTAL I&R FROM A&G 1.00 DENTAL SRVC 98. 06 391, 655 119, 554 0 1.00 TOTALS 391, 655 119, 554 E - RECLASS DRUGS CHARGED TO PATIENTS 15. 00 1.00 PHARMACY 18, 920, 182 0 1.00 TOTALS ō <u>18, 920, 1</u>82 - RECLASS MED SUPP CHARGED TO PATIENTS 1.00 CENTRAL SERVICES & SUPPLY 14.00 0 2, 854, 457 0 1.00 ō TOTALS 2, 854, 457 G - RECLASS RENTAL COSTS 5. 00 1, 785, 893 1.00 ADMINISTRATIVE & GENERAL 1.00 TOTALS 0 1, 785, 893 H - RECLASS EQUIPMENT RENTAL COSTS 1.00 5. 00 ADMINISTRATIVE & GENERAL 0 444 1.00 2.00 HOUSEKEEPI NG 9.00 0 592 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 1, 769 0 3.00 OPERATING ROOM 0 11, 590 0 4.00 50.00 4.00 MEDICAL SUPPLIES CHARGED TO 0 71.00 0 310, 791 5.00 5.00 PATI ENTS 6.00 DRUGS CHARGED TO PATIENTS 73.00 0 0 36, 402 6.00 7.00 RADI OLOGY-DI AGNOSTI C 54.00 0 86, 158 0 7.00 RESPIRATORY THERAPY 0 8.00 65.00 0 5,053 8.00 9 00 PHYSICAL THERAPY 66 00 0 151, 311 0 9 00 0| ELECTROCARDI OLOGY 10.00 69.00 0 475 10.00 11.00 RENAL DIALYSIS 74.00 o 1, 200 0 11.00 260, 970 12.00 GREENWAY CLINIC 90. 26 ol 0 12.00 0 0 13.00 NEW BERLIN CLINIC 90.27 667 13.00 23, 248 14.00 OTHER OFFSITE CLINICS 194.04 0 0 14.00 NORTH SHORE CLINIC 15.00 194.07 0 1, 226 0 15.00 891, 896 TOTALS RECLASS MCW PURCHASED SERVICES 1.00 ADMINISTRATIVE & GENERAL 5.00 0 16, 909, 692 0 1.00 2.00 0.00 0 0 2.00 0 0 0 3 00 0 00 3 00 0 4.00 0.00 0 0 0 4.00 5.00 0.00 o 0 0 5.00 0 0 0 6.00 0.00 6.00 0 0 0.00 0 7 00 7 00 8.00 0.00 0 0 0 8.00 9.00 0 0 0.00 9.00 0 0 10.00 0.00 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 0 13.00 0 0 14.00 0.00 0 14.00 15.00 0.00 0 0 15.00 16.00 0.00 0 0 16.00 0 0 17.00 0.00 0 17.00 0 18.00 0.00 0 0 18.00 0 19.00 0.00 0 0 19.00 20.00 0.00 0 0 0 20.00 0 0 21.00 0.00 0 21.00 22.00 0.00 0 0 22.00 0.00 0 0 23.00 23.00 0 0 24.00 0.00 0 24.00 0 0.00 0 0 25, 00 25, 00 26.00 0.00 0 0 26.00 27.00 0.00 0 0 0 27.00 0 28.00 0.00 0 0 28.00 0 0 29.00 0.00 0 29.00 30.00 0.00 0 30.00 TOTALS 16, 909, 692

From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 K - RECLASS IRIS FELLOWS SAL&BEN 1.00 ADMINISTRATIVE & GENERAL 5.00 4, 807, 778 0 1.00 TOTALS 4, 807, 778 M - RECLASS DEPRECIATION FOR A&E 1.00 CAP REL COSTS-MVBLE EQUIP 98, 210 1.00 TOTALS 98, 210 O - RECLASS SOCIAL SERVICES EXPENSES 1.00 SOCIAL SERVICE <u>17.</u>00 145, 021 90, 043 0 1.00 **TOTALS** 145, 021 90,043 P - RECLASS SAL & BEN TO RENAL DIALYSIS 1.00 SOCIAL SERVICE 17. 00 12, 981 4 356 0 1 00 2.00 DIETETICS 90.06 17,643 5, 919 0 2.00 30, 624 10, 275 Q - RECLASS CHHS SALARY TO OTHER EXP 1 00 5 00 1 00 ADMINISTRATIVE & GENERAL 20, 555, 762 21, 110, 484 0 2.00 0.00 0 2.00 3.00 0.00 0 0 3.00 4.00 0.00 0 0 0 4.00 0 0 5.00 0.00 0 5.00 6.00 0.00 0 0 0 6.00 7.00 0.00 0 7.00 TOTALS 20, 555, 762 21, 110, 484 R - RECLASS AMBULATORY ADMINISTRATION 1.00 CLINIC ADMINISTRATION 90. 18 11, 413 4, 995 0 1.00 2.00 0.00 0 2.00 0 0 0 3.00 0.00 0 0 3.00 4.00 0.00 0 0 0 4.00 5.00 0.00 0 0 5.00 0 0 6.00 0 0.00 0 6.00 7 00 0.00 0 0 7 00 0 8.00 0.00 0 8.00 9.00 0.00 0 0 9.00 0 0 10.00 0.00 0 10.00 0 11.00 0.00 0 11.00 0 12.00 0.00 0 12.00 0 13.00 0.00 0 13.00 0 0 14.00 0.00 0 14.00 0 15.00 0.00 0 15.00 16.00 0.00 0 16.00 0 0 17.00 0.00 17.00 0 0.00 0 18.00 18.00 0 19.00 0.00 0 0 19.00 0 0 20.00 0.00 20.00 0.00 0 0 21.00 21.00 0 0 0 22.00 0.00 22.00 23.00 0.00 o 0 23.00 24.00 0.00 0 0 0 24.00 0 25.00 0 0 0.00 25, 00 26.00 0.00 0 0 26.00 27.00 0.00 0 0 27.00 0 28 00 0 00 28 00 0 29.00 0.00 0 29.00 30.00 0.00 0 0 30.00 0 0 31.00 0.00 0 31.00 0 0 32 00 0 00 0 32 00 33.00 0.00 0 0 0 33.00 34.00 0.00 o 0 34.00 0 35.00 0.00 0 0 35.00 36.00 0.00 0 36.00 TOTALS 11, 413 4, 995 S - RECLASS SUPPLY EX CHARGED TO PTS 1.00 ADULTS & PEDIATRICS 1, 113, 656 0 30.00 1.00 2.00 INTENSIVE CARE UNIT 0 0 31.00 3, 424, 950 2.00 3.00 OTHER SPECIAL CARE HOT UNIT 35.00 0 391, 825 0 3.00 OPERATING ROOM 13, 170, 326 0 4.00 50.00 4.00 0 5.00 ANESTHESI OLOGY 53.00 0 933.341 5.00 RESPIRATORY THERAPY 6.00 65.00 0 2, 252, 909 6.00 7.00 SPEECH PATHOLOGY 68.00 481, 255 0 7.00 TRANSPORT 0 0 8.00 98.01 100, 486 8.00 ENT CLINIC 0 0 9.00 90.10 22, 872 9.00 ORTHOPEDIC CLINIC 0 0 10.00 90.11 111, 123 10.00 ONCOLOGY CLINIC 90.13 0 248, 883 0 11.00 11.00 EMERGENCY 91.00 934, 709 12.00 12.00 0 23, 186, 335 **TOTALS** 

Health Financial Systems RECLASSIFICATIONS 

						7/2/2012 2: 04 pm
		Decreases				
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.	
	6. 00	7. 00	8. 00	9. 00	10. 00	
	T - RECLASS COST OF EPO TO DI					
1.00	RENAL DI ALYSI S	74.00	•	4 <u>2, 9</u> 63		1.00
	TOTALS		0	42, 963		
	U - RECLASS BEHAV HEALTH/NEUR					
1.00	CLINIC ADMINISTRATION	90. 18	39, 638	12, 079		1.00
2.00		0.00	0	C	- 1	2. 00
3.00		0.00	0	C	-	3.00
4.00		0.00	0_	0	<u> </u>	4. 00
	TOTALS		39, 638	12, 079		
	V - RECLASS CLIN TRIAL COST TO					
1.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	357		1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 228		2. 00
3.00	LABORATORY	60.00	0	22, 459		3. 00
4.00	BLOOD STORING, PROCESSING &	63. 00	0	211	0	4. 00
	TRANS.					
5.00	RESPI RATORY THERAPY	65. 00	0	1, 023		5. 00
6.00	PHYSI CAL THERAPY	66. 00	0	328	,	6. 00
7.00	SPEECH PATHOLOGY	68. 00	0	335		7. 00
8.00	ELECTROCARDI OLOGY	69. 00	0	5, 336	,	8. 00
9. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	843	0	9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	O	17, 506	o	10.00
11.00	GI CLINIC	90. 04	O	1, 644	o	11. 00
12.00	INFUSION ROOM	90. 07	0	2, 321	o	12. 00
13.00	CARDIOLOGY CLINIC	90. 08	o	130	o	13. 00
14.00	PULMONARY CLINIC	90. 09	o	3, 717	o	14. 00
15.00	ENT CLINIC	90. 10	O	783	o	15. 00
16.00	ONCOLOGY CLINIC	90. 13	O	1, 761	o	16. 00
17.00	DERMATOLOGY CLINIC	90. 17	o	239	o	17. 00
18. 00	NEUROSCI ENCES CLINIC	90. 22	o	977		18.00
19. 00	RHEUMATOLOGY CLINIC	90. 23	o	969	ol	19.00
20.00	RENAL CLINIC	90. 25	o	102	ol	20.00
21.00	MAGNETIC RESONANCE IMAGING	58.00	o	6, 804	0	21.00
	(MRI)			•		
22.00	CT SCAN	57. 00	O	276	o	22. 00
	TOTALS	- $  +$		69, 349		
	W - RECLASS RESEARCH GRANT EX	PENSES				
1.00	CLINIC FOR SPECIAL NEEDS	90. 05	15, 234	10, 470	0	1.00
2.00	SOCI AL SERVI CE	17. 00	191	58	o	2. 00
3.00	CARDIOLOGY CLINIC	90. 08	6, 398	1, 280	o o	3. 00
4.00	SPINA BIFIDA	90. 21	2, 572	1, 577		4. 00
5.00	PULMONARY CLINIC	90. 09	27, 480	8, 666	o	5. 00
6.00	NURSING ADMINISTRATION	13.00	0	170, 021		6. 00
7. 00	OTHER SPECIAL CARE HOT UNIT	35. 00	ol	1, 272		7. 00
	TOTALS		51, 875	193, 344	+	
	X - RECLASS KIDNEY COORDINATO	R				
1.00	KI DNEY ACQUI SI TI ON	105.00	46, 462	C	0	1.00
	TOTALS		46, 462			
500.00	Grand Total: Decreases		21, 272, 450	106, 441, 193		500.00
		•				'

Health Financial Systems CHI	ILDREN'S HOSPITAL OF WISCONSIN			In Lieu of Form CMS-2552-10			
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der	F	eriod: rom 01/01/2011 o 12/31/2011		pared:	
			Acqui si ti ons				
	Begi nni ng Bal ances	Purchases	Donati on	Total	Disposals and Retirements		
	1.00	2. 00	3.00	4. 00	5. 00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET							
1. 00 Land	0	0	C	0	0	1.00	
2.00 Land Improvements	10, 318, 959	6, 449	i o	6, 449	0	2.00	
3.00 Buildings and Fixtures	388, 503, 334	81, 256	l d	81, 256		3.00	
4.00 Building Improvements	79, 233, 256	36, 703, 497	l d	1		4.00	
5.00 Fixed Equipment	0	0	l d	0	0	5.00	
6.00 Movable Equipment	142, 748, 097	10, 021, 626	i o	10, 021, 626	9, 872, 837	6.00	
7.00 HIT designated Assets	0	0	l d	0	0	7. 00	
8.00 Subtotal (sum of lines 1-7)	620, 803, 646	46, 812, 828	l d	46, 812, 828	13, 330, 841	8. 00	
9.00 Reconciling Items	10, 518, 358			34, 863, 172		1	
10.00 Total (line 8 minus line 9)	610, 285, 288			11, 949, 656	-347, 543	10.00	
		SUMMARY O					
	D						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)			
	9. 00	10.00	11.00	12.00	13. 00		
PART II - RECONCILIATION OF AMOUNTS FROM WORK				12.00	10.00		
1. 00 CAP REL COSTS-BLDG & FLXT	19, 901, 353		C	0	0	1.00	
2.00 CAP REL COSTS-MVBLE EQUIP	15, 956, 369	0	d	0	0	2.00	
3.00 Total (sum of lines 1-2)	35, 857, 722	0	C	0	0	3. 00	
	COMF	PUTATION OF RAT	10S	ALLOCATION OF OTHER CAPITAL			
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets	Ratio (see	Insurance		
cost center bescription	GLOSS ASSETS	Leases	for Ratio	instructions)	Trisui ance		
			(col. 1 - col.	Thistructions)			
			2)				
	1.00	2. 00	3.00	4. 00	5. 00		
PART III - RECONCILIATION OF CAPITAL COSTS CE							
1. 00 CAP REL COSTS-BLDG & FLXT	511, 388, 747	0	511, 388, 747	0. 821399	0	1.00	
2.00 CAP REL COSTS-MVBLE EQUIP	111, 193, 740	0				2. 00	
3.00 Total (sum of lines 1-2)	622, 582, 487	0			0	3. 00	
		'	<u>-</u>	•	=	•	

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN		In Lieu of Form CMS-2552-10
DECONCILIATION OF CADITAL COSTS CENTERS	Drovi don CCN	E22200 Dari od	Workshoot A 7

2.00     Land Improvements     10,325,408     0       3.00     Buildings and Fixtures     387,575,765     0       4.00     Building Improvements     113,487,574     0       5.00     Fixed Equipment     0     0       6.00     Movable Equipment     142,896,886     0	Hear th	i Financiai Systems - Chi	LDREN, 2 HOSELL	AL OF WISCONSI	N	In Lie	U OT FORM CMS-2	2552-10
Ending Balance	RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 523300	Peri od:	Worksheet A-7	
Ending Ballance								
Ending Balance						To 12/31/2011		
Depreciated ASSets   6.00   7.00			I			L	7/2/2012 2: 04	pm
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES   1.00			Ending Balance					
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00				7.00				
2.00			<u>F BALANCES</u>					
3.00   Buildings and Fixtures   387, 575, 765   0   0   0   0   0   0   0   0   0		Land	0	(	)			1. 00
4.00   Building Improvements   113, 487, 574   0   0   0   0   0   0   0   0   0	2.00	Land Improvements	10, 325, 408	(				2.00
5.00   Fi xed Equipment   142,896,886   0   0   0   0   0   0   0   0   0	3.00	Buildings and Fixtures	387, 575, 765	(				3.00
6.00   Movable Equipment   142, 896, 886   0   0   0   0   0   0   0   0   0	4.00	Building Improvements	113, 487, 574	(				4.00
6.00 Movable Equipment 7.00 HIT designated Assets 8.00 0 0 0 0 7.00 8.00 Subtotal (sum of lines 1-7) 654, 285, 633 0 9.00 9.00 Reconciling Items 9.00 Total (line 8 minus line 9) 622, 582, 487 0 10.00  Cost Center Description  Cost Center Description  PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 1.00 CAP REL COSTS-BLDG & FIXT 0 15, 965, 369 10.00  Total (sum of lines 1-2) 0 15, 965, 369 10.00  ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL COSTS CENTERS  Cost Center Description  Taxes 0 ther Capital - Relate of Costs 5 through 7) 6.00 9.00 10.00  PART III - RECONCILIATION OF CAPITAL COSTS CENTERS  1.00 CAP REL COSTS-BLDG & FIXT 0 0 15, 965, 369 0 2.00 3.00 Total (sum of lines 1-2) 0 35, 857, 722  ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL COSTS CENTERS  1.00 CAP REL COSTS-BLDG & FIXT 0 0 7.00 8.00 9.00 10.00  PART III - RECONCILIATION OF CAPITAL COSTS CENTERS  1.00 CAP REL COSTS-BLDG & FIXT 0 0 16, 098, 293 -40, 053 1.00  CAP REL COSTS-BLDG & FIXT 0 0 0 16, 698, 293 -40, 053 1.00  CAP REL COSTS-BLDG & FIXT 0 0 0 16, 855, 920 0 2.00	5.00	Fixed Equipment	0					5. 00
7. 00   HIT designated Assets   0   0   0   0   8. 00   8. 00   Subtotal (sum of lines 1-7)   654, 285, 633   0   9. 00   9. 00   Reconciling Items   31, 703, 146   0   9. 00   10. 00   Total (line 8 minus line 9)   622, 582, 487   0   10. 00      Cost Center Description   SummaRY OF CAPITAL	6.00	Movable Equipment	142, 896, 886					6. 00
8.00   Subtotal (sum of lines 1-7)   654, 285, 633   0   9.00   10.00			0					7. 00
9.00 10.00   Reconciling Items   31,703,146   0   622,582,487   0   10.00     Total (line 8 minus line 9)   622,582,487   0   10.00     SUMMARY OF CAPITAL			654 285 633					
10.00   Total (line 8 minus line 9)   622,582,487   0     0								
SUMMARY OF CAPITAL								
Other   Capital - Relate   of cols. 9   through 14)	10.00	Total (Tric o minus Tric 7)			7			10.00
Capital -Relate   d Costs (see   instructions)   14.00   15.00			30WWART 0	CALLIAL				
Capital -Relate   d Costs (see   instructions)   14.00   15.00		Cost Center Description	Other	Total (1) (sum				
Description   Cost Center Description   Description   Cost Center Description   Cost Center Description		cost center beserretron			1			
Instructions   14.00   15.00								
14.00   15.00				till ough 14)				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				15.00	1			
1. 00 CAP REL COSTS-BLDG & FIXT 0 19, 901, 353 2 2. 00 2. 00 3. 00 Total (sum of lines 1-2) 0 35, 857, 722 3. 00 ALLOCATION OF OTHER CAPITAL COSTS CENTERS  1. 00 CAP REL COSTS-BLDG & FIXT 0 19, 901, 353 2 2. 00 35, 857, 722 3. 00 2. 00 35, 857, 722 3. 00 2. 00 35, 857, 722 3. 00 2. 00 35, 857, 722 3. 00 2. 00 35, 857, 722 3. 00 2. 00 36, 90		DART II - RECONCILIATION OF AMOUNTS FROM WORK			and 2			
2. 00   CAP REL COSTS-MVBLE EQUIP   0   15, 956, 369   2. 00   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   35, 857, 722   3	1 00							1 00
3.00   Total (sum of lines 1-2)			0					
ALLOCATION OF OTHER CAPITAL   SUMMARY OF CAPITAL			0					
Cost Center Description	3.00	Total (sum of lines 1-2)	0			CUMMADY OF		3.00
Cost Center Description			ALLUCA	IION OF OTHER	CAPITAL			
Capital - Relate   Cols. 5		0 1 0 1 0 1 1		0.11	T= 1 1 /		,	
d Costs   through 7)		Cost Center Description				or Deprectation	Lease	
CAP REL COSTS-BLDG & FIXT   O   O   O   16, 098, 293   -40, 053   1.00   CAP REL COSTS-MVBLE EQUIP   O   O   O   16, 855, 920   O   2.00   CAP REL COSTS-MVBLE EQUIP   O   O   O   O   O   O   O   O   O								
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS  1. 00							40.00	
1. 00 CAP REL COSTS-BLDG & FIXT 0 0 0 16, 098, 293 -40, 053 1. 00 2. 00 CAP REL COSTS-MVBLE EQUIP 0 0 0 16, 855, 920 0 2. 00				7.00	8.00	9.00	10.00	
2. 00 CAP REL COSTS-MVBLE EQUIP 0 0 16, 855, 920 0 2. 00				I -	J			
					1			
3.00  Total (sum of lines 1-2)   0  0  32,954,213  -40,053  3.00							٠,	
	3. 00	Total (sum of lines 1-2)	0	(	)	0 32, 954, 213	-40, 053	3. 00

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 523300	Peri od:	Worksheet A-7	
				From 01/01/2011		
				To 12/31/2011	Date/Time Pre	
					7/2/2012 2:04	pm
		SU	JMMARY OF CAPI	TAL		
Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
		instructions)	instructions	Capi tal -Rel ate	of cols. 9	
				d Costs (see	through 14)	
				instructions)	,	
	11. 00	12. 00	13. 00	14. 00	15. 00	

8, 743, 397 24, 957

8, 768, 354

249, 922 71, 275

321, 197

0 0 0 25, 051, 559 1. 00 16, 952, 152 2. 00 42, 003, 711 3. 00

0 0 0

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS
CAP REL COSTS-BLDG & FIXT
CAP REL COSTS-MVBLE EQUIP

Total (sum of lines 1-2)

1. 00 2. 00 3. 00

Heal th	Financial Systems CHI	ILDREN'S HOSPITA	AL OF WISCONSI	N	In Lie	eu of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES		Provi der	CCN: 523300		Worksheet A-8	
					From 01/01/2011 To 12/31/2011	Date/Time Pre	
				F 0		7/2/2012 2:04	pm
					lassification on the Amount is		
				TO/TTOM WITE	the Amount 13	to be Aujusteu	
	Cost Center Description	Basis/Code (2)	Amount	Cos	t Center	Li ne #	
		1.00	2.00		3. 00	4.00	
1.00	Investment income - CAP REL COSTS-BLDG &	В	-5, 231, 566	CAP REL COST	S-BLDG & FLXT	1.00	1. 00
2. 00	FIXT (chapter 2)   Investment income - CAP REL COSTS-MVBLE		C	LAD DEL COST	S-MVBLE EQUIP	2.00	2. 00
2.00	EQUIP (chapter 2)			NEL COST	J WVDEE EQUIT	2.00	2.00
3.00	Investment income - other (chapter 2)		C			0.00	
4. 00	Trade, quantity, and time discounts (chapter	A	-38, 639	PADMI NI STRATI	VE & GENERAL	5. 00	4. 00
5. 00	8)   Refunds and rebates of expenses (chapter 8)	A	-607, 597	ADMI NI STRATI	VE & GENERAL	5. 00	5. 00
6.00	Rental of provider space by suppliers		C	)		0.00	
7 00	(chapter 8)		40.700	A DAM AU CEDATI	VE A CENEDAL	F 00	7 00
7. 00	Tel ephone services (pay stations excluded) (chapter 21)	A	-69, 793	BADMINI STRATI	VE & GENERAL	5. 00	7. 00
8.00	Television and radio service (chapter 21)		C			0.00	8. 00
9. 00	Parking Lot (chapter 21)	В			VE & GENERAL	5. 00	
10.00	Provider-based physician adjustment Sale of scrap, waste, etc. (chapter 23)	A-8-2 B	-8, 715, 087	'  BRADI OLOGY-DI	ACNOSTIC	E4 00	10.00
11. 00 12. 00	Related organization transactions (chapter	A-8-1	-213 C	NADI OLOGY-DI	AGNUSTIC	54.00	11. 00 12. 00
	10)		_				
13. 00	Laundry and linen service	_		)		1	13. 00
14. 00 15. 00	Cafeteria-employees and guests Rental of quarters to employee and others	B B	-1, 270, 011 -5, 442, 134		S-BLDG & FLXT	11.00	14. 00 15. 00
16. 00	Sale of medical and surgical supplies to	В	-5, 442, 134 C	CAF KLL COST	3-DLDG & TIXI	1	16. 00
	other than patients						
17. 00	Sale of drugs to other than patients	B B	-1, 904, 473	1	DDC 0 LIDDADV		17. 00
18. 00 19. 00	Sale of medical records and abstracts Nursing school (tuition, fees, books, etc.)	В	-51,087 C	MEDICAL RECU	RDS & LIBRARY	0.00	18. 00 19. 00
20. 00	Vending machines	В	-171, 541	DI ETARY		10.00	
21. 00	Income from imposition of interest, finance		C			0.00	21. 00
22. 00	or penalty charges (chapter 21) Interest expense on Medicare overpayments		C			0.00	22. 00
22.00	and borrowings to repay Medicare		C	΄		0.00	22.00
	overpayments						
23. 00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	C	RESPI RATORY	THERAPY	65. 00	23. 00
24. 00	Adjustment for physical therapy costs in	A-8-3	C	PHYSICAL THE	RAPY	66.00	24. 00
	excess of limitation (chapter 14)						
25. 00	Utilization review - physicians'		C	UTI LI ZATI ON	REVI EW-SNF	114. 00	25. 00
26. 00	compensation (chapter 21) Depreciation - CAP REL COSTS-BLDG & FIXT		C	CAP REL COST	S-BLDG & FLXT	1.00	26. 00
	Depreciation - CAP REL COSTS-MVBLE EQUIP			1	S-MVBLE EQUIP	1	27. 00
28. 00	Non-physician Anesthetist		C	NONPHYSI CI AN	ANESTHETI STS	1	28. 00
29. 00 30. 00	Physicians' assistant Adjustment for occupational therapy costs in	A-8-3	C	) OCCUPATI ONAL	THERADY	0. 00 67. 00	•
30.00	excess of limitation (chapter 14)	A-0-3		DOCCOLATIONAL	. IIILIAI I	07.00	30.00
31. 00	Adjustment for speech pathology costs in	A-8-3	C	SPEECH PATHO	LOGY	68. 00	31. 00
32. 00	excess of limitation (chapter 14) CAH HIT Adjustment for Depreciation and		C			0.00	32. 00
52.00	Interest		C	1		0.00	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0.710			0.00	
33. 01 33. 02	DEDUCT REGIONAL SERVICES   ADDBACK SITE SELECTION COSTS	A A		OUTREACH	S-BLDG & FLXT	194. 03 1. 00	
33. 02	ADDBACK SITE SELECTION COSTS  ADDBACK BUILDER'S RISK INSURANCE	A	•		S-BLDG & FLXT	1.00	
33. 04	1989 CAPITALIZED INTEREST	A		1	S-MVBLE EQUIP	2.00	
33. 05	INTEREST OFF-SET 1998 REVENUE BONDS	A			S-BLDG & FLXT	1.00	1
33.06	DEDUCT PRESIDENT ADMINISTRATION	A			VE & GENERAL	5.00	
33. 07 33. 08	ADDBACK LOSS ON 2004 REFUNDING NUTRITIONAL SERVICE REVENUE	A B	1, 242, 629	1	S-BLDG & FLXT	1. 00 10. 00	•
33. 09	GIFT, FLOWER & COFFEE SHOP	В		1	, COFFEE SHOP &	190.00	•
				CANTEEN			00.1-
33. 10 33. 11	INVESTIGATION STUDIES - MISC REVENUE MISCELLANEOUS REVENUE	B B		PHARMACY	VE & GENERAL	15. 00 5. 00	
33. 11	MANAGEMENT FEE REVENUE	В		1	S-BLDG & FLXT	1.00	
33. 13	CLINI CAL ENGINEERING	В		OPERATION OF		7. 00	
33. 14	DELI VERY TEAM	В		INTENSIVE CA	RE UNIT	31.00	
33. 15 33. 16	LAB REVENUE MI SC REVENUE	B B		LABORATORY OPERATING RO	OM	60. 00 50. 00	
33. 16	MI SC REVENUE	В		CHILD PROTEC		98. 05	
33. 18	MI SC REVENU	В	-136, 494	NURSING ADMI		13. 00	
33. 19	MI SC REVENUE	В		EMERGENCY		91.00	
33. 20	MISC REVENUE - OUTREACH	В	-245, 811	OUTREACH		194. 03	33. 20

Health Financial Systems	CHILDREN'S HOSPITA	AL OF WISCONSI	N In Lie	eu of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES		Provi der		Date/Time Pre 7/2/2012 2:04	pared:
			Expense Classification on		
			To/From Which the Amount is	to be Adjusted	
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	
cost denter bescription	1.00	2. 00	3. 00	4.00	
33. 21 ALLERGY REVENUE	В		ALLERGY CLINIC		33. 21
33. 22 MI SC REVENUE - EKG	В		ELECTROCARDI OLOGY	69.00	
33. 23 MISC REVENUE - RESEARCH	В		RESEARCH	191.00	
33. 24   HEART TRANSPLANT - REVENUE	В		HEART ACQUISITION	106.00	
33. 25 POI SON CENTER	В		POISON CENTER	194. 01	
33. 26 NORTH SHORE CLINIC	В		NORTH SHORE CLINIC	194. 07	33. 26
33. 27 RADI OLOGY	В	-328, 972	RADI OLOGY-DI AGNOSTI C	54.00	33. 27
33. 28 GENETIC CENTER	В	-5, 700	GENETICS CENTER	98. 02	33. 28
33. 29 RESPIRATORY THERAPY REV	В	-47, 583	RESPIRATORY THERAPY	65.00	33. 29
33. 30 PSYCH REVENUE	В	-18, 551	PSYCHIATRY - OFFICE BLDG	98. 00	33. 30
33. 31 FAMILY SERVICES REVENUE	В		SOCIAL SERVICE	17. 00	
33. 32 DI ETETI CS	В		DIETETICS	90.06	
33. 33 ONCOLOGY	В		OTHER SPECIAL CARE HOT UNIT	35.00	
33. 34 ANESTHESI OLOGY	В		ANESTHESI OLOGY	53.00	
33. 35 OUTSIDE SALARY SUPPORT	В		PULMONARY CLINIC	90.09	
33. 36 ORTHOPEDIC CLINIC	В		EYE CLINIC	90. 12	
33. 37 RENAL - OUTSI DE SALARY SUPPORT	В		RENAL CLINIC	90. 25	
33. 38 SURGERY REBATES	В		OPERATING ROOM	50.00	
33. 39 TRANSPORT	В		TRANSPORT	98. 01	
33. 40 PAIN CLINIC	В		PAIN/PALLIATIVE CARE	90.02	
33.41 SOCIAL WORKERS MISC REVENUE 33.42 RESEARCH COSTS	В		SOCI AL SERVI CE RESEARCH	17. 00 191. 00	
33. 42 RESEARCH COSTS 33. 43 1989 AHA ADJUSTMENT	A A		CAP REL COSTS-BLDG & FLXT	191.00	
33. 44 AHA GUI DELI NES 1990	A		CAP REL COSTS-BLDG & FIXT	1.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer		-32, 035, 438	•	1.00	50.00
Worksheet A, column 6, line 200.)	10	-32,033,430			30.00
1.3. Notice 11, cordina 0, 11110 200.)	I I		I .	1	1

Health Financial Systems
ADJUSTMENTS TO EXPENSES | Provider CCN: 523300 | Period: | Worksheet A-8 | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

	Cost Center Description	Wkst. A-7 Ref. 5.00	772,2012 2.3
1. 00	Investment income - CAP REL COSTS-BLDG &	11	1.00
2 00	FIXT (chapter 2)	O	2.00
2. 00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	U	2.00
3.00	Investment income - other (chapter 2)	o	3.00
4.00	Trade, quantity, and time discounts (chapter	0	4.00
5. 00	8)   Refunds and rebates of expenses (chapter 8)	0	5.00
6. 00	Rental of provider space by suppliers	o o	6.00
	(chapter 8)		
7. 00	Tel ephone services (pay stations excluded) (chapter 21)	0	7. 00
8. 00	Television and radio service (chapter 21)	o	8.00
9.00	Parking Lot (chapter 21)	0	9.00
10.00	Provi der-based physician adjustment	0	10.00
11. 00 12. 00	Sale of scrap, waste, etc. (chapter 23) Related organization transactions (chapter	0	11.00
.2.00	10)		1.27.5
13.00	Laundry and linen service	0	13. 00
14. 00 15. 00	Cafeteria-employees and guests Rental of quarters to employee and others	0 9	14. 00
16. 00	Sale of medical and surgical supplies to	ó	16. 00
	other than patients		
17. 00	Sale of drugs to other than patients Sale of medical records and abstracts	0	17. 00
18. 00 19. 00	Nursing school (tuition, fees, books, etc.)		18. 00   19. 00
20. 00	Vendi ng machi nes	o o	20.00
21. 00	Income from imposition of interest, finance	0	21. 00
22. 00	or penalty charges (chapter 21) Interest expense on Medicare overpayments	0	22. 00
22.00	and borrowings to repay Medicare		22.00
	overpayments		
23. 00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23. 00
24. 00	Adjustment for physical therapy costs in		24.00
05.00	excess of limitation (chapter 14)		
25. 00	Utilization review - physicians' compensation (chapter 21)		25. 00
26. 00	Depreciation - CAP REL COSTS-BLDG & FIXT	o	26.00
27. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27. 00
28. 00	Non-physician Anesthetist	0	28.00
29. 00 30. 00	Physicians' assistant Adjustment for occupational therapy costs in	U U	29.00
	excess of limitation (chapter 14)		
31. 00	Adjustment for speech pathology costs in		31. 00
32. 00	excess of limitation (chapter 14) CAH HIT Adjustment for Depreciation and	o	32.00
	Interest		
33. 00	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
33. 01 33. 02	DEDUCT REGIONAL SERVICES ADDBACK SITE SELECTION COSTS	9	33.0
33. 03	ADDBACK BUILDER'S RISK INSURANCE	9	33. 0
33. 04	1989 CAPITALIZED INTEREST	9	33.04
33. 05 33. 06	INTEREST OFF-SET 1998 REVENUE BONDS DEDUCT PRESIDENT ADMINISTRATION	11 0	33.0
33. 07	ADDBACK LOSS ON 2004 REFUNDING	11	33. 0
33. 08	NUTRITIONAL SERVICE REVENUE	O	33.00
33. 09	GIFT, FLOWER & COFFEE SHOP	0	33.0
33. 10 33. 11	INVESTIGATION STUDIES - MISC REVENUE MISCELLANEOUS REVENUE	0	33. 10   33. 1
33. 12	MANAGEMENT FEE REVENUE	10	33. 12
33. 13	CLINICAL ENGINEERING	0	33. 13
33. 14 33. 15	DELIVERY TEAM   LAB REVENUE	0	33. 1
33. 16	MI SC REVENUE		33. 1
33. 17	MI SC REVENUE	0	33. 1
33. 18	MI SC REVENU	0	33. 18
33. 19 33. 20	MISC REVENUE MISC REVENUE - OUTREACH	0	33. 1
33. 20 33. 21	ALLERGY REVENUE	0	33. 2
33. 22	MI SC REVENUE - EKG	o o	33. 23
33. 23	MI SC REVENUE - RESEARCH	0	33. 23
33. 24 33. 25	HEART TRANSPLANT - REVENUE   POI SON CENTER	0	33. 2- 33. 2!
33. 26	NORTH SHORE CLINIC	0	33. 20
33. 27	RADI OLOGY	0	33. 2

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN		In Lie	u of Form CMS-2552-10
ADJUSTMENTS TO EXPENSES	Provi der CCN:	523300	Peri od: From 01/01/2011	Worksheet A-8

			То	12/31/2011	Date/Time Pre 7/2/2012 2:04	
	Cost Center Description	Wkst. A-7 Ref.				
		5. 00				
33. 28	GENETIC CENTER	0				33. 28
33. 29	RESPI RATORY THERAPY REV	0				33. 29
33. 30	PSYCH REVENUE	0				33. 30
33. 31	FAMILY SERVICES REVENUE	0				33. 31
33. 32	DI ETETI CS	0				33. 32
33. 33	ONCOLOGY	0				33. 33
33. 34	ANESTHESI OLOGY	0				33. 34
33. 35	OUTSI DE SALARY SUPPORT	0				33. 35
33. 36	ORTHOPEDIC CLINIC	0				33. 36
33. 37	RENAL - OUTSIDE SALARY SUPPORT	0				33. 37
33. 38	SURGERY REBATES	0				33. 38
33. 39	TRANSPORT	0				33. 39
33. 40	PAIN CLINIC	0				33. 40
33. 41	SOCIAL WORKERS MISC REVENUE	0				33. 41
33. 42	RESEARCH COSTS	0				33. 42
33. 43	1989 AHA ADJUSTMENT	9				33. 43
33. 44	AHA GUI DELI NES 1990	9				33. 44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to					50.00
	Worksheet A column 6 line 200 )					

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 523300

Worksheet A-8-1

From 01/01/2011 OFFICE COSTS 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm

		Li ne No.	Cost Center	Expense Items	
		1.00	2.00	3. 00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS	A RESULT OF T	RANSACTIONS WITH RELATED ORG	ANIZATIONS OR CLAIMED	
	HOME OFFICE COSTS:				
1.00		5. 00	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES	1.00
2.00		69. 00	ELECTROCARDI OLOGY	PURCHASED SERVICES	2.00
3.00		98. 05	CHILD PROTECTION CENTER	PURCHASED SERVICES	3.00
4.00		0. 00			4. 00
5.00	TOTALS (sum of lines 1-4). Transfer column				5.00
	6, line 5 to Worksheet A-8, column 2, line				
	12.				

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	
			Ownershi p	
	1.00	2. 00	3. 00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION (	S) AND/OR HOME	OFFICE:		

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

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

6.00	G	SEEGER HEALTH R	0.00	6. 00
7. 00	G	CHILD HEALTH S	0.00	7. 00
8.00	G	CHILD SER SCTY	0.00	8. 00
9. 00	G	CHILD HEALTH S	0.00	9. 00
10. 00			0.00	10.00
100.00 G. Other (financial or non-financial)				100. 00
speci fy:				

- (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 organi zati on.
- 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 provi der

50, 763, 489

50, 960, 114

8, 426

188, 199

0

0

0

0

0

0

0

1.00

2.00

3.00

4.00

5.00

6, line 5 to Worksheet A-8, column 2, line 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.

50, 763, 489

50, 960, 114

8.426

188, 199

	Related Organ	Related Organization(s) and/or Home Office					
	Name	Percentage of Ownership	Type of Business	_			
	4. 00	5.00	6. 00	1			
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	0.00	6.00
7. 00	0.00	7. 00
8. 00	0.00	8.00
9. 00	0.00	9.00
10. 00	0.00	10.00
100.00 G. Other (financial or non-financial)		100.00
speci fy:		

- (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.
- 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 organi zati on.
- 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 provi der

HOME OFFICE COSTS:

TOTALS (sum of lines 1-4). Transfer column

1.00

2.00

3.00

4.00

5.00

PROVI DER BASED PHYSI CI AN ADJUSTMENT Provider CCN: 523300 Period: Worksheet A-8-2 From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Wkst. A Line # Cost Center/Physician Total Professi onal I denti fi er Remuneration Component 1.00 2.00 3. 00 4.00 1.00 22. 00 I &R SERVICES-OTHER PRGM 15, 921, 466 1.00 0 COSTS APPRVD 2.00 30. 00 ADULTS & PEDIATRICS 254, 834 2.00 3.00 31. 00 INTENSIVE CARE UNIT 697, 017 0 3.00 35.00 OTHER SPECIAL CARE HOT UNIT 264, 932 4.00 0 4.00 50.00 OPERATING ROOM 5.00 1, 033, 892 0 5.00 6.00 53. 00 ANESTHESI OLOGY 237, 787 0 6.00 7.00 60. 00 LABORATORY 336, 960 0 7.00 54. 00 RADI OLOGY-DI AGNOSTI C 633, 792 8.00 0 8.00 65. 00 RESPIRATORY THERAPY 9.00 59, 699 0 9.00 10.00 69. 00 ELECTROCARDI OLOGY 219, 794 0 10.00 46, 322 11.00 70. 00 ELECTROENCEPHALOGRAPHY 0 11.00 74.00 RENAL DIALYSIS 29, 981 12.00 12.00 0 13.00 98.00 PSYCHIATRY - OFFICE BLDG 231, 116 0 13.00 98. 02 GENETICS CENTER 14.00 14.00 60, 243 0 98. 04 CHILD DEVELOPMENT 52, 930 15.00 15.00 0 16.00 98. 05 CHILD PROTECTION CENTER 90, 323 0 16.00 17.00 90.01 ID PRIM CARE SUPP NETWORK 86, 609 0 17.00 90. 04 GI CLINIC 297, 543 18.00 18 00 0 19.00 90. 10 ENT CLINIC 121, 858 0 19.00 20.00 90. 12 EYE CLINIC 23, 059 0 20.00 90. 15 ALLERGY CLINIC 245, 918 21.00 0 21.00 90. 17 DERMATOLOGY CLINIC 22.00 103, 588 Ω 22.00 90. 21 SPINA BIFIDA 23.00 48, 576 0 23.00 24.00 90. 22 NEUROSCI ENCES CLINIC 46, 322 0 24.00 90. 23 RHEUMATOLOGY CLINIC 25.00 78, 317 0 25.00 90. 24 ENDOCRINE CLINIC 26.00 121, 169 0 26.00 27.00 91. 00 EMERGENCY 142, 292 0 27.00 28.00 90. 02 PAIN/PALLIATIVE CARE 147, 022 0 28.00 21, 633, 361 0 200.00 200.00

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

					7/2/2012 2:04	
	Provi der	RCE Amount	Physi ci an/Prov	Unadjusted RCE	5 Percent of	
	Component		ider Component	Limit	Unadjusted RCE	
			Hours		Li mi t	
	5. 00	6. 00	7. 00	8. 00	9. 00	
1.00	15, 921, 466	140, 600		9, 103, 985	455, 199	1. 00
2.00	254, 834	140, 600		127, 216	·	2. 00
3. 00	697, 017	140, 600		347, 985	17, 399	3. 00
4.00	264, 932	140, 600	1, 957	132, 286	6, 614	4. 00
5. 00	1, 033, 892	208, 000	10, 146	1, 014, 600	50, 730	5. 00
6. 00	237, 787	203, 000	7, 845	765, 642	38, 282	6. 00
7. 00	336, 960	215, 700	5, 135	532, 509	26, 625	7. 00
8. 00	633, 792	225, 300	2, 507	271, 551	13, 578	8. 00
9. 00	59, 699	140, 600	441	29, 810	1, 491	9. 00
10. 00	219, 794	140, 600	1, 623	109, 708	5, 485	10.00
11. 00	46, 322	140, 600	2, 293	154, 998	7, 750	11.00
12. 00	29, 981	140, 600	221	14, 939	747	12.00
13. 00	231, 116	154, 100	1, 911	141, 579	7, 079	13.00
14. 00	60, 243	140, 600	445	30, 080	1, 504	14.00
15. 00	52, 930	140, 600	391	26, 430	1, 322	15.00
16. 00	90, 323	140, 600	667	45, 087	2, 254	16.00
17. 00	86, 609	140, 600	640	43, 261	2, 163	17.00
18. 00	297, 543	140, 600	2, 197	148, 509	7, 425	18. 00
19. 00	121, 858	140, 600	1, 855	125, 391	6, 270	19.00
20. 00	23, 059	140, 600	800	54, 077	2, 704	20.00
21. 00	245, 918	140, 600	1, 816	122, 755	6, 138	21.00
22. 00	103, 588	140, 600	3, 678	248, 619	12, 431	22. 00
23. 00	48, 576	140, 600	1, 140	77, 060	3, 853	23. 00
24. 00	46, 322	140, 600	2, 293	154, 998	7, 750	24.00
25. 00	78, 317	140, 600	578	39, 071	1, 954	25. 00
26. 00	121, 169	140, 600	895	60, 498	3, 025	26. 00
27. 00	142, 292	140, 600	1, 051	71, 043	3, 552	27. 00
28. 00	147, 022	140, 600	1, 086	73, 409	3, 670	28. 00
200. 00	21, 633, 361		195, 323	14, 067, 096	703, 355	200. 00

PROVIDER BASED PHYSICIAN ADJUSTMENT Provider CCN: 523300 Period: Worksheet A-8-2 From 01/01/2011 Date/Time Prepared: 7/2/2012 2:04 pm 12/31/2011 Cost of Provi der Physician Cost Provi der Adjusted RCE Memberships & Component of Malpractice Component Li mi t Insurance Conti nui ng Share of col Share of col. Educati on 14 12 14. 00 12.00 13.00 15.00 16.00 1.00 9, 103, 985 1.00 2.00 127, 216 2.00 3.00 0 347, 985 3. 00 4.00 0 132, 286 4.00 5.00 1,014,600 5.00 6.00 0 765, 642 6.00 532, 509 7.00 0 7.00 8.00 271, 551 8.00 9.00 0 29, 810 9.00 10.00 0 109, 708 10.00 0 154, 998 11.00 11.00 12.00 14, 939 12.00 0 13.00 141, 579 13.00 14.00 30, 080 14.00 0 15.00 26, 430 15.00 16.00 45, 087 16.00 17.00 0 43, 261 17.00 0 148, 509 18.00 18 00 19.00 125, 391 19.00 20.00 0 54, 077 20.00 0 122, 755 21.00 21.00 248, 619 22.00 22.00 0 23.00 77, 060 23.00 24.00 154, 998 0 24.00 25. 00 25.00 39, 071 26.00 60, 498 26.00 0 27.00 71, 043 27.00 28.00 0 73, 409 28.00 14, 067, 096 200. 00

200.00

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT WISCONSIN

Provider CCN: 523300 | Period: | Worksheet A-8-2 | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2: 04 pm

			7/2/2012 2: 04 pm
	RCE	Adjustment	
	Di sal I owance		
	17. 00	18. 00	
1. 00	6, 817, 481	6, 817, 481	1.00
2.00	127, 618	127, 618	2.00
3. 00	349, 032	349, 032	3.00
4. 00	132, 646	132, 646	4.00
5. 00	19, 292	19, 292	5. 00
6. 00	0	0	6. 00
7. 00	0	0	7. 00
8. 00	362, 241	362, 241	8. 00
9. 00	29, 889		9. 00
10. 00	110, 086	110, 086	10.00
11. 00	0		11.00
12. 00	15, 042	15, 042	12.00
13. 00	89, 537	89, 537	13.00
14. 00	30, 163	30, 163	14. 00
15. 00	26, 500	26, 500	15. 00
16. 00	45, 236	45, 236	16. 00
17. 00	43, 348	43, 348	17. 00
18. 00	149, 034	149, 034	18. 00
19. 00	О	o	19. 00
20. 00	О	o	20.00
21. 00	123, 163	123, 163	21. 00
22. 00	О	O	22. 00
23. 00	О	o	23. 00
24. 00	О	o	24. 00
25. 00	39, 246	39, 246	25. 00
26. 00	60, 671		26. 00
27. 00	71, 249	71, 249	27. 00
28. 00	73, 613		28. 00
200. 00	8, 715, 087		200. 00

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 523300 Peri od: Worksheet B From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm CAPITAL RELATED COSTS Net Expenses BLDG & FIXT MVBLE EQUIP EMPLOYEE Subtotal Cost Center Description for Cost **BENEFITS** All ocation (from Wkst A col. 7) 1.00 2.00 4.00 4A GENERAL SERVICE COST CENTERS 1 00 CAP REL COSTS-BLDG & FLXT 25, 051, 559 25, 051, 559 1 00 2.00 CAP REL COSTS-MVBLE EQUIP 16, 952, 152 16, 952, 152 2.00 4.00 EMPLOYEE BENEFITS 4, 555, 418 183, 714 1, 194 4, 740, 326 4.00 5, 002, 775 87, 311, 413 ADMINISTRATIVE & GENERAL 2, 464, 453 703, 500 5 00 79, 140, 685 5 00 6.00 MAINTENANCE & REPAIRS 6.00 7.00 OPERATION OF PLANT 13, 857, 191 817, 132 368, 883 75.329 15, 118, 535 7.00 LAUNDRY & LINEN SERVICE 1,029,278 5, 309 1, 034, 587 8.00 8.00 182, 096 HOUSEKEEPING 9 00 5, 609, 220 86, 182 6,024,803 147, 305 9 00 10.00 DI FTARY 5, 094, 705 29,028 926 42, 591 5, 167, 250 10.00 7, 198 729, 957 11.00 CAFETERI A 13, 748 664, 315 44, 696 11.00 MAINTENANCE OF PERSONNEL 12.00 12.00 6, 980, 252 NURSING ADMINISTRATION 13.00 6, 723, 544 74, 598 39, 615 142, 495 13 00 CENTRAL SERVICES & SUPPLY 6, 499, 327 6, 499, 327 14.00 14.00 15.00 **PHARMACY** 8,803,601 8, 803, 601 15.00 MEDICAL RECORDS & LIBRARY 4.858.396 228, 236 69.036 5, 162, 988 16,00 7.320 16,00 17 00 SOCIAL SERVICE 2, 272, 366 186, 585 15, 144 41, 198 2, 515, 293 17 00 OTHER GENERAL SERVICE (SPECIFY) 18.00 18.00 19.00 NONPHYSICIAN ANESTHETISTS 0 0 19.00 20.00 NURSING SCHOOL 0 20.00 21.00 I&R SERVICES-SALARY & FRINGES APPRVD 15, 960, 961 29, 689 764 9.173 16, 000, 587 21.00 4, 804, 285 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 4,803,601 684 22.00 PARAMED ED PRGM-(SPECIFY) 23.00 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 ADULTS & PEDIATRICS 21, 932, 102 4, 829, 467 784. 798 429, 244 27, 975, 611 30.00 INTENSIVE CARE UNIT 31.00 32, 108, 547 2, 530, 620 1, 262, 104 764, 607 36, 665, 878 31.00 32.00 CORONARY CARE UNIT 32.00 O 33.00 BURN INTENSIVE CARE UNIT 0 0 0 Λ 33.00 SURGICAL INTENSIVE CARE UNIT 34.00 -357 -357 34.00 35.00 OTHER SPECIAL CARE HOT UNIT 8, 089, 104 632, 120 65.363 104, 340 8, 890, 927 35.00 SUBPROVIDER - LPF 40 00 40 00 n 41.00 SUBPROVIDER - IRF 0 41.00 0 42.00 SUBPROVI DER 0 0 0 42.00 0 o 43.00 NURSERY 0 43.00 C 0 0 SKILLED NURSING FACILITY 0 44.00 Λ 44.00 45.00 NURSING FACILITY 0 0 0 45.00 46.00 OTHER LONG TERM CARE 46.00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 1, 329, 846 1, 492, 407 1, 129, 231 236, 993 4, 188, 477 50.00 51.00 RECOVERY ROOM 2, 212, 416 135, 205 51, 205 47, 390 2, 446, 216 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 43, 815 297. 443 53 00 ANESTHESI OLOGY 821, 688 8 842 1, 171, 788 53 00 54.00 RADI OLOGY-DI AGNOSTI C 11, 352, 005 1, 533, 374 2, 395, 059 169, 161 15, 449, 599 54.00 RADI OLOGY-THERAPEUTI C 55.00 55.00 56, 00 RADI OI SOTOPE 56, 00 0 14, 379 960, 328 57 00 CT SCAN 945.949 57 00 58.00 MAGNETIC RESONANCE IMAGING (MRI) 1, 651, 567 214, 267 15, 920 1, 881, 754 58.00 CARDIAC CATHETERIZATION 59.00 1, 940, 468 264, 528 2, 204, 996 59.00 913, 034 LABORATORY 19, 271, 147 507.924 20, 855, 227 60.00 60.00 163, 122 60.01 BLOOD LABORATORY C 0 60.01 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 61.00 62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 BLOOD STORING, PROCESSING & TRANS. 63 00 6, 567, 039 116, 431 0 6, 683, 470 63 00 64.00 INTRAVENOUS THERAPY 64.00 RESPIRATORY THERAPY 6, 819, 043 65.00 6, 199, 403 206, 020 275.337 138, 283 65.00 PHYSI CAL THERAPY 66,00 2, 616, 253 522, 114 190, 897 57, 569 3, 386, 833 66,00 OCCUPATIONAL THERAPY 67.00 0 67 00 SPEECH PATHOLOGY 2, 649, 140 275, 446 62, 814 59, 324 3, 046, 724 68.00 68.00 69 00 **ELECTROCARDI OLOGY** 4, 696, 720 312, 631 644, 846 78, 544 5, 732, 741 69 00 **ELECTROENCEPHALOGRAPHY** 61, 314 120, 851 70.00 927, 192 17, 678 1, 127, 035 70.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 25, 729, 158 315, 570 855, 398 101, 431 27, 001, 557 71 00 IMPL. DEV. CHARGED TO PATIENTS 10, 312, 000 10, 312, 000 72.00 72.00 73.00 DRUGS CHARGED TO PATIENTS 18, 909, 237 278, 681 227, 942 202, 349 19, 618, 209 73.00 74.00 RENAL DIALYSIS 511, 983 57, 122 30, 614 8, 122 607, 841 74.00 75.00 ASC (NON-DISTINCT PART) 75.00 0 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC C 0 88.00 0 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89 00 0 89.00 0 90.00 CLINIC 0 0 0 90.00

Not December   Description   Not December   Description   Not December   Description				10	12/31/2011	7/2/2012 2:04	
Proc Cost   Al Force			CAPI TAL REL	ATED COSTS			
## AL POSSET OF CREATE OF CREATER ALL PROPRIES OF CREA							
A	Cost Center Description		BLDG & FIXT	MVBLE EQUIP		Subtotal	
COLD   10   PINIA CASE SUPP NETRIBURE   044, 168   1152, 069   4, 538   14, 547   119, 923   97, 11, 929   90, 02   PINIA PARLETATIVE CAME   694, 644   188, 678   6, 686   14, 547   188, 74, 741   98, 74, 741   99, 741, 747   99, 741, 741, 741, 741, 741, 741, 741, 741					BENEFITS		
O   7   10   10   10   10   10   10   10							
1.00							
90. 01   DI PARLI CARE SUPP NETWORK 90. 02   PARLITIC CILING 90. 03   PARTIC CILING 90. 03   CARESTON CONTROLLED   90. 05   CARESTON CONTROLLED   90. 05   CARESTON CONTROLLED   90. 06   CARESTON CONTROLLED   90. 07   INTERIOR NOON 91. 18.89, 731   90. 08   CARESTON CONTROLLED   90. 08   CARESTON CONTROLLED   90. 08   CARESTON CONTROLLED   90. 09   CARESTON CONTROLLED   90. 10   EAST CALESTON CONTROLLED   90. 11   CARESTON CONTROLLED   90. 11   CARESTON CONTROLLED   90. 12   EVEC CLINIC   90. 12   EVEC CLINIC   90. 13   CARESTON CONTROLLED   90. 14   CARESTON CONTROLLED   90. 15   CARESTON CONTROLLED   90. 16   CA			1 00	2 00	4.00	4.0	
90. 02   MANPALLIATUR CARE 90. 03   JUARETT CLINIC   700. 121   150. 052   279   14.77   887, 747   90. 03   90	90 01 ID PRIM CARE SUPP NETWORK						90.01
90. DI AIMENTIC CLINIC 1.997 700 1408, 22 199 14. 747 887, 270 90. 01 90							
0.0   OI   CLINIC   1,919,700   408,874   80,638   38,881   2,448,039   00,05   00,05   CLINIC   678,990,141   1,485,071   0		1					
0.0   0.0   CLINIC FOR SPECIAL NEEDS   731   002   92   438   24   216   10   280   888   380   00   00   00   00   00		1		· ·		· ·	
0.0   O   THEFTICS					,		
0.0 B   CARDIOLOCY CLINIC			0				
DULINGMARY CLINIC	90.07 INFUSION ROOM		41, 013	5, 059			90. 07
90.10   ST CLINIC   784, 170   79, 975   37, 839   14, 899   916, 874   90.17   90.11   90.112   EVE CLINIC   745, 177   727, 606   90.11   775, 177   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.11   90.112   90.112   90.11   90.112	90. 08 CARDI OLOGY CLINI C	1, 172, 062	37, 527	22, 495	22, 900	1, 254, 984	90. 08
90.11   ORTHOPPIDIC CLINIC   745, 117   279, 069   29, 990   16, 745   1,070, 971   90, 11   90.11   9	90. 09 PULMONARY CLINIC	473, 612	43, 587	13, 278	10, 900	541, 377	90. 09
90. 12   EVE CLINIC   217, 007   36, 706   14, 175   5, 026   227, 914   90, 12   90. 13   ONCOLOY CLINIC   1,547, 284   300, 259   53, 493   34, 713   1,955, 749   90, 13   90. 14   SURGICAL SPECIALTIES   1,128, 053   83, 096   40, 527   23, 834   1,275, 510   90, 14   90. 15   ALLEROY CLINIC   1,028, 795   292, 798   55, 942   23, 834   1,275, 510   90, 14   90. 17   DERMATOLOGY CLINIC   793, 485   99, 243   24, 027   13, 818   900, 573   90, 17   90. 19   DERMATOLOGY CLINIC   389, 335   86, 355   0 8, 712   448, 402   90, 20   90. 19   CARAINOFACIAL CENTER   199, 411   52, 405   542   3, 597   225, 915   90, 19   90. 19   CARAINOFACIAL CENTER   199, 411   52, 405   542   3, 597   225, 915   90, 19   90. 27   EVENDALOGY CLINIC   389, 335   86, 335   0 8, 712   448, 402   90, 20   90. 28   PLINOSICIPACTS CLINIC   1, 283, 480   55, 185   38, 412   57, 599   1, 46, 676   90, 21   90. 21   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 46, 679   90, 21   90. 23   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 21   90. 24   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 21   90. 25   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 21   90. 26   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 21   90. 27   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 21   90. 28   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 21   90. 29   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 23   90. 20   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 23   90. 20   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 245   90, 23   90. 20   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 244   90, 23   90. 20   REMATOLOGY CLINIC   298, 204   90, 365   1, 988   5, 722   394, 244   90, 244   90, 244   90, 244   90, 244   90, 244   90, 244   90, 244   90, 244   90, 244   90, 244   90,		784, 170	79, 975	37, 839	14, 890	916, 874	90. 10
90. 13   MOCLOGY CLINIC   1,547,284   300,259   53,493   34,713   1,935,749   90.13   90. 15   ALLERGY CLINIC   1,028,795   25,708   55,942   23,010   1,360,545   90.15   90. 16   LASER CLINIC   793,465   69,243   24,077   13,818   900,573   90.17   90. 17   DEPMATOLOGY CLINIC   793,465   69,243   24,077   13,818   900,573   90.17   90. 20   DEPMATOLOGY CLINIC   793,465   69,243   24,077   13,818   900,573   90.17   90. 20   IRANICOLOGY CLINIC   793,465   69,243   24,077   13,818   900,573   90.17   90. 20   IRANICOLOGY CLINIC   399,335   60,355   0   8,712   484,402   90.20   90. 21   MEMATOLOGY CLINIC   298,244   90.20   30.55   1,998   1,904,676   90.22   90. 22   MEUROSCIENCES CLINIC   298,244   90.20   30.55   1,998   1,904,676   90.22   90. 23   MEUROSCIENCES CLINIC   298,244   82,003   0   5,004   370,456   90.24   90. 24   ENDOCRINE CLINIC   298,449   82,003   0   5,004   370,456   90.24   90. 25   REMEAL CLINIC   298,449   82,003   0   5,004   370,456   90.24   90. 26   REMEAL CLINIC   741,775   0   341,186   11,941   1,044,902   90.20   90. 27   MEMBERIA CLINIC   741,775   0   341,186   11,941   1,044,902   90.20   90. 28   MEMBERIA CLINIC   741,775   0   341,186   11,941   1,044,902   90.20   90. 29   MEMBERIA CLINIC   741,775   0   341,186   11,941   1,044,902   90.20   90. 20   MEMBERIA CLINIC   741,775   0   341,186   11,941   1,044,902   90.20   90. 20   MEMBERIA CLINIC   741,775   0   341,186   11,941   1,044,902   90.20   90. 20   MEMBERIA CLINIC   741,475   140,186   11,941   1,044,902   90.20   90. 20   MEMBERIA CLINIC   741,475   140,000   10,000   10,000   10,000   90. 00   MEMBERIA CLINIC   741,475   140,000   10,000   10,000   90. 00   MEMBERIA CLINIC   741,475   140,000   10,000   10,000   10,000   90. 00   MEMBERIA CLINIC   741,475   140,000   11,000   10,000   10,000   90. 00   MEMBERIA CLINIC   741,475   140,000   11,000   10,000   10,000   10,000   10,000   90. 00   MEMBERIA CLINIC   742,474   744,600   2,396,271   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000	90. 11 ORTHOPEDIC CLINIC		279, 069	29, 990	16, 745	1, 070, 921	90. 11
9.0.14 SURGICAL SPECIALTIES 1,128,053 83,096 40,527 23,834 1,275,510 90.14   9.15 ALERCY CLINIC 1,028,795 25,798 55,942 23,010 1,366,545 90.15   9.16 ALERCY CLINIC 793,485 09,243 24,027 13,878 90,057 90,17   9.17 DENRAINCON CLINIC 793,485 09,243 24,027 13,878 90,057 90,17 90,17   9.18 CLINIC XORDINIC 389,335 64,094 30 24,027 13,878 90,017 90,17 9	4			· ·		· ·	
90. 15 ALLERGY CLINIC	1						
00   10   ASSER CLINIC   0   0   0   0   0   0   0   0   0	•						
90. 17 DEMANDLOCY CLINIC 973, 495 69, 243 24, 227 13, 818 90, 573 90, 17 90, 18 0, 19 0, 1		1, 028, 795	252, 798	55, 942	23, 010		
0.0   10   CARDINI STRATION   0   0   0   0   0   0   0   0   0	•	702.405	40.242	24 027	12 010		
90. 20   PERTUTOLOSY CLINIC		793, 485	09, 243	24, 027	13, 818		
09. 20   SEMATOLOCY CLINIC   389, 335   66, 955   0   8, 712   484, 402   90, 20   90, 21   SPINA BIFIDA   275, 354   64, 074   0   5, 224   344, 672   90, 21   90, 22   81840ATOLOCY CLINIC   288, 204   90, 365   1, 988   5, 722   396, 239   90, 23   81840ATOLOCY CLINIC   288, 409   20, 20   80, 20   50   5, 004   370, 456   90, 24   20, 25   81840 CLINIC   288, 349   22, 003   0   5, 004   370, 456   90, 24   20, 25   81840 CLINIC   741,775   0   341, 186   11, 941   1, 094, 902   90, 26   61840 CLINIC   741,775   762, 887   342, 25   325, 277   5, 147, 96   90, 27   100, 20   81840 CLINIC   741,775   62, 887   342, 25   325, 277   5, 147, 96   90, 27   100, 20   81840 CLINIC   741,775   62, 887   342, 25   325, 277   5, 147, 96   90, 27   100, 20   81840 CLINIC   81851 CL		160 /11	52 40E	542	2 557		
90. 22 FINENSCIENCES CLINIC 1, 283, 480 55, 185 38, 412 27, 599 1, 404, 676 90, 22 90, 23 RIFELMATOLOGY CLINIC 298, 204 90, 365 1, 958 57, 22 336, 249 90, 23 RIFELMATOLOGY CLINIC 298, 204 90, 365 1, 958 57, 22 336, 249 90, 23 80, 24 ENDOCRINE CLINIC 185, 192 21, 122 2, 170 6, 377 214, 861 90, 25 60, 26 GREWAY CLINIC 185, 192 21, 122 2, 170 6, 377 214, 861 90, 25 60, 26 GREWAY CLINIC 4, 145, 197 60, 281, 186 119, 941 1, 004, 902 90, 26 70, 26 REWAL CLINIC 4, 145, 197 60, 841, 186 111, 941 1, 004, 902 90, 26 70, 26 REWAL CLINIC 4, 145, 197 60, 843, 827 116, 347 151, 448 7, 661, 009 90, 20 100 100 100 100 100 100 100 100 100		1				· ·	
90. 22   NEUROSCIENCES CLINIC   1,283,480   55,185   38,412   27,599   1,404,676   90,22   90. 24   ENDOCRINIC CLINIC   283,449   82,003   0   5,004   370,456   90,24   90. 25   RENAL CLINIC   185,192   21,122   2,170   6,377   214,861   90,25   90. 26   GREENMAY CLINIC   185,192   21,122   2,170   6,377   214,861   90,25   90. 27   NEW BERLIN CLINIC   4,145,197   60,887   349,235   32,577   5,147,896   90,27   90. 27   NEW BERLIN CLINIC   4,145,197   60,987   343,527   116,347   151,448   7,661,002   91,00   90. 27   NEW BERLIN CLINIC   4,145,197   60,959,680   433,527   116,347   151,448   7,661,002   91,00   90. 20   OBSERVATION BEDS (NON-DISTINCT PART)   151,448   7,661,002   91,00   91. 00   OBSERVATION BEDS (NON-DISTINCT PART)   95,00   40,00   90,00   90,00   92. 00   OBSERVATION BEDS (NON-DISTINCT PART)   96,00   0   0   0   0   0   0   0   95. 00   OBSERVATION BEDS (NON-DISTINCT PART)   96,00   0   0   0   0   0   0   0   0   96. 00   DURABLE MEDICAL EQUIP P-RENTED   0   0   0   0   0   0   0   0   0						· ·	
90. 24 RHEUMATOLOGY CLINIC 298, 204 99, 365 1, 958 5, 722 396, 249 90, 249 024 8000000 10 CLINIC 183, 449 82, 003 0 5, 004 373, 456 90, 249 025 RETNAL CLINIC 185, 192 21, 122 21, 172 21, 172 1, 174, 11, 194, 11, 194, 192, 502, 502 60, 266 RERWAY CLINIC 41, 145, 197 0 241, 186 1, 194 1, 194, 90, 259 00, 27 10 RW BERLIN CLINIC 4, 145, 197 620, 887 349, 235 32, 577 5, 147, 896 90, 27 100 EMERGENCY 6, 959, 680 433, 527 116, 347 151, 448 7, 661, 002 91, 00				Ĭ			
90. 25 RENDAL CLINIC 185.192 21.122 2.076 6.377 21.48 681 90.25 90.26 GREENMAY CLINIC 185.192 21.122 2.076 6.377 21.48 681 90.25 90.26 GREENMAY CLINIC 1741.775 0 341.186 190.25 90.26 90.26 GREENMAY CLINIC 1.101							
99. 25   RENAL CLINIC   185, 192   21, 120   34, 186   11, 941   11, 941   10, 94, 902   90, 26   90, 27   NEW BERLIN CLINIC   741, 775   620, 887   349, 235   32, 577   5, 147, 896   90, 27   90, 26   90, 27   90, 26   90, 27   90, 20							
99. 27 NEW BERLIN CLINIC				2, 170			90. 25
91.00   EMERGENCY   6, 959, 680   433, 527   116, 347   151, 448   7, 661, 002   91.00	90. 26 GREENWAY CLINIC	741, 775	0	341, 186	11, 941	1, 094, 902	90. 26
92. 00   OSERVATION BEDS (NON-DISTINCT PART)	90. 27 NEW BERLIN CLINIC	4, 145, 197	620, 887	349, 235	32, 577	5, 147, 896	90. 27
OTHER REI MURESABLE COST CENTERS   189, 364   16, 041   0   512   205, 917   94, 00   95, 00   AMBULANCE SERVICES   0   0   0   0   0   0   0   0   0	91. 00 EMERGENCY	6, 959, 680	433, 527	116, 347	151, 448	7, 661, 002	91.00
94. 00 HOME PROGRAM DIALYSIS 95. 00 AMBULANCE SERVICES 96. 00 DURABLE MEDICAL EQUIP-RENTED 97. 00 DURABLE MEDICAL EQUIP-RENTED 98. 00 AMBULANCE SERVICES 98. 00 PSYCHIATRY - OFFICE BLDG 98. 01 PSYCHIATRY - OFFICE BLDG 98. 02 PSYCHIATRY - OFFICE BLDG 98. 02 PSYCHIATRY - OFFICE BLDG 98. 03 PSYCHIATRY - OFFICE BLDG 98. 04 PSYCHIATRY - OFFICE BLDG 98. 05 PSYCHIATRY - OFFICE BLDG 98. 05 PSYCHIATRY - OFFICE BLDG 98. 06 PSYCHIATRY - OFFICE BLDG 98. 06 PSYCHIATRY - OFFICE BLDG 98. 07 PSYCHIATRY - OFFICE BLDG 98. 07 PSYCHIATRY - OFFICE BLDG 98. 08 PSYCHIATRY - OFFICE BLDG 98. 08 DENTILOR - OFFICE BLDG 98. 09 PSYCHIATRY - OFFICE BLDG 98. 09 PSYCHIATRY - OFFICE BLDG 98. 00 DENTILOR - OFFICE BLDG 99. 00 CHIRC 99. 00 CHI	92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
95. 00 AMBULANCE SERVI CES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
96. 00 DURABLE MEDI CAL EQUIP P-RENTED 97. 00 DURABLE MEDI CAL EQUIP P-RENTED 98. 01 DURABLE MEDI CAL EQUIP P-RENTED 98. 00 PSYCHIATRY - OFFICE BLDG 2, 144, 478 186, 881 20, 247 44, 669 2, 396, 275 98, 00 98. 01 TRANSPORT 5, 106, 007 0 113, 060 59, 664 5, 278, 731 98, 01 98. 02 GENETI CS CENTER 1, 046, 884 239, 788 13, 452 19, 194 1, 319, 288 98, 02 98. 03 NUCLEAR MEDI CINE 692, 454 34, 177 36, 630 6, 210 769, 471 98, 03 98. 04 CHILD DEVELOPMENT 466, 663 74, 734 16, 770 2, 535 560, 702 98, 04 98. 05 CHILD DEVELOPMENT 466, 663 74, 734 16, 770 2, 535 560, 702 98, 04 98. 05 CHILD PROTECTION CENTER 1, 713, 124 26, 749 4, 541 27, 280 1, 771, 649 98, 05 99. 00 CMHC 99. 00 CMHC 99. 00 CMHC 99. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		189, 364	16, 041	0	512		
97.00   DURABLE MEDI CAL EQUIP-SOLD   0 0 0 0 0 0 0 0 7.00   98.00   PSYCHIATRY - OFFICE BLDG   2, 144, 478   186, 881   20, 247   44, 669   2, 396, 275   98. 00   98.01   TRANSPORT   5, 106, 007   0   113, 660   59, 664   5, 278, 731   98. 01   98.02   GENETICS CENTER   1, 046, 854   239, 788   13, 452   19, 194   1, 319, 288   98. 02   98.03   NUCLEAR MEDI CINE   692, 454   34, 177   36, 630   6, 210   769, 471   98. 03   98.04   CHILD DEVELOPMENT   466, 663   74, 734   16, 770   2, 535   560, 702   98. 04   98.05   CHILD PROTECTION CENTER   1, 713, 124   26, 749   4, 541   27, 280   1, 771, 694   98. 05   98.06   DENTAL SRVC   3, 087, 183   195, 927   105, 240   62, 396   3, 450, 746   98. 05   98.06   DENTAL SRVC   3, 087, 183   195, 927   105, 240   62, 396   3, 450, 746   98. 05   99.00   CMIC   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0		
98. 00 PSYCHIATRY - OFFICE BLDG		0	0	0	0		
98. 01 TRANSPORT 5, 106, 007 0 113, 060 59, 664 5, 278, 731 98, 01 98. 02 GENETICS CENTER 1, 046, 854 239, 788 13, 452 19, 194 1, 319, 288 98, 02 98. 03 NUCLEAR MEDICINE 692, 454 34, 177 36, 630 6, 210 769, 471 98, 03 98. 04 CHI LD DEVELOPMENT 466, 663 74, 734 16, 770 2, 535 560, 702 98, 04 98. 05 CHI LD PROTECTION CENTER 1, 713, 124 26, 749 4, 541 27, 280 1, 771, 694 98, 05 98. 06 DENTAL SRVC 3, 087, 183 195, 927 105, 240 62, 396 3, 450, 746 98, 05 99. 00 CMNC 0 0 0 0 0 0 0 0 0 0 99, 10 100. 00 18 R SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 144 470	107 001	0	0		
98. 02   CENETICS CENTER   1,046,854   239,788   13,452   19,194   1,319,288   98,02   98,03   98,03   98,04   CHILD DEVELOPMENT   466,663   74,734   16,770   2,535   560,702   98,03   98,05   CHILD DEVELOPMENT   466,663   74,734   16,770   2,535   560,702   98,04   98,05   CHILD PROTECTION CENTER   1,713,124   26,749   4,541   27,280   1,771,694   98,05   99,00   CMHC   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4						
98. 03 NUCLEAR MEDICINE 692, 454 34, 177 36, 630 6, 210 769, 471 98, 03 98, 04 CHILD DEVELOPMENT 466, 663 74, 734 16, 770 2, 535 560, 702 98, 04 98, 05 CHILD PROTECTION CENTER 1, 713, 124 26, 749 4, 541 27, 280 1, 771, 694 98, 05 98, 06 DENTAL SRVC 3, 087, 183 195, 927 105, 240 62, 396 3, 450, 746 98, 06 99, 00 CMHC 0 0 0 0 0 0 0 0 0 0 0 99, 10 100, 00 1487 SERVICES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 101, 00 101, 00 100, 00 1487 SERVICES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 101, 00 101	4						
98. 04 CHILD DEVELOPMENT 466, 663 74, 734 16, 770 2, 535 560, 702 98. 04 98. 05 CHILD PROTECTION CENTER 1, 713, 124 26, 749 4, 541 27, 280 1, 771, 694 98. 05 98. 06 DENTAL SRVC 3, 087, 183 195, 927 105, 240 62, 396 3, 450, 746 98. 06 99. 00 CMHC 0 0 0 0 0 0 0 0 0 0 99. 00 99. 10 100, 00 148 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 0 100, 00 101, 00 101, 00 148 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 100, 00 101, 00 101, 00 104 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 100, 00 101, 00 101, 00 104 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 100, 00 101, 00 101, 00 104 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 100, 00 101, 00 101, 00 104 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 100, 00 101, 00 101, 00 104 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 100, 00 100, 00 101, 00	4			· ·			
98. 05 CHILD PROTECTION CENTER 1, 713, 124 26, 749 4, 541 27, 280 1, 771, 694 98. 05 0 PRIVAL SRVC 3, 087, 183 195, 927 105, 240 62, 396 3, 450, 746 98. 06 99. 00 CMHC 0 0 0 0 0 0 0 0 0 0 0 0 99. 00 99. 10 CORF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4						
98. 06   DENTAL SRVC   3,087,183   195,927   105,240   62,396   3,450,746   98. 06   99. 00   CMHC   0 0 0 0 0 0 0 0 0 99. 00   00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•						
99. 00 CMHC							98. 06
100.00   18R SERVICES-NOT APPRVD PRGM		1			0		
101. 00   HOME HEALTH AGENCY   0   0   0   0   0   101. 00   SPECIAL PURPOSE COST CENTERS   105. 00   KI DNEY ACQUI SI TI ON   676, 175   0   0   5, 183   681, 388   105. 00   106. 00   HEART ACQUI SI TI ON   950, 478   7, 906   0   4, 381   962, 765   106. 00   107. 00   LIVER ACQUI SI TI ON   149, 568   0   0   0   0   149, 568   107. 00   108. 00   LUNG ACQUI SI TI ON   0   0   0   0   0   0   108. 00   109.	99. 10   CORF	0	0	0	o	0	99. 10
SPECIAL PURPOSE COST CENTERS   105.00   No.	100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	o		
105. 00   KIDNEY ACQUISITION   676, 175   0   0   5, 183   681, 358   105. 00   106. 00   HEART ACQUISITION   950, 478   7, 906   0   4, 381   962, 765   106. 00   107. 00   LIVER ACQUISITION   149, 568   0   0   0   0   149, 568   107. 00   108. 00   LUNG ACQUISITION   0   0   0   0   0   0   108. 00   109. 00   1		0	0	0	0	0	101. 00
106. 00   HEART ACQUI SI TI ON   950, 478   7, 906   0   4, 381   962, 765   106. 00   107. 00   LI VER ACQUI SI TI ON   149, 568   0   0   0   0   149, 568   107. 00   108. 00   109. 00							
107. 00 LI VER ACQUI SITI ON 149, 568 0 0 0 0 149, 568 107. 00 108. 00 LUNG ACQUI SITI ON 0 0 0 0 0 0 108. 00 109. 00 PANCREAS ACQUI SITI ON 0 0 0 0 0 0 0 109. 00 110. 00 INTESTI NAL ACQUI SITI ON 0 0 0 0 0 0 0 0 111. 00 111. 00 INTESTI NAL ACQUI SITI ON 0 0 0 0 0 0 0 0 111. 00 111. 00 INTEREST EXPENSE 1 0 0 0 0 0 0 0 111. 00 111. 00 INTEREST EXPENSE 1 113. 00 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 0 0 0 0 115. 00 116. 00 116. 00 HOSPI CE 0 0 0 0 0 0 0 0 116. 00 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 0 0 0 117. 00 117. 00 OTHER CAPI TAL RELATED COSTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						· ·	
108. 00 LUNG ACQUISITION 0 0 0 0 0 0 108. 00 109. 00 PANCREAS ACQUISITION 0 0 0 0 0 109. 00 110. 00 INTESTINAL ACQUISITION 0 0 0 0 0 0 110. 00 111. 00 ISLET ACQUISITION 0 0 0 0 0 0 111. 00 113. 00 INTEREST EXPENSE 1113. 00 114. 00 UTILIZATION REVIEW-SNF 114. 00 115. 00 AMBULATORY SURGICAL CENTER (D. P. ) 0 0 0 0 0 115. 00 116. 00 HOSPICE 0 0 0 0 0 0 116. 00 117. 00 OTHER CAPITAL RELATED COSTS 0 0 0 0 0 0 117. 00 118. 00 SUBTOTALS (SUM OF LINES 1-117) 427, 428, 802 23, 503, 123 16, 725, 872 4, 579, 271 425, 493, 031 118. 00 190. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 587, 234 263, 689 3, 161 47, 519 3, 901, 603 191. 00 191. 00 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 0 0 0 192. 00 193. 00 NONPAID WORKERS 0 0 0 0 0 0 0 192. 00 194. 00 DOWNTOWN HEALTH CENTER 1, 762, 030 69, 722 14, 138 37, 785 1, 883, 675 194. 03 194. 02 PUBLIC RELATIONS 1, 883, 555 755, 181 1, 668 30, 642 2, 671, 046 194. 02 194. 02 PUBLIC RELATIONS 1, 883, 555 755, 181 1, 668 30, 642 2, 671, 046 194. 02 194. 03 OUTREACH 1, 557, 788 277, 702 0 19, 368 1, 854, 858 196. 03			7, 906		4, 381		
109. 00 PANCREAS ACQUISITION 0 0 0 0 0 0 109. 00 110. 00 INTERSTINAL ACQUISITION 0 0 0 0 0 0 1110. 00 111. 00 INTERSTINAL ACQUISITION 0 0 0 0 0 0 1110. 00 113. 00 INTERST EXPENSE 113. 00 114. 00 UTILIZATION REVIEW-SNF 114. 00 115. 00 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 0 0 0 115. 00 116. 00 HOSPICE 0 0 0 0 0 0 0 116. 00 117. 00 OTHER CAPITAL RELATED COSTS 0 0 0 0 0 0 0 117. 00 118. 00 SUBTOTALS (SUM OF LINES 1-117) 427, 428, 802 23, 503, 123 16, 725, 872 4, 579, 271 425, 493, 031 118. 00 191. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 3, 587, 234 263, 689 3, 161 47, 519 3, 901, 603 191. 00 192. 00 PHYSICI ANS' PRIVATE OFFICES 0 0 0 0 0 0 0 192. 00 193. 00 NONPAID WORKERS 0 0 0 0 0 0 0 193. 00 194. 01 DOWNTOWN HEALTH CENTER 1, 762, 030 69, 722 14, 138 37, 785 1, 883, 675 194. 01 194. 02 PUBLIC RELATIONS 1, 883, 555 755, 181 1, 668 30, 642 2, 671, 046 194. 02 194. 02 PUBLIC RELATIONS 1, 883, 555 755, 181 1, 668 30, 642 2, 671, 046 194. 03 194. 03 OUTREACH 1, 557, 788 277, 702 0 19, 368 1, 854, 858 194. 03		149, 568	0	_	0		
110. 00 INTESTINAL ACQUISITION 0 0 0 0 0 0 110. 00 111. 00 ISLET ACQUISITION 0 0 0 0 0 0 111. 00 111. 00 ISLET ACQUISITION 0 0 0 0 0 0 111. 00 113. 00 INTEREST EXPENSE		0	0	0	U		
111. 00   SLET ACQUI SI TI ON   0   0   0   0   0   111. 00   113. 00   INTEREST EXPENSE   0   0   0   0   113. 00   114. 00   UTI LI ZATI ON REVI EW-SNF   0   0   0   0   0   115. 00   AMBULATORY SURGI CAL CENTER (D. P. )   0   0   0   0   0   116. 00   HOSPI CE   0   0   0   0   0   117. 00   OTHER CAPI TAL RELATED COSTS   0   0   0   0   118. 00   SUBTOTALS (SUM OF LINES 1-117)   427, 428, 802   23, 503, 123   16, 725, 872   4, 579, 271   425, 493, 031   118. 00   NONREI MBURSABLE COST CENTERS   0   0   38, 028   0   0   38, 028   190. 00   190. 00   GI FT, FLOWER, COFFEE SHOP & CANTEEN   3, 587, 234   263, 689   3, 161   47, 519   3, 901, 603   191. 00   192. 00   PHYSI CI ANS' PRI VATE OFFI CES   0   0   0   0   192. 00   193. 00   NONPAI D WORKERS   0   0   0   0   0   193. 00   194. 00   DOWNTOWN HEALTH CENTER   3, 483, 464   0   56, 615   0   405, 079   194. 00   194. 01   POI SON CENTER   1, 762, 030   69, 722   14, 138   37, 785   1, 883, 675   194. 01   194. 02   PUBLI C RELATI ONS   1, 883, 555   755, 181   1, 668   30, 642   2, 671, 046   194. 02   194. 03   OUTREACH   1, 557, 788   277, 702   0   19, 368   1, 854, 858   194. 03			0	0	0		
113. 00   INTEREST EXPENSE			0	0	0		
114. 00 115. 00 116. 00 HOSPICE 0 0 0 0 0 0 0 0 115. 00 117. 00 OTHER CAPITAL RELATED COSTS 118. 00 119. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 PHYSICI ANS' PRI VATE OFFICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			U	o o	ď	U	
115. 00 AMBULATORY SURGI CAL CENTER (D. P. )  116. 00 HOSPI CE  117. 00 OTHER CAPITAL RELATED COSTS  118. 00 SUBTOTALS (SUM OF LINES 1-117)  NONREI MBURSABLE COST CENTERS  190. 00 GI FT, FLOWER, COFFEE SHOP & CANTEEN  191. 00 RESEARCH  192. 00 PHYSI CI ANS' PRI VATE OFFI CES  194. 00 DOWNTOWN HEALTH CENTER  194. 00 DOWNTOWN HEALTH CENTER  195. 00 DOWNTOWN HEALTH CENTER  196. 00 DOWNTOWN HEALTH CENTER  197. 01 SON CENTERS  197. 02 PUBLI C RELATIONS  198. 03 OUTREACH  199. 00 O O O O O O O O O O O O O O O O O O							
116. 00 HOSPI CE		0	0	0	0	0	
117. 00 OTHER CAPITAL RELATED COSTS 118. 00 SUBTOTALS (SUM OF LINES 1-117)  NONREI MBURSABLE COST CENTERS  190. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN  191. 00 RESEARCH 192. 00 PHYSI CI ANS' PRI VATE OFFI CES 193. 00 NONPAI D WORKERS 194. 00 DOWNTOWN HEALTH CENTER 194. 01 POI SON CENTER 195. 02 POI SON CENTER 196. 00 O O O O O O O O O O O O O O O O O O		i o	0	Ö	ol		
118. 00 SUBTOTALS (SUM OF LINES 1-117)		0	0	o	Ö		
190. 00 GFT, FLOWER, COFFEE SHOP & CANTEEN 0 38,028 0 0 38,028 190. 00 191. 00 RESEARCH 3,587,234 263,689 3,161 47,519 3,901,603 191. 00 192. 00 PHYSICI ANS' PRI VATE OFFICES 0 0 0 0 0 0 192. 00 193. 00 NONPAI D WORKERS 0 0 0 0 0 0 193. 00 194. 00 DOWNTOWN HEALTH CENTER 348,464 0 56,615 0 405,079 194. 00 194. 01 POI SON CENTER 1,762,030 69,722 14,138 37,785 1,883,675 194. 01 194. 02 PUBLI C RELATIONS 1,883,555 755,181 1,668 30,642 2,671,046 194. 02 194. 03 OUTREACH 1,557,788 277,702 0 19,368 1,854,858 194. 03		427, 428, 802	23, 503, 123	16, 725, 872	4, 579, 271	425, 493, 031	118. 00
191. 00 RESEARCH 3, 587, 234 263, 689 3, 161 47, 519 3, 901, 603 191. 00 192. 00 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 0 0 0 192. 00 193. 00 NONPAI D WORKERS 0 0 0 0 0 0 0 193. 00 194. 00 DOWNTOWN HEALTH CENTER 348, 464 0 56, 615 0 405, 079 194. 00 194. 01 POI SON CENTER 1, 762, 030 69, 722 14, 138 37, 785 1, 883, 675 194. 01 194. 02 PUBLI C RELATIONS 1, 883, 555 755, 181 1, 668 30, 642 2, 671, 046 194. 02 194. 03 OUTREACH 1, 557, 788 277, 702 0 19, 368 1, 854, 858 194. 03	NONREI MBURSABLE COST CENTERS						
192. 00 PHYSI CI ANS' PRI VATE OFFI CES  193. 00 NONPAI D WORKERS  194. 00 DOWNTOWN HEALTH CENTER  194. 01 POI SON CENTER  194. 02 PUBLI C RELATIONS  194. 03 OUTREACH  195. 788  196. 0 0 0 0 0 0 192. 00  197. 00 0 0 0 0 193. 00  197. 00 0 0 0 0 193. 00  197. 00 0 0 0 0 193. 00  197. 00 0 0 0 0 193. 00  197. 00 197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197. 00 197. 00  197		0	38, 028	0	0		
193. 00 NONPAI D WORKERS 0 0 0 0 0 0 193. 00 194. 00 194. 00 195. 00 1	4	3, 587, 234	263, 689	3, 161	47, 519		
194. 00     DOWNTOWN HEALTH CENTER     348, 464     0     56, 615     0     405, 079     194. 00       194. 01     POI SON CENTER     1, 762, 030     69, 722     14, 138     37, 785     1, 883, 675     194. 01       194. 02     PUBLI C RELATIONS     1, 883, 555     755, 181     1, 668     30, 642     2, 671, 046     194. 02       194. 03     OUTREACH     1, 557, 788     277, 702     0     19, 368     1, 854, 858     194. 03	1	0	0	0	0		
194. 01 POI SON CENTER     1, 762, 030     69, 722     14, 138     37, 785     1, 883, 675     194. 01       194. 02 PUBLI C RELATIONS     1, 883, 555     755, 181     1, 668     30, 642     2, 671, 046     194. 02       194. 03 OUTREACH     1, 557, 788     277, 702     0     19, 368     1, 854, 858     194. 03		0	0	0	0		
194. 02 PUBLI C RELATIONS 1, 883, 555 755, 181 1, 668 30, 642 2, 671, 046 194. 02 194. 03 OUTREACH 1, 557, 788 277, 702 0 19, 368 1, 854, 858 194. 03			0		07 705	· ·	
194. 03 OUTREACH 1, 557, 788 277, 702 0 19, 368 1, 854, 858 194. 03	•						
2, 317, 337 33, 071 120, 307 10, 101 2, 337, 730 174. 04							
	3 Homen of the optimion	2,517,557	33, 371	120, 307	10, 101	2,007,700	

Health Financial Systems	CHILDREN'S HOSPIT	In Lie	u of Form CMS-	2552-10		
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 523300	Peri od: From 01/01/2011	Worksheet B Part I	
				To 12/31/2011	Date/Time Pre	
		CAPI TAL REI	_ATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
	0	1. 00	2. 00	4. 00	4A	
194. 05 CHILDREN'S SPECIALTY GROUP	325, 733	0	1, 93	7, 350	335, 013	194. 05
194.06 EAST SLDE SPEECH AND HEARING	0	0		0 0	0	194. 06
194. 07 NORTH SHORE CLINIC	-239	0	4, 82	21 399	4, 981	194. 07
194. 08 ADOLESCENT MEDICINE	191, 208	60, 243	15, 58	7, 811	274, 842	194. 08
200.00 Cross Foot Adjustments					0	200. 00
201.00 Negative Cost Centers		0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	439, 402, 112	25, 051, 559	16, 952, 15	4, 740, 326	439, 402, 112	202. 00

						7/2/2012 2:04	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		5. 00	6. 00	7. 00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	EMPLOYEE BENEFITS						4.00
5. 00	ADMI NI STRATI VE & GENERAL	87, 311, 413					5. 00
6.00	MAINTENANCE & REPAIRS	0	0				6. 00
7. 00 8. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	3, 749, 094 256, 557	0	18, 867, 629	1, 291, 144		7. 00 8. 00
9. 00	HOUSEKEEPING	1, 494, 031	0	159, 163	71, 440	7, 749, 437	9. 00
10.00	DI ETARY	1, 281, 375	0	25, 372	0	10, 510	ı
11. 00	CAFETERI A	181, 015		580, 649	100	240, 517	11. 00
12. 00 13. 00	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	1, 730, 963	0	0 65, 203	0	0 27, 008	12. 00 13. 00
14. 00	CENTRAL SERVICES & SUPPLY	1, 730, 963	0	05, 203	0	27,008	14.00
15. 00	PHARMACY	2, 183, 117	0	0	0	0	15. 00
16. 00	MEDICAL RECORDS & LIBRARY	1, 280, 318	1	199, 491	0	82, 633	16. 00
17. 00 18. 00	SOCIAL SERVICE OTHER GENERAL SERVICE (SPECIFY)	623, 742	0	163, 086	0	67, 554 0	17. 00 18. 00
19. 00	NONPHYSICIAN ANESTHETISTS		0	0	0	0	19. 00
20. 00	NURSI NG SCHOOL	0	o	0	0	0	20. 00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD	3, 967, 826	1	25, 950	4, 129	10, 749	1
22. 00 23. 00	I &R SERVICES-OTHER PRGM COSTS APPRVD	1, 191, 367	0	597	0	247 0	22. 00
23.00	PARAMED ED PRGM-(SPECIFY) I NPATI ENT ROUTI NE SERVI CE COST CENTERS	] 0	l O	0	U	0	23. 00
30.00	ADULTS & PEDI ATRI CS	6, 937, 392	0	4, 221, 236	377, 681	1, 748, 523	30.00
31. 00	INTENSIVE CARE UNIT	9, 092, 277	0	2, 211, 907	135, 300	916, 218	1
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33. 00 34. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	33. 00 34. 00
35. 00	OTHER SPECIAL CARE HOT UNIT	2, 204, 772	Ö	552, 509	67, 368	228, 861	35. 00
40. 00	SUBPROVI DER - I PF	0	0	0	0	0	40. 00
41. 00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42. 00 43. 00	SUBPROVI DER  NURSERY	0	0	0	0	0	42. 00 43. 00
44. 00	SKILLED NURSING FACILITY	0	ő	0	Ö	0	44. 00
45. 00	NURSING FACILITY	0		0	0	0	45. 00
46. 00	OTHER LONG TERM CARE	0	0	0	0	0	46. 00
50. 00	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	1, 038, 659	O	1, 304, 449	213, 823	540, 330	50.00
51. 00	RECOVERY ROOM	606, 613		118, 177	21, 516	48, 951	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	О	0	0	0	52. 00
53. 00 54. 00	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	290, 580 3, 831, 192		38, 297 1, 340, 257	0 44, 144	15, 863 555, 162	•
55. 00	RADI OLOGY-DI AGNOSTI C	3, 031, 192	0	1, 340, 257	44, 144	0 555, 162	55. 00
56. 00	RADI OI SOTOPE	0	o	0	0	0	56. 00
57. 00	CT SCAN	238, 142	0	0	10, 791	0	57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	466, 637		0	13, 563 0	0	58.00
59. 00 60. 00	LABORATORY	546, 795 5, 171, 679	1	798, 044	80	330, 566	0 / 1 0 0
60. 01	BLOOD LABORATORY	0	Ö	0	0	0	60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61. 00
62. 00 63. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1 457 247	0	0	0	0	62.00
64. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	1, 657, 367	0	0	0	0	63. 00 64. 00
65. 00	RESPI RATORY THERAPY	1, 690, 986	-	180, 074	6, 233	74, 590	1
66. 00	PHYSI CAL THERAPY	839, 867	0	456, 358	4, 637	189, 033	1
67. 00 68. 00	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	755 527	0	240.755	0 10	00 724	67. 00 68. 00
69.00	ELECTROCARDI OLOGY	755, 527 1, 421, 605	0	240, 755 273, 257	9, 090	99, 726 113, 189	1
	ELECTROENCEPHALOGRAPHY	279, 482		53, 592	11, 381	22, 199	1
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6, 695, 846		275, 826	65, 394	114, 253	71. 00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2, 557, 170		0	0	100.007	72.00
73. 00 74. 00	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	4, 864, 923 150, 732		243, 583 49, 928	40 1, 885	100, 897 20, 681	73. 00 74. 00
75. 00	ASC (NON-DISTINCT PART)	130, 732	1	47, 720	1, 003	20, 001	75. 00
	OUTPATIENT SERVICE COST CENTERS	-			- 1		
88. 00	RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00 90. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00 90. 00
90. 01	ID PRIM CARE SUPP NETWORK	176, 485		132, 914	ol	55, 056	1
90. 02	PAIN/PALLIATIVE CARE	224, 272		164, 719	4, 902	68, 230	1
90. 03	DI ABETIC CLINIC	220, 075		131, 461	30	54, 454	1
90. 04 90. 05	GI CLINIC CLINIC FOR SPECIAL NEEDS	607, 078 212, 974		357, 379 80, 796	249 0	148, 034 33, 467	90. 04 90. 05
70.00	OCTIVIO FOR SECURE NEEDS		ı U	00, 190	υĮ	33, 407	1 70.00

						7/2/2012 2: 04	pm
	Cost Center Description	ADMI NI STRATI VE		OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		<u> </u>	REPAI RS 6. 00	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	
90. 06	DIETETICS	426, 010		7.00	0.00	7.00	90. 06
90. 07	INFUSION ROOM	90, 477	1	35, 847	3, 191	14, 849	1
90. 08	CARDIOLOGY CLINIC	311, 211	0	32, 800	4, 804	13, 587	90. 08
90. 09	PULMONARY CLINIC	134, 251	0	38, 098	3, 291	15, 781	90. 09
90. 10	ENT CLINIC	227, 366	0	69, 903	1, 097	28, 955	90. 10
90. 11	ORTHOPEDIC CLINIC	265, 567	1	243, 922			1
90. 12	EYE CLINIC	67, 677	1	32, 083		13, 290	1
90. 13	ONCOLOGY CLINIC	480, 027		262, 443			1
90. 14	SURGI CAL SPECIALTI ES	316, 301	1	72, 631	638		1
90. 15	ALLERGY CLINIC	337, 388	0	220, 960	708		1
90. 16	LASER CLINIC DERMATOLOGY CLINIC	222 224	. 0	(0.522	1 247	0	
90. 17 90. 18	CLINIC ADMINISTRATION	223, 324	0	60, 522	1, 247	25, 070 0	90. 17
90. 18	CRANI OFACI AL CENTER	56, 022	0	45, 805	0	18, 973	1
90. 20	HEMATOLOGY CLINIC	120, 122	1	75, 479		31, 265	1
90. 21	SPINA BIFIDA	85, 472	1	56, 022		23, 205	1
90. 22	NEUROSCI ENCES CLI NI C	348, 332	1	48, 235		19, 980	1
90. 23	RHEUMATOLOGY CLINIC	98, 262	1	78, 984		32, 717	1
90. 24	ENDOCRI NE CLI NI C	91, 866	1	71, 675		29, 689	1
90. 25	RENAL CLINIC	53, 281	o	18, 461	0	7, 647	90. 25
90. 26	GREENWAY CLINIC	271, 514	0	0	2, 389	0	90. 26
90. 27	NEW BERLIN CLINIC	1, 276, 575	0	542, 691	36, 890	224, 794	90. 27
91. 00	EMERGENCY	1, 899, 775	0	378, 927	141, 408	156, 960	1
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)					<u> </u>	92. 00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	51, 063	0	14, 020	0	5, 808	
95. 00	AMBULANCE SERVICES	0		0	0	0 0	
96. 00 97. 00	DURABLE MEDICAL EQUIP-RENTED DURABLE MEDICAL EQUIP-SOLD			0	0		
98.00	PSYCHIATRY - OFFICE BLDG	594, 228		163, 345	0	67, 661	
98. 01	TRANSPORT	1, 309, 020	1	103, 343	0	07,001	1
98. 02	GENETI CS CENTER	327, 157	1	209, 588	3, 231	86, 816	1
98. 03	NUCLEAR MEDICINE	190, 813	1	29, 873	0, 201	12, 374	1
98. 04	CHILD DEVELOPMENT	139, 043	1	65, 322	0	27, 058	1
98. 05	CHILD PROTECTION CENTER	439, 345	1	23, 381	1, 217	9, 685	1
98. 06	DENTAL SRVC	855, 716	o	171, 251	9, 804	70, 936	98. 06
99.00	CMHC	0	0	0	0	0	99. 00
99. 10	CORF	0	0	0	0	0	99. 10
	I&R SERVICES-NOT APPRVD PRGM	0	1	0	0	0	1
101. 00	HOME HEALTH AGENCY	0	0	0	0	<u> </u>	101. 00
405.00	SPECIAL PURPOSE COST CENTERS	1/0.0/0	ا		_		105.00
	KIDNEY ACQUISITION	168, 963	1	0	_		105.00
	HEART ACQUISITION LIVER ACQUISITION	238, 746 37, 090		6, 911	0		106. 00 107. 00
	LUNG ACQUISITION	37,090		0	0		107.00
	PANCREAS ACQUISITION			0	0		109.00
	INTESTINAL ACQUISITION		o o	0	0		110.00
	ISLET ACQUISITION	0	o	Ö	0		111.00
	INTEREST EXPENSE						113. 00
114.00	UTILIZATION REVIEW-SNF						114. 00
	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115. 00
116. 00	HOSPI CE	0	0	0	0		116. 00
	OTHER CAPITAL RELATED COSTS	0	0	0	0		117. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	83, 862, 239	0	17, 514, 208	1, 291, 144	7, 188, 822	1118.00
100.00	NONREI MBURSABLE COST CENTERS	0.420	ol ol	22.220		12.7(0	100 00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	9, 430 967, 520		33, 239 230, 479			190. 00 191. 00
	PHYSICIANS' PRIVATE OFFICES	967, 520		230, 479	0		191.00
	NONPALD WORKERS			0	0		193. 00
	DOWNTOWN HEALTH CENTER	100, 451		0	0		194. 00
	POI SON CENTER	467, 114	1	60, 941	0		194. 01
	PUBLIC RELATIONS	662, 366	1	660, 071	0	273, 415	
	OUTREACH	459, 968	1	242, 727	0	100, 543	
194.04	OTHER OFFSITE CLINICS	629, 858	o	73, 308	0		194. 04
194. 05	CHILDREN'S SPECIALTY GROUP	83, 077	0	0	0	0	194. 05
	EAST SIDE SPEECH AND HEARING	0	1	0	0		194. 06
	NORTH SHORE CLINIC	1, 235	1	0	0		194. 07
	ADOLESCENT MEDICINE	68, 155	0	52, 656	0	0	194. 08
	Cross Foot Adjustments		]				200.00
	Negative Cost Centers	07 244 440	]	0	1 201 111		201. 00
202.00	TOTAL (sum lines 118-201)	87, 311, 413	S  0	18, 867, 629	1, 291, 144	7, 749, 437	12U2. UU

COST ALLOCATION - GENERAL SERVICE COSTS

Provi der CCN: 523300 | Peri od: | From 01/01/2011

d: Worksheet B 01/01/2011 Part I 12/31/2011 Date/Time Prepared:

7/2/2012 2:04 pm Cost Center Description DI ETARY CAFETERI A MAINTENANCE OF NURSI NG CENTRAL ADMI NI STRATI ON **PERSONNEL** SERVICES & **SUPPLY** 10.00 11.00 12.00 13.00 14.00 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 **EMPLOYEE BENEFITS** 4.00 5.00 ADMINISTRATIVE & GENERAL 5.00 MAINTENANCE & REPAIRS 6.00 6.00 7.00 OPERATION OF PLANT 7.00 LAUNDRY & LINEN SERVICE 8.00 8 00 9.00 HOUSEKEEPI NG 9.00 10.00 DI FTARY 6, 484, 507 10 00 **CAFETERIA** 11.00 1, 732, 238 11.00 MAINTENANCE OF PERSONNEL 12.00 0 12.00 13.00 NURSING ADMINISTRATION 0 51, 979 8, 855, 405 13.00 CENTRAL SERVICES & SUPPLY 0 370, 270 8, 481, 300 14.00 14.00 0 PHARMACY 0 15.00 316, 379 0 15, 00 MEDICAL RECORDS & LIBRARY 0 0 16.00 45, 364 224, 626 705 16.00 17.00 SOCIAL SERVICE 0 24, 438 132, 625 0 17.00 OTHER GENERAL SERVICE (SPECIFY) 18.00 0 0 0 0 C 0 18.00 NONPHYSICIAN ANESTHETISTS 0 19.00 0 0 19 00 20.00 NURSING SCHOOL 0 0 0 20.00 I&R SERVICES-SALARY & FRINGES APPRVD 0 0 0 21.00 88, 431 162 21.00 0 o I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 0 PARAMED ED PRGM-(SPECIFY) 0 23.00 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS 30.00 4, 992, 526 200, 326 991, 945 11, 851 30.00 31 00 INTENSIVE CARE UNIT 510.975 313, 359 0 9, 844 31 00 1, 551, 612 CORONARY CARE UNIT 0 32.00 0 0 32.00 0 33.00 BURN INTENSIVE CARE UNIT 0 0 33.00 0 34.00 SURGICAL INTENSIVE CARE UNIT 0 34.00 0 OTHER SPECIAL CARE HOT UNIT 0 35, 00 704,805 48, 226 238, 799 3, 026 35, 00 40.00 SUBPROVIDER - IPF 0 40.00 41.00 SUBPROVIDER - IRF 0 0 C 0 0 41.00 0 0 42 00 SUBPROVI DER Ω 0 42 00 0 0 0 43.00 NURSERY C 0 43.00 SKILLED NURSING FACILITY 0 0 0 44.00 44.00 0 0 45.00 NURSING FACILITY 0 ol 0 45.00 OTHER LONG TERM CARE 0 0 46.00 46.00 0 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 98, 033 485, 425 54, 381 881 50.00 51.00 RECOVERY ROOM 19.062 0 94, 391 563 51.00 0 DELIVERY ROOM & LABOR ROOM 0 52 00 0 0 52 00 53.00 ANESTHESI OLOGY 4, 934 24, 432 1, 259 53.00 RADI OLOGY-DI AGNOSTI C 54.00 1,763 50, 356 0 349, 587 2, 434 54.00 RADI OLOGY-THERAPEUTI C 55.00 0 55.00 0 0 56.00 RADI OI SOTOPE 0 0 56.00 57.00 CT SCAN 0 26, 609 0 27, 151 29 57.00 58 00 MAGNETIC RESONANCE IMAGING (MRI) 0 5, 483 31, 560 5, 645 58 00 CARDIAC CATHETERIZATION 0 59.00 0 5, 583 27,646 427 59.00 0 60.00 LABORATORY 1,763 81, 908 405, 578 10, 921 60.00 **BLOOD LABORATORY** 60.01 0 60.01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 0 0 0 0 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 63.00 64.00 INTRAVENOUS THERAPY 0 0 0 64.00 0 RESPIRATORY THERAPY 1, 972 0 308, 592 65.00 62, 321 65.00 0 66.00 PHYSI CAL THERAPY 24,679 398 66.00 OCCUPATIONAL THERAPY 0 67.00 67.00 SPEECH PATHOLOGY 80 24, 512 120, 223 231 68.00 68.00 Ol 69.00 ELECTROCARDI OLOGY 15, 851 0 91.836 144 69.00 0 70.00 ELECTROENCEPHALOGRAPHY 0000 9, 868 46, 927 245 70.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 74, 777 370, 270 8, 268, 158 71.00 IMPL. DEV. CHARGED TO PATIENTS 0 0 72.00 72.00 0 DRUGS CHARGED TO PATIENTS 63, 894 316, 379 18,848 73.00 73.00 74.00 RENAL DIALYSIS 3, 178 14, 503 0 74.00 ASC (NON-DISTINCT PART) 75.00 0 0 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 0 0 0 88.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 89.00 89.00 0 90.00 CLINIC 0 14, 008 0 90.00 ID PRIM CARE SUPP NETWORK 0 0 17 963 90 01 90 01 3 686 0 0 90.02 PAIN/PALLIATIVE CARE 0 5, 808 28, 758 341 90.02 DIABETIC CLINIC 7,097 0 90.03 90.03 21, 955 352 90. 04 GI CLINIC 17, 240 0 84, 585 124 90.04

				10 12/31/2011	7/2/2012 2:04	
Cost Center Description	DI ETARY	CAFETERI A	MAI NTENANCE		CENTRAL	
			PERSONNEL	ADMI NI STRATI ON		
	10.00	11. 00	12.00	13.00	SUPPLY 14. 00	
90. 05 CLINIC FOR SPECIAL NEEDS	10.00	6, 290		0 31, 518	286	90. 05
90. 06 DI ETETI CS		21, 242	1	0 105, 844	0	90. 06
90. 07 INFUSION ROOM	145, 993	3, 511		0 17, 387	0	90. 07
90. 08 CARDI OLOGY CLINI C	o	11, 150	)	0 55, 209	162	90. 08
90. 09 PULMONARY CLINIC	O	4, 343		0 22, 660	280	90. 09
90. 10 ENT CLINIC	0	6, 815	1	0 29, 294	29	90. 10
90. 11 ORTHOPEDIC CLINIC	0	9, 153	1	0 55, 209	347	90. 11
90. 12 EYE CLINIC 90. 13 ONCOLOGY CLINIC	0 100	2, 854	1	0 44, 579	12	90. 12
90. 13 ONCOLOGY CLINIC 90. 14 SURGICAL SPECIALTIES	93, 189	17, 240 13, 521	1	0 85, 368 0 51, 748	2, 056 705	90. 13 90. 14
90. 15 ALLERGY CLINIC	0	11, 898		0 57, 969	9	90. 14
90. 16 LASER CLINIC		0 11, 070		0 37,707	Ó	90. 16
90. 17 DERMATOLOGY CLINIC	Ö	8, 187		0 39, 923	318	90. 17
90. 18 CLINIC ADMINISTRATION	o	0	1	0 0	0	90. 18
90. 19 CRANI OFACI AL CENTER	o	1, 265		0 0	0	90. 19
90. 20 HEMATOLOGY CLINIC	0	3, 245	1	0 0	0	90. 20
90. 21 SPINA BIFIDA	0	1, 922		0 31, 642	0	90. 21
90. 22 NEUROSCI ENCES CLI NI C	881	12, 905	1	0 63, 408	12	90. 22
90. 23 RHEUMATOLOGY CLINIC	0	3, 095	1	0 15, 079 0 12, 443	116 0	90. 23
90. 24 ENDOCRI NE CLI NI C 90. 25 RENAL CLI NI C	0	2, 554 2, 854	1	0 12, 443	0	90. 24 90. 25
90. 26 GREENWAY CLINIC		2, 054		0 36, 916	647	90. 26
90. 27 NEW BERLIN CLINIC	3, 526	64, 626		0 371, 918		90. 27
91. 00 EMERGENCY	0	0	)	0 320, 005	11, 632	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	491		0 824	0	94. 00
95. 00 AMBULANCE SERVICES	0	0	1	0 0	0	95. 00
96. 00 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	96.00
97. 00 DURABLE MEDICAL EQUIP-SOLD	( 170	17.041	1	0 0 7/1	0	97. 00
98. 00   PSYCHIATRY - OFFICE BLDG 98. 01   TRANSPORT	6, 170	17, 041 21, 009		0 83, 761 0 104, 031	292 936	98. 00 98. 01
98. 02 GENETICS CENTER		9, 510	1	0 46, 351	219	98. 02
98. 03 NUCLEAR MEDICINE		1, 980	1	0 0	17	98. 03
98. 04 CHILD DEVELOPMENT	o	1, 847	1	0 65, 138	0	98. 04
98.05 CHILD PROTECTION CENTER	o	12, 181		0 59, 741	335	98. 05
98. 06 DENTAL SRVC	0	20, 552		0 152, 895	16, 183	98. 06
99. 00 CMHC	0	0		0	0	99. 00
99. 10 CORF	0	0	1	0 0	0	99. 10
100.00   R SERVICES-NOT APPRVD PRGM 101.00  HOME HEALTH AGENCY	0	0		0 0	0	100. 00 101. 00
SPECIAL PURPOSE COST CENTERS	<u> </u>	0		0 0	0	101.00
105. 00 KIDNEY ACQUISITION	O	2, 047	1	0 10, 177	0	105. 00
106. 00 HEART ACQUISITION	Ö	0	,	0 0		106. 00
107.00 LIVER ACQUISITION	o	0	)	0 0	0	107. 00
108.00 LUNG ACQUISITION	0	0		0 0		108. 00
109.00 PANCREAS ACQUISITION	0	0	)	0 0		109. 00
110. 00   INTESTINAL ACQUISITION	0	0	1	0		110.00
111.00 I SLET ACQUI SI TI ON	0	0		0	0	111.00
113. 00 INTEREST EXPENSE 114. 00 UTILIZATION REVIEW-SNF						113. 00 114. 00
115. 00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	,	0	n	115. 00
116. 00 HOSPI CE		0				116. 00
117.00 OTHER CAPITAL RELATED COSTS	O	0	)	0 0		117. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6, 484, 507	1, 672, 330		0 8, 657, 107	8, 427, 814	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0	36, 249	
191. 00 RESEARCH	0	11, 965		0 117, 504		191. 00
192. 00 PHYSI CLANS' PRI VATE OFFI CES	0	0	1	0 0		192. 00
193.00 NONPALD WORKERS 194.00 DOWNTOWN HEALTH CENTER	0	0		0		193. 00
194.00 DOWNTOWN HEALTH CENTER  194.01 POI SON CENTER	0	11 024	1	0 58, 546		194. 00 194. 01
194. 01 PUISON CENTER 194. 02 PUBLIC RELATIONS		11, 824 12, 706		0 56, 546		194. 01
194. 03 OUTREACH		17, 265	1	0 13, 308		194. 03
194. 04 OTHER OFFSITE CLINICS	l ol	632		0 1, 895		194. 04
194. 05 CHILDREN' S SPECIALTY GROUP		4, 085	1	0 0		194. 05
194.06 EAST SLDE SPEECH AND HEARING	0	0		0 0		194. 06
194.07 NORTH SHORE CLINIC	0	0		0 0		194. 07
194. 08 ADOLESCENT MEDICINE	0	1, 431		0 7, 045	12, 495	
200.00 Cross Foot Adjustments	_	-		-	_	200. 00
201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118-201)	0 6, 484, 507	1 722 220		0 8, 855, 405		201.00
202. 00 TOTAL (Suil HINGS 110-201)	0,404,507	1, 732, 238	1	0 8, 855, 405	0,401,300	1202.00

						7/2/2012 2:04	pm
	Cost Center Description	PHARMACY	MEDI CAL RECORDS &	SOCIAL SERVICE	OTHER GENERAL SERVI CE (SPECI FY)	NONPHYSI CI AN ANESTHETI STS	
		15. 00	LI BRARY 16. 00	17. 00	18. 00	19. 00	
	GENERAL SERVICE COST CENTERS	13.00	10.00	17.00	10.00	17.00	
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2. 00	CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	EMPLOYEE BENEFITS						4. 00
5.00	ADMINISTRATIVE & GENERAL						5. 00
6.00	MAINTENANCE & REPAIRS						6.00
7. 00 8. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00	HOUSEKEEPI NG						9. 00
10. 00	DI ETARY						10.00
11. 00	CAFETERI A						11. 00
12. 00	MAINTENANCE OF PERSONNEL						12. 00
13. 00	NURSING ADMINISTRATION						13. 00
14.00	CENTRAL SERVI CES & SUPPLY	44 000 007					14.00
15. 00 16. 00	PHARMACY MEDICAL RECORDS & LIBRARY	11, 303, 097	4 004 135				15. 00 16. 00
17. 00	SOCIAL SERVICE	0	6, 996, 125 0				17. 00
18. 00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0, 320, 730	0		18. 00
19. 00	NONPHYSICIAN ANESTHETISTS	o	0	o	0	0	19. 00
20.00	NURSI NG SCHOOL	0	0	0	0	0	20. 00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21. 00
22. 00	I &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22. 00
23. 00	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERVICE COST CENTERS	0	0	) 0	0	0	23. 00
30. 00	ADULTS & PEDIATRICS	3, 806	742, 975	1, 280, 793	0	0	30.00
31. 00	INTENSIVE CARE UNIT	995	1, 047, 372		0	0	31. 00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32. 00
33. 00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
34. 00	SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35. 00	OTHER SPECIAL CARE HOT UNIT	468	222, 214		0	0	35. 00
40. 00 41. 00	SUBPROVI DER - I PF SUBPROVI DER - I RF	0 0	0	0	0	0	40. 00 41. 00
42. 00	SUBPROVI DER		0		0	0	42.00
43. 00	NURSERY	O	0	o	0	0	43. 00
44. 00	SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
45. 00	NURSING FACILITY	0 0	0		0	0	45. 00
46. 00	OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	<u> </u>		<u>)</u>	0	0	46. 00
50.00	OPERATI NG ROOM	4, 507	280, 992	4, 956	0	0	50.00
51.00	RECOVERY ROOM	47	88, 925	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	1 1	0	0	52.00
53. 00	ANESTHESI OLOGY	80, 522	50, 559	1	0	0	53.00
54. 00 55. 00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	14, 074	284, 221	11, 490	0	0	54. 00 55. 00
56. 00	RADI OLOGI - TILKAFLUTT C	o	0		0	0	56.00
57. 00	CT SCAN	3, 815	76, 894		0	0	1
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	15, 833	147, 625		0	0	58. 00
59. 00	CARDI AC CATHETERI ZATI ON	671	49, 317		0	0	59. 00
60.00	LABORATORY	3, 163	854, 070	5, 632	0	0	60.00
60. 01 61. 00	BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY	0	Ü		0	0	60. 01 61. 00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	0	62.00
63. 00	BLOOD STORING, PROCESSING & TRANS.	o	127, 686		0	0	63. 00
64. 00	I NTRAVENOUS THERAPY	0	0	o	0	0	64. 00
65. 00	RESPI RATORY THERAPY	496	275, 501		0	0	65. 00
66. 00	PHYSI CAL THERAPY	18	88, 570		0	0	66. 00
67. 00	OCCUPATIONAL THERAPY	0	EO 474	0	0	0	67.00
68. 00 69. 00	SPEECH PATHOLOGY ELECTROCARDI OLOGY	0 448	50, 476 59, 290		0	0	68. 00 69. 00
70. 00	ELECTROCARDIOLOGI	166	44, 601		0	0	70.00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	996, 251	1	0	0	71.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	o	0	o	0	0	72. 00
73. 00	DRUGS CHARGED TO PATIENTS	11, 035, 703	896, 539		0	0	73. 00
74.00	RENAL DIALYSIS	120	17, 369		0	0	74.00
75. 00	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS	0	C	) 0	0	0	75. 00
88. 00	RURAL HEALTH CLINIC	ol	0		0	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	o	0		0	0	89. 00
90.00	CLINIC	0	O	0	0	0	90. 00
	ID PRIM CARE SUPP NETWORK	0	244		0	0	90. 01
90. 02	PAIN/PALLIATIVE CARE	28	1, 800	3, 605	0	0	90. 02

				. 12/31/2011	7/2/2012 2: 04	
				OTHER GENERAL		
Cost Conton Decemintion	DUADMACY	MEDICAL	COCLAL CEDVICE	SERVI CE	NONDHIVELCLAN	
Cost Center Description	PHARMACY	MEDI CAL RECORDS &	SOCIAL SERVICE	(SPECI FY)	NONPHYSI CI AN ANESTHETI STS	
		LI BRARY			/ WESTHETTOTS	
	15. 00	16.00	17.00	18. 00	19. 00	
90.03 DIABETIC CLINIC	307	11, 206		0	0	90. 03
90. 04 GI CLINIC	503	19, 279		0		90. 04
90. 05 CLINIC FOR SPECIAL NEEDS	53	2, 805		0	0	90.05
90. 06   DIETETICS 90. 07   INFUSION ROOM	0	5, 426	0	0	0	90. 06 90. 07
90. 07 THEOSTON ROOM 90. 08 CARDI OLOGY CLINI C	155	23, 547 15, 593	184, 064	0	0	90.07
90. 09 PULMONARY CLINIC	2, 499	4, 914	119, 856	0	0	90.09
90. 10 ENT CLINIC	4, 303	11, 238		Ö	l o	90. 10
90. 11 ORTHOPEDIC CLINIC	227	16, 117	1	0	0	90. 11
90. 12 EYE CLINIC	2, 831	5, 262	14, 644	0	0	90. 12
90. 13 ONCOLOGY CLINIC	0	32, 540		0	0	90. 13
90. 14 SURGI CAL SPECI ALTI ES	2, 069	13, 107		0	0	90. 14
90. 15 ALLERGY CLINIC	15, 702	13, 894	29, 964	0	0	90. 15
90. 16 LASER CLINIC	0	10.273	0	0	0	90. 16
90. 17   DERMATOLOGY CLINIC 90. 18   CLINIC ADMINISTRATION	21, 594	10, 263	27, 486	0	0	90. 17 90. 18
90. 18   CLINIC ADMINISTRATION 90. 19   CRANIOFACIAL CENTER	134	3, 148	6, 533	0	0	90. 18
90. 20 HEMATOLOGY CLINIC	0	3, 688		0	0	90. 19
90. 21 SPINA BIFIDA	0	1, 768		Ö	Ö	90. 21
90. 22 NEUROSCI ENCES CLI NI C	59	7, 003	1	0	0	90. 22
90. 23 RHEUMATOLOGY CLINIC	967	3, 014		0	0	90. 23
90. 24 ENDOCRI NE CLI NI C	0	3, 656	6, 308	0	0	90. 24
90. 25 RENAL CLINIC	0	2, 379	1	0	0	90. 25
90. 26 GREENWAY CLINIC	279	16, 064	1	0	0	90. 26
90. 27 NEW BERLIN CLINIC	36, 402	43, 280	i	0	0	90. 27
91.00   EMERGENCY 92.00   OBSERVATION BEDS (NON-DISTINCT PART)	6, 440	137, 722	534, 170	0	0	91. 00 92. 00
92. 00 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
94. 00 HOME PROGRAM DI ALYSIS	0	2, 418	0	0	0	94.00
95. 00 AMBULANCE SERVICES	0	2,0	ő	Ö	1	95. 00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	o	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
98. 00 PSYCHIATRY - OFFICE BLDG	0	20, 631	10, 363	0	0	98. 00
98. 01 TRANSPORT	0	54, 687		0	0	98. 01
98. 02 GENETICS CENTER	131	5, 191	33, 569	0	0	98. 02
98. 03 NUCLEAR MEDICINE	171	16, 304	1	0	0	98. 03
98.04   CHILD DEVELOPMENT 98.05   CHILD PROTECTION CENTER	0 37, 437	3, 932 10, 129	1	0	0	98. 04 98. 05
98. 06 DENTAL SRVC	542	42, 990	1	0	0	98. 06
99. 00 CMHC	0	12, 770	0,000	Ö	Ö	99. 00
99. 10 CORF	0	0	ō	0	0	99. 10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	o	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 KI DNEY ACQUI SI TI ON	289	7, 939	1			105. 00
106. 00 HEART ACQUISITION	0	12, 674	1			106. 00
107. 00 LIVER ACQUISITION	0	1, 523	0	0		107. 00 108. 00
108.00 LUNG ACQUISITION 109.00 PANCREAS ACQUISITION		0	0	0		108.00
110. 00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111. 00 I SLET ACQUISITION		0	٥	0		111.00
113. 00   NTEREST EXPENSE		· ·				113. 00
114.00 UTILIZATION REVIEW-SNF						114. 00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115. 00
116. 00 H0SPI CE	0	0	0	0		116. 00
117. 00 OTHER CAPITAL RELATED COSTS	0	0	0	0		117. 00
118. 00 SUBTOTALS (SUM OF LINES 1-117)	11, 297, 974	6, 988, 822	3, 498, 802	0	0	118. 00
NONREIMBURSABLE COST CENTERS  190. 00 GI FT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	0	190. 00
190.00 RESEARCH	0	210	1			190.00
192. 00 PHYSI CLANS' PRI VATE OFFI CES		210	0			192. 00
193. 00 NONPALD WORKERS		n	n o	l ő		193. 00
194. OO DOWNTOWN HEALTH CENTER		0	Ö	Ö		194. 00
194. 01 POI SON CENTER	0	0	0	0		194. 01
194. 02 PUBLIC RELATIONS	0	0	0	0		194. 02
194. 03 OUTREACH	273	0	0	0		194. 03
194. 04 OTHER OFFSITE CLINICS	1, 802	5, 292	0	0		194. 04
194. 05 CHILDREN'S SPECIALTY GROUP	0	0	0	0		194. 05
194. 06 EAST SIDE SPEECH AND HEARING 194. 07 NORTH SHORE CLINIC		0				194. 06 194. 07
194.08 ADOLESCENT MEDICINE	3, 048	1, 801	27, 936			194. 07
Software of the	3,040	1, 001	27,730		. 0	1

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 523300		Worksheet B	
				From 01/01/2011	Part I	
				To 12/31/2011	Date/Time Pre	
					7/2/2012 2:04	pm
				OTHER GENERAL		
				SERVI CE		
Cost Center Description	PHARMACY	MEDI CAL	SOCIAL SERVIC	E (SPECI FY)	NONPHYSI CI AN	
		RECORDS &			ANESTHETI STS	
		LI BRARY				
	15. 00	16. 00	17. 00	18. 00	19. 00	
			1			

3, 526, 738

6, 996, 125

0

0 200. 00 0 201. 00 0 202. 00

11, 303, 097

200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118-201)

						12/31/2011	7/2/2012 2: 04	
			- 1	NTERNS &	RESI DENTS			
		AUDOLNO COUON	CED) (I. (	TC CALAR	CEDULATE ATUED	DADAMED ED		
	Cost Center Description	NURSING SCHOOL		,ES-SALAR FRI NGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
		20.00		1.00	22.00	23. 00	24. 00	
	GENERAL SERVICE COST CENTERS	20.00			1 22.00	20.00	21100	
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2. 00
4.00	EMPLOYEE BENEFITS							4. 00
5. 00	ADMI NI STRATI VE & GENERAL							5. 00
6.00	MAINTENANCE & REPAIRS							6.00
7. 00 8. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE							7. 00 8. 00
9. 00	HOUSEKEEPING							9.00
10. 00	DI ETARY							10.00
11. 00	CAFETERI A							11. 00
12.00	MAINTENANCE OF PERSONNEL							12.00
13.00	NURSING ADMINISTRATION							13. 00
14. 00	CENTRAL SERVICES & SUPPLY							14. 00
15.00	PHARMACY							15.00
16. 00 17. 00	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE							16. 00 17. 00
18. 00	OTHER GENERAL SERVICE (SPECIFY)				•			18.00
19. 00	NONPHYSI CI AN ANESTHETI STS							19. 00
20. 00	NURSI NG SCHOOL	0						20. 00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD	0	20	, 097, 834				21. 00
22. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		0	5, 996, 496			22. 00
23. 00	PARAMED ED PRGM-(SPECIFY)	0		0	0	0		23. 00
00.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1			4 550 000	ام	F/ 0/0 040	00.00
30. 00 31. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	0		5, 225, 944	1	0		30.00
31.00	CORONARY CARE UNIT		1	2, 606, 391 0	777, 657 0	0	56, 217, 376 0	31. 00 32. 00
33. 00	BURN INTENSIVE CARE UNIT	0	1	0		0	0	33.00
34. 00	SURGI CAL INTENSI VE CARE UNI T	o o	l .	0	Ö	o	-357	34.00
35. 00	OTHER SPECIAL CARE HOT UNIT	0		786, 923	234, 791	0	14, 269, 976	35. 00
40.00	SUBPROVI DER - I PF	0		0	0	0	0	40. 00
41. 00	SUBPROVI DER - I RF	0		0	0	0	0	41.00
42. 00	SUBPROVI DER	0		0	0	0	0	42.00
43. 00	NURSERY	0		0	0	0	0	43.00
44. 00 45. 00	SKILLED NURSING FACILITY NURSING FACILITY	0	l l	0		0	0	44. 00 45. 00
46. 00	OTHER LONG TERM CARE	0		0	1	0		46.00
	ANCILLARY SERVICE COST CENTERS				-	-1		
50.00	OPERATI NG ROOM	0	1	, 873, 608	559, 020	0	10, 647, 541	50.00
51.00	RECOVERY ROOM	0	1	0	0	0	3, 444, 461	
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM	0	] .	121 (01	0	0	0	52.00
54. 00	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	0		, 131, 601 260, 995	1	0	3, 147, 466 22, 273, 146	53. 00 54. 00
55. 00	RADI OLOGY-THERAPEUTI C	0		200, 773	77, 872	0	22, 273, 140	55.00
56. 00	RADI OI SOTOPE	o o		0	Ö	Ö	Ö	56.00
57.00	CT SCAN	0		0	0	0	1, 343, 759	57. 00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0		
59. 00	CARDI AC CATHETERI ZATI ON	0		0	0	0	2, 835, 435	59. 00
60.00	LABORATORY	0		109, 192	32, 579	0	28, 660, 402	60.00
60. 01	BLOOD LABORATORY	0	1	0	0	0	0	60. 01
61. 00 62. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0		0	0	61. 00 62. 00
63. 00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	8, 468, 523	63.00
64. 00	INTRAVENOUS THERAPY	o o		0	Ö	Ö	0, 100, 020	64.00
65.00	RESPI RATORY THERAPY	0		0	O	0	9, 421, 610	65.00
66.00	PHYSI CAL THERAPY	0		132, 731	39, 602	0	5, 280, 554	66. 00
67. 00	OCCUPATI ONAL THERAPY	0		0	0	0	0	67. 00
68. 00	SPEECH PATHOLOGY	0	1	0	0	0	4, 350, 430	68. 00
69. 00	ELECTROCARDI OLOGY	0		493, 166	1	0	8, 377, 136	1
70. 00 71. 00	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	0		301, 251	89, 883	0	1, 986, 630 43, 862, 332	1
71.00	IMPL. DEV. CHARGED TO PATIENTS	0		0		0	12, 869, 170	1
73. 00	DRUGS CHARGED TO PATIENTS	0		0	Ö	Ö	37, 159, 015	1
74. 00	RENAL DIALYSIS	Ō		0	o	0	913, 098	74. 00
75. 00	ASC (NON-DISTINCT PART)	0	1	0	0	0	0	75. 00
	OUTPATIENT SERVICE COST CENTERS							
88. 00	RURAL HEALTH CLINIC	0	1	0	0	0	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER			0	j j	0	14.009	89.00
90. 00 90. 01	CLINIC   ID PRIM CARE SUPP NETWORK			9, 079	2, 709	0	14, 008 1, 123, 120	90. 00 90. 01
90. 01	PAIN/PALLIATIVE CARE	0		7, 079 N	2, 709 0	n	1, 123, 120	90.01
	DI ABETIC CLINIC	o o	ŀ	0	Ö	ő	1, 437, 817	•
	ı	<u> </u>	1		1	- 1		

				7 127 317 2011	7/2/2012 2: 04	
		INTERNS &	RESI DENTS			
Cost Conton Dogorintion	NUDCLNC CCHOOL	CEDVICES SALAD	DEEDVI CEC OTHER	DADAMED ED	Cubtatal	
Cost Center Description	NURSING SCHOOL	Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
	20. 00	21.00	22.00	23. 00	24. 00	
90. 04 GI CLINIC	0			0	4, 576, 103	90. 04
90.05 CLINIC FOR SPECIAL NEEDS	0	0	0	0	1, 342, 150	
90. 06 DI ETETI CS	0	0	0	0	2, 276, 442	90. 06
90. 07 INFUSION ROOM	0	0	0	0	699, 660	
90. 08 CARDI OLOGY CLINI C	0			0	2, 203, 188	
90. 09 PULMONARY CLINIC	0	166, 310		0	1, 103, 281	1
90. 10 ENT CLINIC 90. 11 ORTHOPEDIC CLINIC	0	279, 778	83, 476	0	1, 678, 728 1, 770, 519	
90. 12 EYE CLINIC	0	79, 360	23, 678	0	559, 184	
90. 13 ONCOLOGY CLINIC	0	77,300	25, 576	0	3, 078, 268	
90. 14 SURGI CAL SPECI ALTI ES	0	96, 366	28, 752	0	1, 913, 374	
90. 15 ALLERGY CLINIC	0	336, 560	100, 418	0	2, 577, 541	90. 15
90. 16 LASER CLINIC	0	C	0	0	0	90. 16
90. 17 DERMATOLOGY CLINIC	0	429, 803	128, 238	0	1, 876, 548	1
90. 18 CLINIC ADMINISTRATION	0	0	0	0	0	90. 18
90. 19 CRANI OFACI AL CENTER	0	0		0	357, 795	1
90. 20   HEMATOLOGY CLINIC 90. 21   SPINA BIFIDA	0			0	724, 580 544, 703	1
90. 22 NEUROSCI ENCES CLI NI C	0			0	2, 020, 841	
90. 23 RHEUMATOLOGY CLINIC	0	164, 821	49, 177	0	868, 164	1
90. 24 ENDOCRI NE CLI NI C	0			0	952, 961	
90. 25 RENAL CLINIC	0			0	808, 933	
90. 26 GREENWAY CLINIC	0	C	0	0	1, 422, 711	90. 26
90. 27 NEW BERLIN CLINIC	0	0	0	0	7, 749, 759	90. 27
91. 00 EMERGENCY	0	1, 774, 120	529, 336	0	13, 551, 497	
92. 00 OBSERVATI ON BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS  94. 00 HOME PROGRAM DIALYSIS	0	1 0	ol lo	0	200 E41	04.00
95. 00 AMBULANCE SERVICES				0	280, 541 0	94. 00 95. 00
96. 00 DURABLE MEDICAL EQUIP-RENTED		1		0	0	96.00
97. 00 DURABLE MEDICAL EQUIP-SOLD	o o		ol ol	0	Ö	97. 00
98. 00 PSYCHIATRY - OFFICE BLDG	0	389, 354	116, 170	0	3, 865, 291	98. 00
98. 01 TRANSPORT	0	0	0	0	6, 768, 414	98. 01
98. 02 GENETICS CENTER	0	94, 973	28, 337	0	2, 164, 361	
98. 03 NUCLEAR MEDICINE	0	0	0	0	1, 021, 003	
98. 04 CHILD DEVELOPMENT	0	262, 292		0	1, 212, 830	
98.05   CHILD PROTECTION CENTER 98.06   DENTAL SRVC	0	446, 040 763, 384		0	2, 944, 719 5, 786, 371	
99. 00 CMHC	0	703, 304	227, 707	0	3, 780, 371	99.00
99. 10   CORF	0		ol ol	0	l ő	99. 10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	i c	o	0		100.00
101.00 HOME HEALTH AGENCY	0	O	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 KI DNEY ACQUI SI TI ON	0			0		
106. 00 HEART ACQUISITION	0		0	0		
107. 00 LIVER ACQUISITION	0	1	1	0		
108.00 LUNG ACQUISITION 109.00 PANCREAS ACQUISITION	0 0	1		0		108. 00 109. 00
110.00   NTESTINAL ACQUISITION	0			0	1	1109.00
111. 00   ISLET ACQUISITION	0			0	l	111.00
113. 00   NTEREST EXPENSE			1	J		113. 00
114.00 UTILIZATION REVIEW-SNF						114. 00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115. 00
116. 00 HOSPI CE	0	0	0	0		116. 00
117. 00 OTHER CAPITAL RELATED COSTS	0		0	0		117. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	19, 807, 391	5, 909, 839	0	419, 400, 667	1118. 00
NONREIMBURSABLE COST CENTERS  190. 00 GI FT, FLOWER, COFFEE SHOP & CANTEEN				0	130, 714	100 00
191. OO RESEARCH	0			0	5, 327, 658	
192. 00 PHYSI CLANS' PRI VATE OFFI CES	0			0		192. 00
193. OO NONPALD WORKERS	0	O	o	0		193. 00
194.00 DOWNTOWN HEALTH CENTER	0	241, 491	72, 052	0	819, 316	194. 00
194. 01 POI SON CENTER	0	0	0	0	2, 507, 343	194. 01
194. 02 PUBLI C RELATIONS	0	0	0	0	4, 279, 604	
194. 03 OUTREACH	0	0	0	0	2, 688, 942	
194. 04 OTHER OFFSITE CLINICS	0			0	3, 283, 161	
194. 05 CHILDREN'S SPECIALTY GROUP 194. 06 EAST SIDE SPEECH AND HEARING				0	423, 714	194. 05
194.00 EAST SIDE SPEECH AND HEARING 194.07 NORTH SHORE CLINIC				0		194. 06
194. 08 ADOLESCENT MEDICINE	0	48, 952	14, 605	0	512, 966	
200.00 Cross Foot Adjustments	Ö		0	0	0	200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
			·			

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 523300		Worksheet B	
				From 01/01/2011	Part I	
				To 12/31/2011	Date/Time Pre	
					7/2/2012 2:04	pm
		INTERNS &	RESI DENTS			
Cost Center Description	NURSING SCHOOL	SERVI CES-SALAR	SERVI CES-OTHE	R PARAMED ED	Subtotal	
		Y & FRINGES	PRGM COSTS	PRGM		
	20.00	21. 00	22. 00	23. 00	24. 00	
202.00 TOTAL (sum lines 118-201)	0	20, 097, 834	5, 996, 49	96 0	439, 402, 112	202. 00
			•	· ·		•

				To 12/31/2011 Date/Time Pi	
	Cost Center Description	Intern &	Total	77272312 2.1	5 1 Join
		Residents Cost & Post			
		Stepdown			
		Adjustments			
	OFNEDAL CERVILOR COST OFNITERS	25. 00	26. 00		
1. 00	GENERAL SERVICE COST CENTERS  CAP REL COSTS-BLDG & FLXT				1.00
2. 00	CAP REL COSTS-MVBLE EQUIP				2. 00
4. 00	EMPLOYEE BENEFITS				4. 00
5. 00	ADMINISTRATIVE & GENERAL				5. 00
6.00	MAINTENANCE & REPAIRS				6. 00
7. 00 8. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE				7. 00 8. 00
9. 00	HOUSEKEEPI NG				9. 00
10.00	DI ETARY				10. 00
11.00	CAFETERI A				11. 00
12. 00 13. 00	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION				12. 00 13. 00
14. 00	CENTRAL SERVICES & SUPPLY				14. 00
15. 00	PHARMACY				15. 00
16. 00	MEDICAL RECORDS & LIBRARY				16. 00
17. 00	SOCIAL SERVICE				17. 00
18. 00 19. 00	OTHER GENERAL SERVICE (SPECIFY) NONPHYSICIAN ANESTHETISTS				18. 00 19. 00
20. 00	NURSI NG SCHOOL				20.00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD				21. 00
22. 00	I &R SERVI CES-OTHER PRGM COSTS APPRVD				22. 00
23. 00	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERVICE COST CENTERS				23. 00
30. 00	ADULTS & PEDIATRICS	-6, 785, 183	49, 484, 665		30.00
31. 00	INTENSIVE CARE UNIT	-3, 384, 048	52, 833, 328		31. 00
32.00	CORONARY CARE UNIT	0	0		32.00
33. 00 34. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	0	-357		33. 00 34. 00
35. 00	OTHER SPECIAL CARE HOT UNIT	-1, 021, 714	13, 248, 262		35. 00
40.00	SUBPROVI DER - I PF	O	0		40. 00
41.00	SUBPROVIDER - I RF	0	0		41.00
42. 00 43. 00	SUBPROVI DER NURSERY	0	0		42. 00 43. 00
44. 00	SKILLED NURSING FACILITY		0		44. 00
45. 00	NURSING FACILITY	O	0		45. 00
46. 00	OTHER LONG TERM CARE	0	0		46. 00
50. 00	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	-2, 432, 628	8, 214, 913		50.00
51. 00	RECOVERY ROOM	0	3, 444, 461		51. 00
52.00	DELIVERY ROOM & LABOR ROOM	O	О		52. 00
53.00	ANESTHESI OLOGY	-1, 469, 232	1, 678, 234		53. 00
54. 00 55. 00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	-338, 867	21, 934, 279 0		54. 00 55. 00
56. 00	RADI OI SOTOPE		0		56. 00
57. 00	CT SCAN	o	1, 343, 759		57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0	2, 577, 788		58. 00
59. 00 60. 00	CARDI AC CATHETERI ZATI ON LABORATORY	-141, 771	2, 835, 435 28, 518, 631		59. 00 60. 00
60. 01	BLOOD LABORATORY	-141,771	20, 310, 031		60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63. 00 64. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	0	8, 468, 523		63. 00 64. 00
65. 00	RESPIRATORY THERAPY		9, 421, 610		65. 00
66. 00	PHYSI CAL THERAPY	-172, 333	5, 108, 221		66. 00
67. 00	OCCUPATI ONAL THERAPY	0	0		67. 00
68. 00	SPEECH PATHOLOGY	(40.310	4, 350, 430		68. 00
69. 00 70. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	-640, 310 -391, 134	7, 736, 826 1, 595, 496		69. 00 70. 00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43, 862, 332		71.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	0	12, 869, 170		72. 00
73.00	DRUGS CHARGED TO PATIENTS	0	37, 159, 015		73.00
74. 00 75. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)	0	913, 098		74. 00 75. 00
, 5. 00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	<u> </u>		<b>-</b> 73.00
88. 00	RURAL HEALTH CLINIC	0	0		88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89. 00
90. 00 90. 01	CLINIC   ID PRIM CARE SUPP NETWORK	-11, 788	14, 008 1, 111, 332		90.00
	PAIN/PALLIATIVE CARE	0	1, 406, 857		90. 02
		'			

Provider CCN: 523300 | Period: | Worksheet B | From 01/01/2011 | Part I | To 12/31/2011 | Date/Time Prepared:

Intern &   Residents Cost   Septiments   Residents					To 12/31/2011 Date/Time Pre	
S. Post   Stepdom   Adjustments   Stepdom   Step		Cost Center Description		Total	77272012 2. 04	Pili
Stephona						
25.00   26.00						
90 0.0   GIABETIC CLINIC   0   1,437,817   90.0   90 0.0   GICINIC   -993,539   3,682,564   90.0   90 0.0   GICINIC   -993,539   3,682,564   90.0   90 0.6   DIFFTICS   0   1,342,150   90.0   90 0.7   INFUSION ROOM   0   0,699,660   90.0   90 0.8   CARDOLOGY CLINIC   -319,469   1,883,719   90.0   90 0.9   PULMONARY CLINIC   -215,931   887,350   90.0   90 0.10   ENT. CLINIC   -363,254   1,315,474   90.0   90 1.10   CARDOLOGY CLINIC   -00,1770,519   90.0   90 1.11   CARDOLOGY CLINIC   -00,1770,519   90.0   90 1.12   EYE CLINIC   -00,33,456   1,315,474   90.0   90 1.13   SIRGIC CLINIC   -01,03,344   466,146   90.0   90 1.14   SIRGIC CLINIC   -01,03,344   466,146   90.0   90 1.15   CARDOLOGY CLINIC   -00,33,778,268   90.0   90 1.16   LASER CLINIC   -430,978   2,140,563   90.0   91 16   LASER CLINIC   -430,978   2,140,563   90.0   91 16   LASER CLINIC   -364,978   2,140,563   90.0   90 17   EVENT CLINIC   -364,978   2,140,563   90.0   90 18   CARDOLOGY CLINIC   -364,978   2,140,563   90.0   90 19   CARDOLOGY CLINIC   -364,978   2,140,563   90.0   90 10   CARDOLOGY CLINIC   -364,914   90.0   90.0   90 10   CARDOLOGY CLINIC   -364,914   90.0   90.0   90 10   CARDOLOGY CLINIC   -364,914   90.0   90.0   90 11   CARDOLOGY CLINIC   -213,998   654   669   90.0   90 12   SPIRAL CLINIC   -364,914   90.0   90.0   90 13   SPIRAL CLINIC   -364,914   90.0   90.0   90 14   SPIRAL CLINIC   -364,914   90.0   90.0   90 15   SPIRAL CLINIC   -364,914   90.0   90.0   90 16   SPIRAL SERVICES NOT APPRYD PROM				26.00		
90.0 S   CLINIC FOR SPECIAL NEEDS	90. 03	DI ABETI C CLI NI C				90. 03
90. 0   DIETETICS   0   2,276,442   99.0. 90. 07   INFUSION ROOM   0   699,660   99.0. 90. 07   INFUSION ROOM   0   699,660   99.0. 90. 08   CARDIOLOCY CLINIC   -319,469   1,883,719   90.0. 90. 10   ORDONARY CLINIC   -363,254   1,315,474   90.0. 90. 11   ORDONARY CLINIC   0   1,770,519   99.0. 90. 12   EVE CLINIC   -103,038   456,146   99.0. 90. 13   ONDOLOCY CLINIC   0   3,078,268   99.0. 90. 14   SURGICAL SPECIALTIES   -125,118   1,788,256   99.0. 90. 15   ALERNY CLINIC   -436,978   2,140,563   99.0. 90. 16   LASER CLINIC   0   0   99.0. 90. 17   DERMATOLOGY CLINIC   -558,041   1,318,507   99.0. 90. 18   CLINIC ASSISTANCIAL SPECIALTIES   -125,118   1,788,256   99.0. 90. 19   CRANTOLOGY CLINIC   -558,041   1,318,507   99.0. 90. 10   CRANTOLOGY CLINIC   -558,041   1,318,507   99.0. 90. 10   CRANTOLOGY CLINIC   -558,041   1,318,507   99.0. 90. 10   CRANTOLOGY CLINIC   0   357,705   99.0. 90. 10   CRANTOLOGY CLINIC   0   544,703   99.0. 90. 10   CRANTOLOGY CLINIC   0   544,703   99.0. 90. 20   HEMATOLOGY CLINIC   0   544,703   99.0. 90. 21   SPINA BIFIDA   0   544,703   99.0. 90. 22   MEUROSCIENCES CLINIC   0   544,703   99.0. 90. 23   REMAINING CHINIC   -213,999   654,166   99.0. 90. 24   ENDOCRINIC CLINIC   -364,314   588,647   99.0. 90. 25   REMAIN CLINIC   -364,314   588,647   99.0. 90. 26   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 27   MEMBRATOLOGY CLINIC   -304,314   588,647   99.0. 90. 28   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 29   CREENWAY CLINIC   -364,314   588,647   99.0. 90. 20   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 20   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 21   SPINA CLINIC   -364,314   588,647   99.0. 90. 22   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 23   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 24   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 25   REMEMBAY CLINIC   -364,314   588,647   99.0. 90. 26   REMEMBAY CLINIC   -364,344   99.0. 90. 27   REMEMBAY CLINIC   -364,344   99.0. 90. 28   REMEMBAY CLINIC   -364,344   99.0. 90. 29   REME		1	-893, 539		l e e e e e e e e e e e e e e e e e e e	90. 04
90.07   INFUSION ROOM		1	1			90.05
99.08   CARDI OLOGY CLINIC   -319, 469   1, 883, 719   90.0   99.09   PULMOMARY CLINIC   -215, 931   887, 350   90.0   99.10   ENT CLINIC   -363, 254   1, 315, 474   90.0   90.11   ORTHOPEDIC CLINIC   0 1, 770, 519   90.0   90.12   EYE CLINIC   0 3, 038   456, 146   90.0   90.13   ONCOLOGY CLINIC   -430, 978   2, 140, 563   90.0   90.14   SURGICAL SPECIALTIES   -125, 118   1, 788, 256   90.0   90.15   ALLERCY CLINIC   -430, 978   2, 140, 563   90.0   90.16   LASER CLINIC   0 9 9.0   90.17   DERMATOLOGY CLINIC   -558,041   1, 318, 507   90.0   90.18   CLINIC ALINIC   -558,041   1, 318, 507   90.0   90.19   CRAIN OFACIAL CENTER   0 3, 379, 569   90.0   90.19   CRAIN OFACIAL CENTER   0 3, 379, 569   90.0   90.20   EMMATOLOGY CLINIC   0 724, 580   90.0   90.21   SPINA BIFIDIA   0 544, 703   90.0   90.22   REUROSCIENCES CLINIC   0 5, 44, 703   90.0   90.23   REHMATOLOGY CLINIC   -213, 98   664, 166   90.0   90.24   ENDOCRINE CLINIC   -491, 427   317, 506   90.0   90.25   REANAL CLINIC   -491, 427   317, 506   90.0   90.26   REENMAY CLINIC   -491, 427   317, 506   90.0   90.27   NOW BERLIN CLINIC   0 1, 422, 711   90.0   90.28   REREAMAY CLINIC   0 0, 7,44, 789   90.0   90.29   CREENMAY CLINIC   -491, 427   317, 506   90.0   90.20   EMERCENCY   0 0 0, 7,44, 789   90.0   90.21   SPINAL CLINIC   0 0, 7,44, 789   90.0   90.22   REVERSION BERGIN CLINIC   0 0, 7,44, 789   90.0   90.23   REVERSION BERGIN CLINIC   0 0, 7,44, 789   90.0   90.24   EMBOCRINE CLINIC   0 0, 7,44, 789   90.0   90.25   REAL CLINIC   0 0, 7,44, 789   90.0   90.26   RECENNAY CLINIC   0 0, 7,44, 789   90.0   90.27   NOW BERLIN CLINIC   0 0, 7,44, 789   90.0   90.28   REVERSION BERGIN CLINIC   0 0, 7,44, 789   90.0   90.29   REVERSION BERGIN CLINIC   0 0, 7,44, 789   90.0   90.00   MIRESION CLINIC   0 0, 7,44, 789   90.0   90.00   MIRESION CLINIC   0 0, 7,44, 789   90.0   90.00   MIRESION CLINIC   0 0, 7,44, 789   90.0   90.00   SPINAL SERVICES   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1			90.06
99.10 ENT CLINIC			1			90. 08
90.11   ORTHOPEDIC CLINIC		1	1			90. 09
90.1 2 EYE CLINIC			-363, 254			90. 10
90.13 ONCOLOGY CLINIC		1	-103, 038		l e e e e e e e e e e e e e e e e e e e	90.11
90.15   ALERGY CLINIC			0	3, 078, 268	3	90. 13
90.1 DEMANTALOGY CLINIC		I and the second	1			90.14
90.17   DERMATOLOGY CLINIC   -558,041   1,318,507   90.69   10.11			-430, 978			90. 15
90.19   CRANI OFACI AL CENTER   0   357, 795   90.20     0.20   HEMATOLOGY CLINIC   0   724, 580   90.20     90.21   SPINA BIFIDA   0   544, 703   90.20     90.22   NEUROSCI ENCES CLINIC   0   2, 020, 841   90.20     90.23   NEUROSCI ENCES CLINIC   -213, 998   654, 166   90.20     90.24   ENDOCRI NE CLINIC   -364, 314   588, 647   90.20     90.25   RENAL CLINIC   -491, 427   317, 506   90.20     90.26   GREENWAY CLINIC   0   1, 422, 711   90.20     90.27   NEW BERLI N CLINIC   0   7, 749, 759   90.20     90.28   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   7, 749, 759   90.20     90.29   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0     90.20   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0     90.20   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0     90.20   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0     90.20   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0     90.20   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0     90.20   OBSERVATION BEDS (NON-DISTIN		I and the second	-558, 041	-		90. 17
99. 20 HEMATOLOGY CLINIC 0 724,580 90.2 90. 21 SPIN AB IFIDA 0 544,703 99.2 90. 21 SPIN AB IFIDA 0 2,020,841 90.2 90. 22 NEUROSCIENCES CLINIC 0 2,202,841 90.2 90. 23 RHEUMATOLOGY CLINIC -213,988 654,166 90.2 90. 24 REDOCRINE CLINIC -364,314 588,647 90.2 90. 25 RENAL CLINIC -491,427 317,506 90.2 90. 26 RERNAL CLINIC 0 1,422,711 90.2 90. 27 NEW BERLIN CLINIC 0 7,749,759 90.2 90. 27 NEW BERLIN CLINIC 0 7,749,759 90.2 90. 28 DESERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	0	0		90. 18
90. 21 SPINA BIFIDA 0 544,703 90. 22 NEUROSCIENCES CLINIC 0 2,020,841 90. 23 RHEUMATOLOGY CLINIC -213,998 654,166 90. 24 ENDOCRI NE CLINIC -364,314 588,647 90. 25 RENAL CLINIC -491,427 317,506 90. 26 GREENWAY CLINIC 0 1,422,711 90. 27 NEW BERLIN CLINIC 0 7,749,759 91. 00 EMERGENCY -2,303,456 11,248,041 92. 00 OBSERVATION BEDS (NON-DISTINCT PART) 0 0,0 97. 00 OBSERVATION BEDS (NON-DISTINCT PART) 0 0,0 97. 00 OURABLE MEDICAL EQUIP-RENTED 0 0 0,0 98. 00 DURABLE MEDICAL EQUIP-SOLD 0 0 0,0 99. 00 DURABLE MEDICAL EQUIP-SOLD 0 0,0 99. 00 DURABLE MEDICAL EQUIP-SOLD 0 0,0 99. 00 PSYCHIATRY -0FFICE BLDG -505,524 3,359,767 99. 01 TRANSPORT 0 0,6,768,414 98. 0 99. 02 OBSERVATION EQUIP-RENTED 0 0 0,0 99. 00 PSYCHIATRY -0FFICE BLDG -505,524 3,359,767 99. 01 TRANSPORT 0 1,721,003 98. 0 99. 02 CRETTICS CENTER -123,310 2,041,051 98. 0 99. 03 NUCLEAR MEDICINE -123,310 2,041,051 98. 0 99. 04 CHILD DEVELOPMENT -340,551 872,279 99. 05 CHILD PROTECTION CENTER -579,123 2,365,596 98. 0 99. 06 DENTAL SRVC -991,151 4,795,220 98. 0 99. 00 LORGE MEDICAL GUIP-SOLD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	0	•	l control of the cont	90. 19
90. 22 RHEUMATOLOGY CLINIC		1	0			90. 21
90. 24 ENDOCRI NE CLINIC		· ·	-		l e e e e e e e e e e e e e e e e e e e	90. 22
90. 2b   RENAL CLINIC			1			90. 23
90. 26 GREENWAY CLINIC						90. 24
91. 00   EMERGENCY   -2, 303, 456   11, 248, 041   92. 0   085ERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0		III	1			90. 26
92. 00   OBSERVATION BEDS (NON-DISTINCT PART)   O OTHER REIMBURSABLE COST CENTERS   94. 00   HOME PROGRAM DI ALYSIS   O   280, 541   94. ( 95. 00   AMBULANCE SERVI CES   O   O   O   96. 00   DURABLE MEDI CAL EQUI P-RENTED   O   O   O   97. 00   DURABLE MEDI CAL EQUI P-SOLD   O   O   98. 00   PSYCHI ATRY - OFFI CE BLDG   -505, 524   3, 359, 767   98. ( 98. 01   TRANSPORT   O   6, 768, 414   98. ( 98. 02   GENETI CS CENTER   -123, 310   2, 041, 051   98. ( 98. 03   NUCLEAR MEDI CI NE   O   1, 021, 003   98. ( 98. 04   CHI LD DEVELOPMENT   -340, 551   872, 279   98. ( 98. 05   CHI LD PROTECTI ON CENTER   -579, 123   2, 365, 596   98. ( 99. 00   CMHC   O   O   O   99. 10   CORF   O   O   O   99. 10   CORF   O   O   O   101. 00   HOME HEALTH AGENCY   O   O   101. 00   HOME HEALTH AGENCY   O   O   105. 00   LI VER ACQUI SI TI ON   O   188, 181   107. 00   LI VER ACQUI SI TI ON   O   109, 00   100. 00   PANCREAS ACQUI SI TI ON   O   O   100. 00   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O   100. 01   INTESTI NAL ACQUI SI TI ON   O   O		1	0			90. 27
OTHER REIMBURSABLE COST CENTERS   94. 0   1   1   1   1   1   1   1   1   1		1		11, 248, 041		91.00
95. 00	,2.00		3			72.00
96. 00 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 97. 0 97. 00 DURABLE MEDI CAL EQUI P-SOLD 0 0 97. 0 98. 00 PSYCHI ATRY - OFFI CE BLDG -505, 524 3, 359, 767 98. 0 98. 01 TRANSPORT 0 6, 768, 414 98. 0 98. 02 GENETI CS CENTER -123, 310 2, 041, 051 98. 0 98. 03 NUCLEAR MEDI CI NE 0 1, 021, 003 98. 0 98. 04 CHI LD DEVELOPMENT -340, 551 872, 279 98. 0 98. 05 CHI LD PROTECTI ON CENTER -579, 123 2, 365, 596 98. 0 98. 06 DENTAL SRVC -991, 151 4, 795, 220 98. 0 99. 00 CMHC 0 0 0 99. 0 99. 10 CORF 0 0 0 99. 0 100. 00 I &R SERVI CES-NOT APPRVD PRGM 0 0 0 100. 0 101. 00 HOME HEALTH AGENCY 0 0 0 0 100. 0 101. 00 HOME HEALTH AGENCY 0 0 0 100. 0 105. 00 HEART ACQUI SI TI ON 0 1, 223, 959 105. 0 107. 00 LI VER ACQUI SI TI ON 0 188, 181 107. 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 109. 0 109. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 109. 0 100. 0 110. 00 INTESTI NAL ACQUI SI TI ON 0 109. 0 100. 0 100. 0 100. 0			1		l e e e e e e e e e e e e e e e e e e e	94.00
97. 00 DURABLE MEDI CAL EQUI P-SOLD 98. 00 PSYCHI ATRY - OFFI CE BLDG 98. 01 TRANSPORT 0 6, 768, 414 98. 02 GENETICS CENTER 98. 03 NUCLEAR MEDI CI NE 98. 04 CHI LD DEVELOPMENT 98. 05 CHI LD PROTECTI ON CENTER 99. 06 DENTAL SRVC 99. 00 CMHC 99. 00 CMF 100. 00 I & SERVI CES-NOT APPRVD PRGM 101. 00 HAME HEALTH AGENCY 105. 00 KI DNEY ACQUI SI TI ON 107. 00 LI VER ACQUI SI TI ON 108. 00 I NACSEAS ACQUI SI TI ON 109. 00 PANCREAS ACQUI SI TI ON 109.			1	-	1	95. 00 96. 00
98. 01 TRANSPORT 0 6, 768, 414 98. 02 GENETICS CENTER -123, 310 2, 041, 051 98. 03 NUCLEAR MEDICINE 0 1, 021, 003 98. 04 CHI LD DEVELOPMENT -340, 551 872, 279 98. 05 CHI LD PROTECTION CENTER -579, 123 2, 365, 596 98. 06 DENTAL SRVC -991, 151 4, 795, 220 98. 0 99. 00 CMHC 0 0 0 99. 0 99. 10 CORF 0 0 0 99. 0 101. 00 I &R SERVI CES-NOT APPRVD PRGM 0 0 0 101. 00 101. 00 HOME HEALTH AGENCY 0 0 0 101. 00 101. 00 HOME HEALTH AGENCY 0 0 0 101. 00 101. 00 KI DNEY ACQUI SI TI ON 0 1, 223, 959 106. 00 HEART ACQUI SI TI ON 0 188, 181 107. 00 I UVER ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 0 109. 00 PANCREAS ACQUI SI TI ON 0 109. 00 PANCREAS ACQUI SI TI ON 0 109. 00 PANCREAS ACQUI SI TI ON 0 0			o	0		97. 00
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98. 03 NUCLEAR MEDICINE 0 1, 021, 003 98. 04 CHILD DEVELOPMENT -340, 551 872, 279 98. 05 CHILD PROTECTION CENTER -579, 123 2, 365, 596 98. 06 PRIVAL SRVC -991, 151 4, 795, 220 98. 06 PRIVAL SRVC 0 0 0 99. 10 CORF 0 0 0 99. 10 CORF 0 0 0 99. 10 CORF 0 0 0 101. 00 HOME HEALTH AGENCY 0 0 0 101. 00 PRECIAL PURPOSE COST CENTERS  105. 00 KI DNEY ACQUI SI TI ON 0 1, 223, 959 106. 0 108. 0 188, 181 108. 00 LIVER ACQUI SI TI ON 0 188, 181 109. 0 109. 00 109.		I and the second	122 210		l e e e e e e e e e e e e e e e e e e e	98. 01
98. 04 CHILD DEVELOPMENT		I and the second	1		l e e e e e e e e e e e e e e e e e e e	98. 03
98. 06   DENTAL SRVC   -991, 151   4, 795, 220   98. 0 99. 00   CMHC   0   0   0   99. 0 99. 10   CORF   0   0   0   0 100. 00   L&R SERVI CES-NOT APPRVD PRGM   0   0   0 101. 00   HOME HEALTH AGENCY   0   0   0 101. 00   SPECIAL PURPOSE COST CENTERS  105. 00   KI DNEY ACQUI SI TI ON   0   1, 223, 959   106. 0 107. 00   LI VER ACQUI SI TI ON   0   188, 181   107. 0 108. 00   LUNG ACQUI SI TI ON   0   0   0 109. 00   PANCREAS ACQUI SI TI ON   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   109. 0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0   0   0   0 110. 00   INTESTI NAL ACQUI SI TI ON   0   0   0   0   0   0   0   0   0			1	872, 279		98. 04
99. 00 CMHC		I and the second	I I		l e e e e e e e e e e e e e e e e e e e	98. 05
100. 00			1			99.00
101. 00 HOME HEALTH AGENCY 0 0 0 101. 00 SPECIAL PURPOSE COST CENTERS  105. 00 KI DNEY ACQUISITION 0 930, 926 105. 0 105. 0 1, 223, 959 106. 0 107. 00 LI VER ACQUISITION 0 188, 181 107. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 109. 0 110. 0 109. 0 109. 0 110. 0 110. 0 109. 0 110		· ·	0	0		99. 10
SPECIAL PURPOSE COST CENTERS   105. 00   KI DNEY ACQUI SI TI ON   0   930, 926   105. 00		1	- 1		l e e e e e e e e e e e e e e e e e e e	100.00
105. 00     KI DNEY ACQUISITION     0     930, 926       106. 00     HEART ACQUISITION     0     1, 223, 959       107. 00     LI VER ACQUISITION     0     188, 181       108. 00     LUNG ACQUISITION     0     0       109. 00     PANCREAS ACQUISITION     0     0       110. 00     INTESTINAL ACQUISITION     0     0       110. 00     10     0     0	101.00		l O	0	<u>/ </u>	]101.00
107. 00       LI VER ACQUI SI TI ON       0       188, 181       107. 0         108. 00       LUNG ACQUI SI TI ON       0       0       108. 0         109. 00       PANCREAS ACQUI SI TI ON       0       0       109. 0         110. 00       I NTESTI NAL ACQUI SI TI ON       0       0       110. 0			- 1			105. 00
108.00 LUNG ACQUISITION       0       0       108.00         109.00 PANCREAS ACQUISITION       0       0       109.00         110.00 INTESTINAL ACQUISITION       0       0       110.00			1			106.00
110. 00 INTESTINAL ACQUISITION 0 0 110. 0			0		l e e e e e e e e e e e e e e e e e e e	107.00
	109.00	PANCREAS ACQUISITION	0	0		109. 00
111.00 13LE1 ACQUISITION   0  0		1	0	0		110.00
113. 00 I NTEREST EXPENSE   113. 0		1		Ü	/	113.00
114. 00 UTILI ZATI ON REVI EW-SNF 114. 0	114.00	UTILIZATION REVIEW-SNF				114. 00
			1	0		115.00
				0		116. 00 117. 00
			-25, 717, 230	393, 683, 437		118. 00
NONREI MBURSABLE COST CENTERS	400.00			400 744	.1	400.00
				•	•	190. 00 191. 00
192. 00 PHYSI CLANS' PRI VATE OFFICES 0 192. 0	192.00	PHYSICIANS' PRIVATE OFFICES	0	0		192. 00
			0	0	)	193.00
			-313, 543			194. 00 194. 01
						194. 02
		· ·	0			194. 03
			0			194. 04 194. 05
		1		423, 714 O		194. 05
194. 07 NORTH SHORE CLINIC 0 28, 027 194. 0	194. 07	NORTH SHORE CLINIC	0	•	·	194. 07
194. 08 ADOLESCENT MEDICINE   -63, 557   449, 409   194. 0	194. 08	ADOLESCENT MEDICINE	-63, 557	449, 409	9	194. 08

Health Financial Systems CH	IILDREN'S HOSPITAL	OF WISCONSI	N	In Lie	u of Form CMS-2552-10	0
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 523300		Worksheet B	
				From 01/01/2011	Part I	
				To 12/31/2011	Date/Time Prepared:	
					7/2/2012 2: 04 pm	_
Cost Center Description	Intern &	Total				
	Residents Cost					
	& Post					
	Stepdown					
	Adjustments					
	25. 00	26. 00				
200.00 Cross Foot Adjustments	0	0			200. 00	)
201.00 Negative Cost Centers	0	0			201. 00	)
202.00 TOTAL (sum lines 118-201)	-26, 094, 330	413, 307, 782			202. 00	)

Provider CCN: 523300

Peri od:

From 01/01/2011

ALLOCATION OF CAPITAL RELATED COSTS

Part II

Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm CAPITAL RELATED COSTS Directly BLDG & FIXT MVBLE EQUIP Subtotal **EMPLOYEE** Cost Center Description Assigned New **BENEFITS** Capi tal Related Costs 1.00 2.00 2A 4.00 0 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 EMPLOYEE BENEFITS 183, 714 1, 194 184, 908 184, 908 4 00 5.00 ADMINISTRATIVE & GENERAL 0 0 0 5, 002, 775 7, 467, 228 27, 451 2, 464, 453 5.00 6.00 MAINTENANCE & REPAIRS 6 00 0 7.00 OPERATION OF PLANT 817, 132 368, 883 1, 186, 015 2, 939 7.00 8.00 LAUNDRY & LINEN SERVICE 5, 309 5, 309 8.00 0 329, 401 9 00 HOUSEKEEPING 182 096 147 305 3 363 9 00 10.00 DI FTARY 29, 028 926 29, 954 1,662 10.00 11.00 CAFETERI A 0 664, 315 44, 696 709, 011 281 11.00 MAINTENANCE OF PERSONNEL 0 0 12.00 12.00 0 NURSING ADMINISTRATION 74, 598 39, 615 114 213 5.560 13 00 13 00 14.00 CENTRAL SERVICES & SUPPLY Ω 14.00 0 15.00 PHARMACY 0 15.00 MEDICAL RECORDS & LIBRARY 0 0 0 235, 556 16,00 228, 236 7.3202.694 16,00 SOCIAL SERVICE 1, 608 17 00 186, 585 15, 144 201, 729 17 00 18.00 OTHER GENERAL SERVICE (SPECIFY) 18.00 C 0 NONPHYSICIAN ANESTHETISTS 19.00 0 19.00 0 20.00 NURSING SCHOOL 0 0 20.00 0 I&R SERVICES-SALARY & FRINGES APPRVD 21 00 29, 689 764 30, 453 358 21 00 22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 C 684 22.00 684 0 PARAMED ED PRGM-(SPECIFY) 23.00 0 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 ADULTS & PEDIATRICS 0 4, 829, 467 784. 798 5, 614, 265 16, 749 30.00 INTENSIVE CARE UNIT 0 2, 530, 620 1, 262, 104 3, 792, 724 29, 774 31.00 31.00 CORONARY CARE UNIT 0 32.00 32.00 0 BURN INTENSIVE CARE UNIT 33.00 0 0 0 33.00 0 34.00 SURGICAL INTENSIVE CARE UNIT  $\Gamma$ Λ 34.00 OTHER SPECIAL CARE HOT UNIT 0 35, 00 632, 120 65, 363 697, 483 4.071 35, 00 40.00 SUBPROVIDER - IPF 0 0 C 0 Ω 40.00 SUBPROVIDER - IRF 41.00 C 0 0 Λ 41 00 42.00 SUBPROVI DER C 0 0 0 42.00 0 0 43.00 NURSERY C 0 43.00 SKILLED NURSING FACILITY 44.00 0 0 44.00 C 0 0 O 45.00 NURSING FACILITY C 0 Λ 45.00 46,00 OTHER LONG TERM CARE 0 46,00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 0 1.492.407 1, 129, 231 2, 621, 638 9.248 50.00 51.00 RECOVERY ROOM 0 135, 205 51, 205 186, 410 1,849 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 43, 815 297. 443 53.00 ANESTHESI OLOGY 0 341, 258 345 53.00 RADI OLOGY-DI AGNOSTI C 54.00 661, 668 1, 533, 374 2, 395, 059 4, 590, 101 6,601 54.00 55.00 RADI OLOGY-THERAPEUTI C 0 0 55.00 56.00 RADI OI SOTOPE 0 C 0 56.00 0 0 561 57 00 CT SCAN 57 00 58.00 MAGNETIC RESONANCE IMAGING (MRI) C 214, 267 214, 267 621 58.00 59.00 CARDI AC CATHETERI ZATI ON 0 264, 528 264, 528 59.00 0 0 LABORATORY 913, 034 507, 924 1, 420, 958 60.00 6, 365 60.00 60 01 BLOOD LABORATORY 0 0 0 60 01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 116, 431 116, 431 63.00 0 Ω INTRAVENOUS THERAPY 64 00 0 64 00 65.00 RESPIRATORY THERAPY 206, 020 275, 337 481, 357 5, 396 65.00 PHYSI CAL THERAPY 66.00 0 522, 114 190, 897 713, 011 2, 246 66.00 OCCUPATIONAL THERAPY 67.00 67.00 SPEECH PATHOLOGY 275.446 68.00 62.814 338, 260 2 315 68 00 **ELECTROCARDI OLOGY** 0 644, 846 957, 477 69.00 312, 631 3.065 69.00 0 70.00 **ELECTROENCEPHALOGRAPHY** 61. 314 120, 851 182, 165 690 70.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 71 00 315, 570 855, 398 1, 170, 968 3, 958 71.00 0 72.00 IMPL. DEV. CHARGED TO PATIENTS 72.00 0 DRUGS CHARGED TO PATIENTS 227, 942 73.00 278.681 506, 623 7.896 73.00 0 74.00 RENAL DIALYSIS 30, 614 87, 736 74.00 57, 122 317 75.00 ASC (NON-DISTINCT PART) C 0 75.00 0 OUTPATIENT SERVICE COST CENTERS 88 00 RURAL HEALTH CLINIC 0 O 0 n 88.00 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 0 89.00 C 0 0 0 90.00 CLINIC 0 0 Λ 90.00 90.01 ID PRIM CARE SUPP NETWORK 0 152,066 4, 535 156, 601 426 90.01

				10	12/31/2011	7/2/2012 2:04	
			CAPI TAL REI	_ATED_COSTS			
		D: 11	DIDO A FLVT	MADLE FOLLID	6 1 1 1 1	EMPL OVEE	
	Cost Center Description	Directly Assigned New	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		Capi tal				DENETTIS	
		Related Costs					
	T	0	1. 00	2.00	2A	4. 00	
90. 02	PAIN/PALLIATIVE CARE	0	188, 453	6, 686	195, 139	569	90. 02
90. 03 90. 04	DIABETIC CLINIC GI CLINIC	0	150, 403 408, 874	22, 199 80, 638	172, 602 489, 512	575 1, 517	90. 03 90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	0	92, 438	24, 216	116, 654	401	90. 05
90. 06	DI ETETI CS	0	0	0	0	1, 282	90. 06
90. 07	INFUSION ROOM	0	41, 013	5, 059	46, 072	272	90. 07
90. 08	CARDI OLOGY CLINI C	0	37, 527	22, 495	60, 022	894	90. 08
90. 09 90. 10	PULMONARY CLINIC ENT CLINIC	0	43, 587 79, 975	13, 278 37, 839	56, 865 117, 814	425 581	90. 09 90. 10
90. 10	ORTHOPEDIC CLINIC	0	279, 069	29, 990	309, 059	653	90. 10
90. 12	EYE CLINIC	0	36, 706	14, 175	50, 881	196	90. 12
90. 13	ONCOLOGY CLINIC	0	300, 259	53, 493	353, 752	1, 355	90. 13
90. 14	SURGI CAL SPECI ALTI ES	0	83, 096	40, 527	123, 623	930	90. 14
90. 15 90. 16	ALLERGY CLINIC LASER CLINIC	0	252, 798	55, 942 0	308, 740	898 0	90. 15 90. 16
90. 16	DERMATOLOGY CLINIC	0	69, 243	24, 027	93, 270	539	90. 18
90. 18	CLINIC ADMINISTRATION	0	0,72.10	0	0	0	90. 18
90. 19	CRANI OFACI AL CENTER	0	52, 405	542	52, 947	139	90. 19
90. 20	HEMATOLOGY CLINIC	0	86, 355	0	86, 355	340	90. 20
90. 21 90. 22	SPINA BIFIDA NEUROSCIENCES CLINIC	0	64, 094	20 412	64, 094	204	90. 21
90. 22	RHEUMATOLOGY CLINIC	0	55, 185 90, 365	38, 412 1, 958	93, 597 92, 323	1, 077 223	90. 22 90. 23
90. 24	ENDOCRI NE CLI NI C	0	82, 003	0	82, 003	195	90. 24
90. 25	RENAL CLINIC	0	21, 122	2, 170	23, 292	249	90. 25
90. 26	GREENWAY CLINIC	0	0	341, 186	341, 186	466	90. 26
90. 27	NEW BERLIN CLINIC	1, 937, 955	620, 887	349, 235	2, 908, 077	1, 271	90. 27
91. 00 92. 00	EMERGENCY   OBSERVATION BEDS (NON-DISTINCT PART)	0	433, 527	116, 347	549, 874	5, 910	91. 00 92. 00
72.00	OTHER REIMBURSABLE COST CENTERS				<u> </u>		72.00
94.00	HOME PROGRAM DIALYSIS	0	16, 041	0	16, 041	20	94. 00
95. 00	AMBULANCE SERVI CES	0	0	0	0	0	95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00 97. 00
97. 00 98. 00	DURABLE MEDICAL EQUIP-SOLD PSYCHIATRY - OFFICE BLDG	0	186, 881	20, 247	207, 128	1, 743	97. 00 98. 00
98. 01	TRANSPORT	43, 640	0	113, 060	156, 700	2, 328	98. 01
98. 02	GENETICS CENTER	87, 406	239, 788	13, 452	340, 646	749	98. 02
98. 03	NUCLEAR MEDICINE	0	34, 177	36, 630	70, 807	242	98. 03
98. 04	CHILD DEVELOPMENT	265, 121	74, 734	16, 770	356, 625	99	98. 04
98. 05 98. 06	CHILD PROTECTION CENTER DENTAL SRVC	158, 739 117, 519	26, 749 195, 927	4, 541 105, 240	190, 029 418, 686	1, 064 2, 435	98. 05 98. 06
99. 00	CMHC	0	0	0	410, 000	2, 433	99. 00
99. 10	CORF	0	0	0	0	0	99. 10
	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100. 00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101. 00
105.00	SPECIAL PURPOSE COST CENTERS   KIDNEY ACQUISITION	0	0	0	0	202	105. 00
	HEART ACQUISITION	0	7, 906	Ö	7, 906		106. 00
	LIVER ACQUISITION	0	0	0	0		107. 00
	LUNG ACQUISITION	0	0	0	0		108. 00
	PANCREAS ACQUISITION INTESTINAL ACQUISITION	0	0	0	0		109. 00 110. 00
	ISLET ACQUISITION	0	0	0	0		110.00
	INTEREST EXPENSE			J	Ŭ.	Ŭ	113. 00
	UTILIZATION REVIEW-SNF						114. 00
	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115. 00
	HOSPICE OTHER CAPITAL RELATED COSTS	0	0	0	0		116. 00 117. 00
	SUBTOTALS (SUM OF LINES 1-117)	3, 272, 048	23, 503, 123	16, 725, 872	43, 501, 043	178, 623	
	NONREI MBURSABLE COST CENTERS	0,2,2,010	20,000,120	10/120/012	107 00 17 0 10	1707020	
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38, 028	0	38, 028	0	190. 00
	RESEARCH	0	263, 689	3, 161	266, 850		191. 00
	PHYSICIANS' PRIVATE OFFICES   NONPAID WORKERS	0	0		0		192. 00 193. 00
	NONPALD WORKERS   DOWNTOWN HEALTH CENTER	284, 789	0	56, 615	341, 404		193.00
	POISON CENTER	0	69, 722	14, 138	83, 860		194. 00
194. 02	PUBLIC RELATIONS	115, 460	755, 181	1, 668	872, 309	1, 196	194. 02
	OUTREACH	30,000	277, 702	0	307, 702		194. 03
	OTHER OFFSITE CLINICS	124, 551	83, 871	128, 367	336, 789		194. 04
	CHILDREN'S SPECIALTY GROUP EAST SIDE SPEECH AND HEARING	0	0	1, 930 0	1, 930 0		194. 05 194. 06
	The state of the s	1 0	·	<u> </u>	<u> </u>	0	

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Pre 7/2/2012 2:04	
		CAPITAL REI	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
	0	1.00	2. 00	2A	4. 00	
194. 07 NORTH SHORE CLINIC	0	0	4, 82	21 4, 821	16	194. 07
194. 08 ADOLESCENT MEDICINE	0	60, 243	15, 58	75, 823	305	194. 08
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers		0		0 0	0	201. 00
202.00 TOTAL (sum lines 118-201)	3, 826, 848	25, 051, 559	16, 952, 15	45, 830, 559	184, 908	202. 00

				005047101105		7/2/2012 2: 04	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	MAINTENANCE &     REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
	I	5. 00	6.00	7. 00	8. 00	9. 00	
1. 00	GENERAL SERVICE COST CENTERS  CAP REL COSTS-BLDG & FLXT						1. 00
2. 00	CAP REL COSTS BEDG & TTXT						2. 00
4.00	EMPLOYEE BENEFITS						4. 00
5.00	ADMI NI STRATI VE & GENERAL	7, 494, 679					5. 00
6. 00 7. 00	MAINTENANCE & REPAIRS OPERATION OF PLANT	321, 813	0	1, 510, 767			6. 00 7. 00
8. 00	LAUNDRY & LINEN SERVICE	22, 022	Ö	0	27, 331		8. 00
9.00	HOUSEKEEPI NG	128, 244	o	12, 744	1, 512	475, 264	9. 00
10.00	DIETARY	109, 990		2, 032	0	645	10.00
11. 00 12. 00	CAFETERIA   MAINTENANCE OF PERSONNEL	15, 538	0	46, 494 0	2	14, 751 0	11. 00 12. 00
13. 00	NURSING ADMINISTRATION	148, 582	Ö	5, 221	o	1, 656	13. 00
14.00	CENTRAL SERVICES & SUPPLY	138, 345	o	0	0	0	14. 00
15. 00	PHARMACY	187, 393	0	15.074	0	0	15. 00
16. 00 17. 00	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	109, 899 53, 541	0	15, 974 13, 059	0	5, 068 4, 143	16. 00 17. 00
18. 00	OTHER GENERAL SERVICE (SPECIFY)	00,011	Ö	0	Ö	0	18. 00
19. 00	NONPHYSICIAN ANESTHETISTS	0	o	0	0	0	19. 00
20.00	NURSING SCHOOL   I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2 070	0	0	20.00
21. 00 22. 00	1 &R SERVICES-SALARY & FRINGES APPROD	340, 588 102, 264		2, 078 48	87 0	659 15	21. 00 22. 00
23. 00	PARAMED ED PRGM-(SPECIFY)	0	o	0	Ö	0	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDI ATRI CS	595, 489	l	338, 003	7, 996	107, 236	30.00
31. 00 32. 00	INTENSIVE CARE UNIT	780, 535 0	0	177, 112 0	2, 864 0	56, 191 0	31. 00 32. 00
33. 00	BURN INTENSIVE CARE UNIT	0	Ö	0	Ö	0	33. 00
34.00	SURGICAL INTENSIVE CARE UNIT	0	o	0	0	0	34. 00
35. 00	OTHER SPECIAL CARE HOT UNIT	189, 252	0	44, 240	1, 426	14, 036	35. 00
40. 00 41. 00	SUBPROVIDER - IPF  SUBPROVIDER - IRF	0		0	0	0	40. 00 41. 00
42. 00	SUBPROVI DER	o o	Ö	0	o	0	42. 00
43.00	NURSERY	0	О	0	0	0	43. 00
44. 00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45. 00 46. 00	NURSING FACILITY OTHER LONG TERM CARE	0	0	0	0	0	45. 00 46. 00
40.00	ANCI LLARY SERVI CE COST CENTERS		<u> </u>	<u> </u>	<u> </u>	U	40.00
50.00	OPERATI NG ROOM	89, 156		104, 450	4, 526	33, 138	50. 00
51.00	RECOVERY ROOM	52, 070	0	9, 463	455 0	3, 002	51.00
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	24, 943		3, 067	0	0 973	52. 00 53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	328, 860	o	107, 317	934	34, 047	54. 00
55. 00	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00 57. 00	RADI OI SOTOPE CT SCAN	20, 442	0	0	0 228	0	56. 00 57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	40, 055		0	226 287	0	58.00
59. 00	, ,	46, 936		0	0	0	59. 00
60.00	LABORATORY	443, 924	0	63, 901	2	20, 273	
60. 01 61. 00	BLOOD LABORATORY   PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	60. 01 61. 00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	o	0	0	0	62. 00
63.00	BLOOD STORING, PROCESSING & TRANS.	142, 264	O	0	0	0	63. 00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65. 00 66. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	145, 150 72, 092	0	14, 419 36, 541	132 98	4, 575 11, 593	65. 00 66. 00
67. 00	OCCUPATIONAL THERAPY	72,092		0, 541	0	11, 543	67. 00
68. 00	SPEECH PATHOLOGY	64, 853	o	19, 278	0	6, 116	68. 00
69. 00	ELECTROCARDI OLOGY	122, 027	0	21, 880	192	6, 942	69. 00
70. 00 71. 00	ELECTROENCEPHALOGRAPHY   MEDICAL SUPPLIES CHARGED TO PATIENTS	23, 990 574, 755	l .	4, 291 22, 086	241 1, 384	1, 361 7, 007	70. 00 71. 00
71.00	IMPL. DEV. CHARGED TO PATIENTS	219, 501		22, 000	1, 304	7,007	72.00
73. 00	DRUGS CHARGED TO PATIENTS	417, 593	o	19, 504	1	6, 188	73. 00
74. 00	RENAL DI ALYSI S	12, 939	1	3, 998	40	1, 268	
75. 00	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	75. 00
88. 00	RURAL HEALTH CLINIC	0	ol	O	ol	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	ő	0	ő	0	89. 00
	CLINIC	0	0	0	o	0	90. 00
90. 01	ID PRIM CARE SUPP NETWORK	15, 149	0	10, 643	0	3, 377	90. 01
90. 02 90. 03	PAIN/PALLIATIVE CARE   DIABETIC CLINIC	19, 251 18, 891		13, 189 10, 526	104 1	4, 184 3, 340	90. 02 90. 03
90. 04	GI CLINIC	52, 110	1	28, 616	5	9, 079	90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	18, 281		6, 470	0	2, 053	90. 05

						7/2/2012 2: 04	
	Cost Center Description	ADMI NI STRATI VE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		5. 00	6. 00	7. 00	8. 00	9. 00	
90. 06	DI ETETI CS	36, 568			0		90.06
90. 07	INFUSION ROOM	7, 766	0	2, 870	68	911	90. 07
90. 08	CARDIOLOGY CLINIC	26, 714	0	_,	102	833	1
90. 09	PULMONARY CLINIC	11, 524	0	3, 051	70	l	1
90. 10	ENT CLINIC	19, 517	0	-,	23	1, 776	
90. 11	ORTHOPEDIC CLINIC	22, 796	l .	19, 531	170	l	
90. 12 90. 13	EYE CLINIC ONCOLOGY CLINIC	5, 809 41, 204	0	2, 569 21, 014	0 174	815 6, 667	1
90. 13	SURGICAL SPECIALTIES	27, 151				1, 845	1
90. 15	ALLERGY CLINIC	28, 961	0	17, 693		5, 613	1
90. 16	LASER CLINIC	0	ő	0	0	0,010	1
90. 17	DERMATOLOGY CLINIC	19, 170	0	4, 846	26	1, 537	1
90. 18	CLINIC ADMINISTRATION	0	0	0	0	0	90. 18
90. 19	CRANI OFACI AL CENTER	4, 809	0	3, 668	0	1, 164	90. 19
90. 20	HEMATOLOGY CLINIC	10, 311	0	6, 044		1, 917	1
90. 21	SPINA BIFIDA	7, 337	0		0	1, 423	1
90. 22	NEUROSCI ENCES CLI NI C	29, 900	l .	3, 862	0	1, 225	1
90. 23	RHEUMATOLOGY CLINIC	8, 435	0	6, 324	0	2, 006	1
90. 24 90. 25	ENDOCRI NE CLI NI C RENAL CLI NI C	7, 886	0	5, 739 1, 478	0	1, 821 469	
90. 25	GREENWAY CLINIC	4, 574 23, 306		1,470	51	1 0	1
90. 27	NEW BERLIN CLINIC	109, 578	l .	43, 454	781	13, 786	
91. 00	EMERGENCY	163, 072	Ö	30, 341	2, 993	9, 626	1
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94. 00	HOME PROGRAM DI ALYSIS	4, 383	0	' '	0	356	
95.00	AMBULANCE SERVICES	0	0	0	0	0	
96. 00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	
97. 00 98. 00	DURABLE MEDICAL EQUIP-SOLD PSYCHIATRY - OFFICE BLDG	51, 007	0	13, 079	0	0 4, 150	
98. 01	TRANSPORT	112, 363	l .	13,079	0	4, 150	1
98. 02	GENETICS CENTER	28, 082	l .	16, 782	68		
98. 03	NUCLEAR MEDICINE	16, 379		2, 392	0	759	1
98. 04	CHILD DEVELOPMENT	11, 935	0	5, 230	0	1, 659	98. 04
98. 05	CHILD PROTECTION CENTER	37, 712	0	1, 872	26	594	98. 05
98. 06	DENTAL SRVC	73, 453	0	13, 712	208	4, 350	98. 06
99. 00	CMHC	0	0	0	0	0	1
99. 10	CORF	0	0	0	0	0	
	I&R SERVICES-NOT APPRVD PRGM   HOME HEALTH AGENCY	0	l .	0	0	0	100.00
101.00	SPECIAL PURPOSE COST CENTERS		<u> </u>	0			101.00
105.00	KIDNEY ACQUISITION	14, 503	0	0	0	0	105. 00
106.00	HEART ACQUISITION	20, 493	0	553	0	176	106. 00
107.00	LIVER ACQUISITION	3, 184	0	0	0	l e	107. 00
	LUNG ACQUISITION	0	0	0	0	l e	108. 00
	PANCREAS ACQUISITION	0	0	0	0	l .	109.00
	INTESTINAL ACQUISITION	0	0	0	0	l e	110.00
	ISLET ACQUISITION  INTEREST EXPENSE	0		0	0	0	113.00
	UTILIZATION REVIEW-SNF						114.00
	AMBULATORY SURGICAL CENTER (D. P. )	0	О	0	0	0	115. 00
116.00	HOSPI CE	0	0	0	0	0	116. 00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0	0		117. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	7, 198, 609	0	1, 402, 396	27, 331	440, 883	118. 00
100.00	NONREI MBURSABLE COST CENTERS	000		2 (/1		0.4.4	100.00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	809 83, 050		2, 661 18, 455	0		190. 00 191. 00
	PHYSICIANS' PRIVATE OFFICES	03,030	0	10, 455	0		192.00
	NONPALD WORKERS	0	0	0	0		193. 00
	DOWNTOWN HEALTH CENTER	8, 623	Ö	Ō	0		194. 00
194.01	POI SON CENTER	40, 096	0	4, 880	0	1, 548	194. 01
	PUBLIC RELATIONS	56, 856	0	52, 853	0	16, 768	194. 02
	OUTREACH	39, 483		19, 436			194. 03
	OTHER OFFSITE CLINICS	54, 066		5, 870	0		194. 04
	CHILDREN'S SPECIALTY GROUP	7, 131		0	0	l .	194. 05
	EAST SIDE SPEECH AND HEARING	0		0	0	l e	194. 06
	NORTH SHORE CLINIC ADOLESCENT MEDICINE	106 5, 850		4, 216			194. 07 194. 08
	Cross Foot Adjustments	3, 850		4,210		١	200.00
	Negative Cost Centers	0	О	0	0	0	201.00
	TOTAL (sum lines 118-201)	7, 494, 679			27, 331	l .	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300 Period:

Peri od: Worksheet B From 01/01/2011 Part II To 12/31/2011 Date/Time Prepared:

7/2/2012 2:04 pm Cost Center Description DI ETARY CAFETERI A MAINTENANCE OF NURSI NG CENTRAL ADMI NI STRATI ON SERVICES & **PERSONNEL SUPPLY** 10.00 11.00 12.00 13.00 14.00 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 **EMPLOYEE BENEFITS** 4.00 5.00 ADMINISTRATIVE & GENERAL 5.00 MAINTENANCE & REPAIRS 6.00 6.00 7.00 OPERATION OF PLANT 7.00 LAUNDRY & LINEN SERVICE 8.00 8 00 9.00 HOUSEKEEPI NG 9.00 10.00 DI FTARY 144, 283 10.00 **CAFETERIA** 11.00 786, 077 11.00 MAINTENANCE OF PERSONNEL 12.00 0 12.00 13.00 NURSING ADMINISTRATION 0 23, 588 298, 820 13.00 14.00 CENTRAL SERVICES & SUPPLY 0 12, 495 150, 840 14.00 0 0 PHARMACY 15.00 10,676 15.00 0 MEDICAL RECORDS & LIBRARY 16.00 20, 586 7,580 13 16.00 17.00 SOCIAL SERVICE 0 4, 475 17.00 11,090 0 OTHER GENERAL SERVICE (SPECIFY) 18.00 0 0 0 0 0 18.00 NONPHYSICIAN ANESTHETISTS 0 19.00 0 0 19 00 20.00 NURSING SCHOOL 0 0 20.00 I&R SERVICES-SALARY & FRINGES APPRVD 0 0 0 21.00 40, 129 3 21.00 0 o I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 0 PARAMED ED PRGM-(SPECIFY) 0 23.00 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS 30.00 111, 087 90, 907 33, 473 211 30.00 0 31 00 INTENSIVE CARE UNIT 11, 369 52, 358 175 31 00 142.194 CORONARY CARE UNIT 0 32.00 0 0 0 32.00 0 33.00 BURN INTENSIVE CARE UNIT 0 0 0 33.00 0 34.00 SURGICAL INTENSIVE CARE UNIT 0 0 0 34.00 OTHER SPECIAL CARE HOT UNIT 0 35, 00 15, 682 21,885 8,058 54 35, 00 40.00 SUBPROVIDER - IPF 0 40.00 0 0 41.00 SUBPROVIDER - IRF 0 0 41.00 0 0 42 00 SUBPROVI DER Ω 0 42 00 0 43.00 NURSERY C 0 43.00 44.00 SKILLED NURSING FACILITY 0 0 0 0 44.00 0 45.00 NURSING FACILITY 0 ol 0 45.00 OTHER LONG TERM CARE 0 0 46.00 46.00 0 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 20 967 50.00 44, 487 16, 380 51.00 RECOVERY ROOM 0 8. 650 0 3.185 10 51.00 0 0 DELIVERY ROOM & LABOR ROOM 52 00 0 Ω 52 00 0 0 53.00 ANESTHESI OLOGY 2, 239 824 22 53.00 54.00 RADI OLOGY-DI AGNOSTI C 39 22, 851 0 11, 797 43 54.00 RADI OLOGY-THERAPEUTI C 0 0 55.00 55.00 0 0 0 56.00 RADI OI SOTOPE 0 0 56.00 0 57.00 CT SCAN 12, 075 0 916 57.00 58 00 MAGNETIC RESONANCE IMAGING (MRI) 2, 488 0 1,065 100 58.00 0 CARDI AC CATHETERI ZATI ON 0 59.00 59.00 2, 534 933 8 39 0 60.00 LABORATORY 37, 169 13,686 194 60.00 **BLOOD LABORATORY** 60.01 0 60.01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 62.00 0 0 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 0 0 0 63.00 64.00 INTRAVENOUS THERAPY 00002000000 0 0 64.00 RESPIRATORY THERAPY 0 65.00 28, 281 10, 413 35 65.00 0 66.00 PHYSI CAL THERAPY 11, 199 66.00 OCCUPATIONAL THERAPY 67.00 67.00 0 SPEECH PATHOLOGY 11, 124 4,057 68.00 68.00 0 3, 099 69.00 **ELECTROCARDI OLOGY** 7, 193 69.00 0 70.00 ELECTROENCEPHALOGRAPHY 4, 478 1, 584 70.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 33, 933 0 12, 495 147, 048 71.00 0 IMPL. DEV. CHARGED TO PATIENTS 72.00 72.00 0 0 DRUGS CHARGED TO PATIENTS 28, 995 73.00 10, 676 335 73.00 74.00 RENAL DIALYSIS 1, 442 489 0 74.00 ASC (NON-DISTINCT PART) 75.00 0 0 0 0 75.00 0 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 0 0 0 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 89.00 0 90.00 CLINIC 0 473 0 90.00 ID PRIM CARE SUPP NETWORK 0 90 01 90 01 1,673 606 0 0 90.02 PAIN/PALLIATIVE CARE 0 2,636 970 6 90.02 DIABETIC CLINIC 3, 221 90.03 90.03 90. 04 GI CLINIC 7,824 0 2,854 2 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300 Period:

Peri od: Worksheet B
From 01/01/2011 Part II
To 12/31/2011 Date/Time Prepared:

7/2/2012 2:04 pm Cost Center Description DI ETARY CAFETERI A MAINTENANCE OF NURSI NG CENTRAL PERSONNEL ADMI NI STRATI ON SERVICES & **SUPPLY** 10.00 11.00 12.00 13.00 14.00 CLINIC FOR SPECIAL NEEDS 90. 05 90 05 0 2.855 1,064 90.06 DI ETETI CS 0 9,640 0 3, 572 0 90.06 INFUSION ROOM 0 90.07 3, 248 1, 593 587 90.07 90.08 CARDIOLOGY CLINIC 5, 060 0 1, 863 90.08 0 0 90.09 PULMONARY CLINIC 0 1, 97 765 90.09 0 3, 092 90.10 ENT CLINIC 988 90.10 90.11 ORTHOPEDIC CLINIC 0 4, 153 0 1.863 90. 11 FYE CLINIC 0 90.12 0 1, 295 1.504 0 90.12 7, 824 2, 881 90. 13 ONCOLOGY CLINIC 2,073 37 90.13 90 14 SURGICAL SPECIALTIES 0 6, 136 0 1,746 13 90.14 ALLERGY CLINIC 0 5, 399 1, 956 90.15 0 90.15 0 0 90.16 90.16 LASER CLINIC 0 90.17 DERMATOLOGY CLINIC 0 3, 715 1, 347 90.17 90. 18 CLINIC ADMINISTRATION 0 90.18 0 0 CRANI OFACIAL CENTER 90.19 90.19 574 0 0 0 90.20 HEMATOLOGY CLINIC 1, 473 0 Ω 90.20 SPINA BIFIDA 0 90.21 872 1, 068 90.21 0 90. 22 NEUROSCI ENCES CLINIC 20 5, 856 2, 140 0 90. 22 0 90 23 RHEUMATOLOGY CLINIC 0 90 23 1, 405 509 90. 24 ENDOCRINE CLINIC 1, 159 0 420 0 90.24 RENAL CLINIC 0 0 90. 25 1, 295 0 90. 25 90. 26 GREENWAY CLINIC 0 90. 26 1.246 12 0 12, 550 90.27 NEW BERLIN CLINIC 78 29, 327 21 90.27 91.00 **EMERGENCY** 0 10, 798 207 91.00 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 HOME PROGRAM DIALYSIS 0 223 0 28 0 94.00 AMBULANCE SERVICES 0 0 0 95.00 95.00 0 0 96.00 DURABLE MEDICAL EQUIP-RENTED 0 ol 0 96.00 DURABLE MEDICAL EQUIP-SOLD 0 0 97.00 97.00 0 0 0 98.00 PSYCHIATRY - OFFICE BLDG 137 7,733 2, 826 98.00 0 17 98. 01 **TRANSPORT** 9, 534 3, 510 98.01 0 98 02 GENETICS CENTER 4.316 0 98 02 1,564 4 0 98.03 NUCLEAR MEDICINE 899 0 98.03 CHILD DEVELOPMENT 0 838 0 2, 198 0 98.04 98.04 98. 05 CHILD PROTECTION CENTER 0 0 0 5, 528 0 2,016 98.05 6 0 5, 159 288 98 06 98 06 DENTAL SRVC 9, 326 99.00 CMHC C 0 0 0 99.00 CORF 0 0 99.10 99. 10 0 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 0 o 0 100.00 101.00 HOME HEALTH AGENCY 0 0 Ω 0 01101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 0 929 0 343 0 105. 00 106.00 HEART ACQUISITION 0 0 0 0 106. 00 ol 107.00 LIVER ACQUISITION 0 0 107, 00 0 108.00 LUNG ACQUISITION 0 0 0 0 108.00 109.00 PANCREAS ACQUISITION 0 0 0 109.00 0 0 0 110.00 INTESTINAL ACQUISITION 0 110, 00 0 111.00 I SLET ACQUISITION 0 0 C 0 0 111.00 113.00 INTEREST EXPENSE 113.00 114.00 UTILIZATION REVIEW-SNF 114.00 0 115, 00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 C 0 0 116. 00 HOSPI CE 0 0 0 0 116.00 117.00 OTHER CAPITAL RELATED COSTS 0 0 117.00 149, <u>8</u>89 118. 00 118.00 SUBTOTALS (SUM OF LINES 1-117) 144, 283 758, 891 292, 128 0 NONREI MBURSABLE COST CENTERS 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 645 190. 00 0 0 191.00 RESEARCH 0 0 52 191.00 5, 430 3, 965 0 0 0 192.00 192.00 PHYSICIANS' PRIVATE OFFICES C 0 0 0 193.00 NONPALD WORKERS C 0 0 193.00 194.00 DOWNTOWN HEALTH CENTER 4 194.00 0 0 0 194. 01 POI SON CENTER 5, 365 0 1, 976 0 194. 01 194.02 PUBLIC RELATIONS 0 0 194, 02 5, 766 0 0 194. 03 OUTREACH 7,835 449 0 194. 03 194. 04 OTHER OFFSITE CLINICS 0 194. 04 0 0 287 64 194.05 CHILDREN'S SPECIALTY GROUP 1.854 0 0 27 194. 05 0 0 194.06 194.06 EAST SIDE SPEECH AND HEARING C 0 194.07 NORTH SHORE CLINIC 0 0 0 0 194. 07 194. 08 ADOLESCENT MEDICINE 0 649 0 238 222 194. 08 200.00 Cross Foot Adjustments 200 00 201.00 Negative Cost Centers 0 0 201.00 202.00 TOTAL (sum lines 118-201) 144, 283 786, 077 298, 820 150, 840 202. 00

					0 12/31/2011	7/2/2012 2:04	
					OTHER GENERAL		
	Cost Contan Decement on	DUADMACY	MEDICAL	COCLAL CEDVICE	SERVI CE	NONPHYSICIAN	
	Cost Center Description	PHARMACY	MEDICAL RECORDS &	SOCIAL SERVICE	(SPECI FY)	ANESTHETI STS	
			LI BRARY			7.1120111211010	
		15. 00	16. 00	17.00	18. 00	19. 00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FLXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 5. 00	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL			1			4. 00 5. 00
6. 00	MAINTENANCE & REPAIRS						6.00
7. 00	OPERATION OF PLANT						7. 00
8.00	LAUNDRY & LINEN SERVICE						8. 00
9. 00	HOUSEKEEPI NG						9. 00
10.00	DI ETARY						10.00
11.00	CAFETERI A						11.00
12. 00 13. 00	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION						12. 00 13. 00
14. 00	CENTRAL SERVICES & SUPPLY						14.00
15. 00	PHARMACY	198, 069					15. 00
16. 00	MEDICAL RECORDS & LIBRARY	0	397, 370				16. 00
17.00	SOCI AL SERVI CE	O	0	289, 645			17. 00
18. 00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18. 00
19. 00	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0	
20.00	NURSI NG SCHOOL	0	0	0	0		20.00
21. 00 22. 00	I&R SERVICES-SALARY & FRINGES APPRVD   I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		21. 00 22. 00
23. 00	PARAMED ED PRGM-(SPECIFY)		0		0		23.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>		,	<u> </u>		20.00
30.00	ADULTS & PEDI ATRI CS	67	42, 208	105, 186	0		30.00
31.00	INTENSIVE CARE UNIT	17	59, 420	31, 011	0		31.00
32.00	CORONARY CARE UNIT	0	0	0	0		32. 00
33. 00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	12 (24	0	0		34.00
35. 00 40. 00	OTHER SPECIAL CARE HOT UNIT SUBPROVIDER - IPF	8	12, 624	7, 087	0		35. 00 40. 00
41. 00	SUBPROVI DER - I RF		0		0		41.00
42. 00	SUBPROVI DER	o	0	Ö	0		42. 00
43.00	NURSERY	o	0	0	0		43. 00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44. 00
45. 00	NURSING FACILITY	0	0	0	0		45. 00
46. 00	OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	) 0	0		46. 00
50. 00	OPERATING ROOM	79	15, 963	407	0		50.00
51. 00	RECOVERY ROOM	1	5, 052		0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	o	0	0	0		52. 00
53.00	ANESTHESI OLOGY	1, 411	2, 872		0		53. 00
54.00	RADI OLOGY-DI AGNOSTI C	247	16, 147	1	0		54.00
55. 00 56. 00	RADI OLOGY-THERAPEUTI C	0	0	1	0		55.00
57. 00	RADI OI SOTOPE CT SCAN	67	4, 368	1	0		56. 00 57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	277	8, 387		0		58.00
59.00	CARDI AC CATHETERI ZATI ON	12	2, 802		0		59. 00
60.00	LABORATORY	55	48, 520	463	0		60.00
60. 01	BLOOD LABORATORY	0	0	0	0		60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		_		_		61.00
62. 00 63. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS.	0	7 254	1 0	0		62. 00 63. 00
64. 00	INTRAVENOUS THERAPY		7, 254 0	0	0		64.00
65. 00	RESPIRATORY THERAPY	9	15, 651	148	0		65.00
66. 00	PHYSI CAL THERAPY	Ó	5, 032		0		66.00
67. 00	OCCUPATI ONAL THERAPY	o	0	0	0		67. 00
68. 00	SPEECH PATHOLOGY	0	2, 868		0		68. 00
69.00	ELECTROCARDI OLOGY	8	3, 368		0		69.00
70.00	ELECTROENCEPHALOGRAPHY	3	2, 534		0		70.00
71. 00 72. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS		56, 597		0		71. 00 72. 00
73. 00	DRUGS CHARGED TO PATIENTS	193, 384	50, 932	, 0	0		73.00
74. 00	RENAL DIALYSIS	2	987		0		74.00
75. 00	ASC (NON-DISTINCT PART)	0	0		0		75. 00
	OUTPATIENT SERVICE COST CENTERS	-1					
88. 00	RURAL HEALTH CLINIC	0	0	0	0		88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89. 00
90. 00 90. 01	CLINIC   ID PRIM CARE SUPP NETWORK	0	0 14	0 1, 092	0		90.00
90.01	1	0	102		_	l	90.01
	· · · · · · ·	, <u> </u>	.02			ı	

| Figure | F

COS.   Control Description							7/2/2012 2:04	pm
PRINCIPAL   PRIN								
BECORDS   LIBERARY   17.00   18.00   19.00		Cost Contor Doscription	DHVDWVCA	MEDICAL	SOCIAL SERVICE		NONDHASICIVN	
15.00   16.00   17.00   18.00   19.00   0.		Cost Center Description	PHARWACT		SOCIAL SERVICE	(SPECIFT)		
15.00   MARTIC CLINIC							/ WESTILETTOTO	
90.04   1,095   0,0   90.04   90.05   0   90.04   90.05   0   90.0			15. 00		17.00	18. 00	19. 00	
90.05 (LINING FOR SPECIAL MEEDS   1   199    9.45   0   90.05   90.07 (MINS) ON INCOLOR   1   1.308   0   0   0.00   90.07 (MINS) ON INCOLOR   1   1.308   0   0   0.00   90.07 (MINS) ON INCOLOR   1   1.308   0   0   0.00   90.07 (MINS) ON INCOLOR   1   1.308   0   0   0.00   90.07 (MINS) ON INCOLOR   1   1.309   0   0   0   90.07 (MINS) ON INCOLOR   1   1.309   0   0   0   0   90.07 (MINS) ON INCOLOR   1   1.309   0   0   0   0   90.07 (MINS) ON INCOLOR   1   1.309   0   0   0   0   90.07 (MINS) ON INCOLOR   1   1.309   0   0   0   0   90.08 (MINS) ON INCOLOR   1   1.309   0   0   0   0   90.09 (MINS) ON INCOLOR   1   1.309   0   0   0   0   0   90.00 (MINS) ON INCOLOR   1   1.309   0   0   0   0   0   90.00 (MINS) ON INCOLOR   1   1.309   0   0   0   0   0   90.00 (MINS) ON INCOLOR   1   1.309   0   0   0   0   0   90.00 (MINS) ON INCOLOR   1   1.309   0   0   0   0   0   90.00 (MINS) ON INCOLOR   1   1.309   0   0   0   0   0   90.00 (MINS) ON INCOLO		4	5			-		1
0.00   DETETICS		4	9		1	ŭ		
90 07 INFESTION ROOM		1			1	0		1
90.08 CARRIDILACY CLINIC		4	0		1	0		1
90.09   BI MINMARY CILINIC   44   279   9,844   0   90.09   90.11   DETICLUSIC   10   0   0   0   0   90.11   DETICLUSIC   10   0   0   0   90.11   DETICLUSIC   10   0   0   0   90.11   DETICLUSIC   10   0   0   0   90.12   10   10   10   10   0   0   90.13   DETICLUSIC   10   0   0   0   0   90.14   4300   0   90.14   90.16   ALERON CILINIC   0   0   0   0   0   90.16   ALERON CILINIC   0   0   0   0   0   90.17   DETICLUSIC   10   0   0   0   0   90.18   ALERON CILINIC   0   0   0   0   0   90.19   DETICLUSIC   10   0   0   0   90.10   DETICLUSIC   10   0   0   0   90.11   DETICLUSIC   10   0   0   0   90.12   DETICLUSIC   10   0   0   0   90.13   DETICLUSIC   10   0   0   90.14   10   10   10   0   0   0   90.15   10   10   10   0   90.16   10   10   10   0   0   0   90.17   10   10   10   0   90.18   10   10   10   0   0   0   90.19   10   10   0   0   0   90.11   10   10   0   0   0   90.12   10   10   10   0   0   0   90.13   10   10   0   0   0   90.14   10   10   0   0   0   90.15   10   10   0   0   0   90.16   10   10   0   0   0   90.17   10   10   0   0   0   90.18   10   10   0   0   0   0   90.19   10   10   0   0   0   90.19   10   10   0   0   0   90.10   10   10   0   0   0   90.11   10   10   0   0   0   90.12   10   10   0   0   0   90.13   10   0   0   0   90.14   10   10   0   0   0   90.15   10   10   0   0   0   90.16   10   10   0   0   0   90.17   10   10   0   0   90.18   10   10   0   0   0   90.19   10   10   0   0   90.10   10   10   0   0   90.11   10   10   0   0   90.12   10   10   0   0   90.13   10   0   0   0   90.14   10   10   0   0   90.15   10   10   0   0   90.16   10   10   0   0   90.17   10   10   0   0   90.18   10   10   0   0   90.19   10   10   0   0   90.10   10   10   0   90.10   10   10   10   0   90.11   10   10   10   0   90.11   10   10   10   0   90.12   10   10   10   0   90.14   10   10   10		4	3		1	0		1
90. 10   RT CLINIC   75   6.38   1,610   0   90. 10   90. 11   STEPPED CLINIC   54   974   0   0   0   0   90. 12   STEPPED CLINIC   56   299   1,201   0   0   0   90. 12   STEPPED CLINIC   56   299   1,201   0   0   0   90. 14   SURGE CLINIC   76   745   745   0   0   0   0   90. 15   14   SURGE CLINIC   76   745   0   0   0   0   0   90. 16   LASER CLINIC   76   745   745   0   0   0   0   90. 17   ALLERY CLINIC   76   745   745   0   0   0   0   90. 18   ALLERY CLINIC   76   76   76   76   76   76   90. 17   SCLINIC ALBIN STRATION   76   76   76   76   76   90. 18   CLINIC ALBIN STRATION   76   76   76   76   76   90. 20   HEMATOLOGY CLINIC   76   76   76   76   76   90. 21   SPINA BEFLAN   76   76   76   76   76   76   90. 22   SPINA BEFLAN   76   76   76   77   77   77   77   7		4	44		1	0		
00.12 EVE CLINIC	90. 10	ENT CLINIC	75	638	1	0		90. 10
90.13   MCCLLORY CLINIC   0   1,844   4,308   0   90.14   90.15   ALLEROY CLINIC   775   789   2,461   0   90.14   90.15   ALLEROY CLINIC   775   789   2,461   0   90.15   90.16   LASER CLINIC   0   0   0   0   0   90.17   DERMATOLOGY CLINIC   75   789   2,461   0   90.15   90.19   CAMPOLOGY CLINIC   75   789   2,461   0   90.15   90.19   CAMPOLOGY CLINIC   75   789   2,461   0   90.15   90.20   PRANTOLOGY CLINIC   75   789   2,461   0   90.15   90.21   SPINA SEPARTOLOGY CLINIC   0   210   426   0   90.20   90.22   SPINA SEPARTOLOGY CLINIC   1   398   9,474   0   90.22   90.22   SPINA SEPARTOLOGY CLINIC   1   398   9,474   0   90.22   90.23   BRIGGOST INCLES CLINIC   1   398   9,474   0   90.22   90.24   BROOKEN RE CLINIC   0   200   518   0   90.23   90.24   BROOKEN RE CLINIC   0   200   518   0   90.24   90.25   PROVED CLINIC   0   200   518   0   90.24   90.26   CREEN CLINIC   0   200   518   0   90.24   90.27   NEW BERLIN CLINIC   5   5   913   0   0   90.25   90.27   NEW BERLIN CLINIC   5   5   913   0   0   90.27   90.20   OBSERVATION BESID (MON-DISTINCT PART)   113   7,874   43,870   0   90.27   90.20   OBSERVATION BESID (MON-DISTINCT PART)   113   7,874   43,870   0   90.27   90.20   OBSERVATION BESID (MON-DISTINCT PART)   10   90.00   90.00   90.20   OSSERVATION BESID (MON-DISTINCT PART)   10   90.00   90.00   90.20   OSSERVATION BESID (MON-DISTINCT PART)   90.00   90.00   90.00   OSSERVATION BESID (MON-DISTINCT PART)   90.00   90.00   9		ORTHOPEDIC CLINIC	4			0		90. 11
90. 14 SURGECK SPECIALTIES 3.6 745 981 0 90. 15  1. SALERGY CLINIC 0 0 0 0 0. 15  1. SALERGY CLINIC 0 0 0 0 0. 90. 15  1. FOR STATE OF THE STATE OF					1	0		1
90.15   ALFREY CLINIC   275   789   2,461   0   90.15   90.16   LASER CLINIC   0   0   0   0   0   0   90.16   LASER CLINIC   0   0   0   0   0   90.17   0   BERNATOLOGY CLINIC   378   583   2,267   0   90.17   90.18   CLINIC CAMIMISTRATION   0   0   0   0   0   90.19   DEMATOLOGY CLINIC   1   398   9,474   0   90.12   90.21   SPINA BEI FIDA   0   100   0   0   0   90.21   SPINA BEI FIDA   0   100   0   0   0   0   90.22   SPINA BEI FIDA   0   100   0   0   0   0   90.23   RIENOSCIENCES CLINIC   1   398   9,474   0   90.22   90.24   FINAZORI NE CLINIC   0   208   518   0   90.24   90.25   REMANDALOGY CLINIC   1   717   12,109   0   90.23   90.26   FINAZORI NE CLINIC   0   315   1,480   0   0   0   0   90.26   REMANDAL CLINIC   0   315   1,480   0   0   0   0   90.27   REMANDAL CLINIC   0   315   1,480   0   0   0   0   90.28   REMANDAL CLINIC   0   315   1,480   0   0   0   0   90.29   PO.00   EMERGENCY   1   13   7,824   43,870   0   9   0   90.20   OLD   EMERGENCY   1   13   7,824   43,870   0   9   0   90.20   OLD   EMERGENCY   1   13   7,824   43,870   0   9   0   90.20   OLD   EMERGENCY   1   13   7,824   43,870   0   9   0   90.20   OLD   EMERGENCY   1   13   7   0   0   0   0   90.20   OLD   EMERGENCY   1   13   7,824   43,870   0   9   0   90.20   OLD   EMERGENCY   1   1   1   1   1   1   1   90.20   OLD   EMERGENCY   1   1   1   1   1   1   1   1   90.20   OLD   EMERGENCY   1   1   1   1   1   1   1   1   1   90.20   OLD   EMERGENCY   1   1   1   1   1   1   1   1   1					l	0		1
0.1   LASER CLINIC   0   0   0   0   0   0   0   10					1	0		•
90. 17   DERMATOLOCY CLINIC   378   583   2,257   0   90. 17   90. 18   CLINIC ADMINISTRATION   0   0   0   0   90. 18   90. 19   CRANIOFACIAL CENTER   2   1779   537   0   90. 19   90. 19   CRANIOFACIAL CENTER   2   1779   537   0   90. 19   90. 20   HEAMTOLOCY CLINIC   0   210   426   0   90. 20   90. 21   SPINA BIFTIDA   0   100   0   0   90. 21   90. 22   RELEVISOR TIMES CLINIC   1   398   9. 474   0   90. 22   90. 22   RELEVISOR TIMES CLINIC   1   778   188   0   90. 24   90. 24   RELEVISOR TIMES CLINIC   1   778   188   0   90. 24   90. 25   REAL CLINIC   0   155   1,480   0   90. 25   90. 26   GREENWAY CLINIC   5   913   0   0   90. 25   90. 27   New BERLIN CLINIC   368   2,459   0   90. 26   90. 28   RERLINICATE CLINIC   368   2,459   0   90. 26   90. 29   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   91. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   90. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   90. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   90. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   90. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   90. 00   90. 20   OBSERVATION BEDS (NOM-DISTINCT PART)   113   7,824   43,870   0   90. 00   90. 20   OBSERVATION			1	/69 0	2, 401	0		•
90. 18   CLINIC ADMIN STRATION   0   0   90. 18   90. 19   CARRIOLODY CLINIC   0   210   424   0   90. 29   90. 20   MEMORICLORY CLINIC   0   210   424   0   90. 29   90. 21   SPIRA SIFEDA   0   100   0   0   0   0   90. 21   SPIRA SIFEDA   0   100   0   0   0   90. 22   MERIOSCIERCES   1111   0   100   0   0   0   90. 23   MERIOSCIERCES   1111   0   0   0   0   90. 24   ENDOCON NE CLINIC   0   135   1,490   0   90. 24   90. 25   RENAL CLINIC   0   135   1,490   0   90. 25   90. 26   MERIORY CLINIC   5   913   0   0   90. 25   90. 27   RENAL CLINIC   0   335   1,490   0   90. 25   90. 28   MERIORY CLINIC   5   913   0   0   90. 25   90. 27   NEW BERLINICLINIC   5   913   0   0   90. 25   90. 27   NEW BERLINICLINIC   5   913   0   0   90. 27   91. 00   EMERICAN SIESS   (MNLO) STINCT PART)   113   7,824   43,870   0   90. 27   92. 00   DESPRIVATION SEESS   (MNLO) STINCT PART)   137   7,824   43,870   0   90. 27   95. 00   MIRALINIC SERVICES   0   0   0   0   0   0   90. 00   96. 00   DURABLE MEDICAL EQUIP-SOLD   0   0   0   0   0   99. 00   97. 00   DURABLE MEDICAL EQUIP-SOLD   0   0   0   0   0   99. 00   98. 01   TRANSPORT   100   1,172   851   0   99. 00   98. 01   TRANSPORT   100   1,172   851   0   99. 00   98. 02   FANCE   100   100   1,172   851   0   99. 00   98. 02   GRAPITION SEESS   0   0   0   0   0   99. 00   98. 03   CHILD   100   100   100   0   0   99. 00   99. 04   100   100   100   100   100   100   100   99. 05   100   100   100   100   100   100   100   100   99. 06   100   100   100   100   100   100   100   100   99. 07   100   100   100   100   100   100   100   100   99. 08   100   100   100   100   100   100   100   100   100   99. 00   100   100   100   100   100   100   100   100   100   99. 00   1			1 -1	583	2. 257	0		•
90. 20   MEMATOLOGY CLINIC   0   210   426   0   90. 20   90. 21   SPINA BIFIDA   0   100   0   0   0   0   90. 22   MEUROSCIENCES CLINIC   1   399   9,474   0   90. 22   90. 24   MEUROSCIENCES CLINIC   1   399   9,474   0   90. 22   90. 25   RENAUTACLIGY CLINIC   0   135   1,480   0   90. 24   90. 26   ENDOCRINE CLINIC   0   135   1,480   0   90. 24   90. 27   SPINAL CLINIC   0   135   1,480   0   90. 24   90. 28   RENAL CLINIC   0   135   1,480   0   90. 25   90. 29   GREENER CLINIC   0   35   2,459   0   0   90. 20   90. 20   GREENER CLINIC   13   3   8.24   43.870   91. 00   90. 20   OSSERVATION BEDS (MON-DISTINCT PART)   113   7,824   43.870   99. 00   91. 20   OSSERVATION BEDS (MON-DISTINCT PART)   99. 00   92. 00   OSSERVATION BEDS (MON-DISTINCT PART)   99. 00   94. 00   OSSERVATION BEDS (MON-DISTINCT PART)   99. 00   95. 00   AMBILLANCE SERVICES   0   0   0   0   0   99. 00   96. 00   DURABLE MEDICAL EDUP -SELD   0   0   0   0   0   99. 00   97. 00   DURABLE MEDICAL EDUP -SELD   0   0   0   0   0   99. 00   98. 00   PSYCHIATRY - OFFICE BLDG   0   1,172   851   0   99. 00   98. 00   PSYCHIATRY - OFFICE BLDG   0   1,172   851   0   99. 00   98. 00   PSYCHIATRY - OFFICE BLDG   0   1,172   851   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   99. 00   99. 00   ORACHEL MEDICAL EDUP -SELD   0   0   0   0   99. 00   99. 00   ORACHEL MEDICAL EDUP -SELD   0   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT PART)   0   0   0   0   0   99. 00   99. 00   OSSERVATION BEDS (MON-DISTINCT			1			0		ł
90. 21 SPINA BIFIDA 90. 22 NEUROSCIENCES CLINIC 1 396 9,474 0 90. 22 90. 228 REMINATOLOGY CLINIC 1 77 171 2,109 0 90. 23 90. 24 ENDOCRINE CLINIC 1 0 0 66 518 0 90. 24 90. 25 REMAL CLINIC 1 0 133 1,480 0 90. 25 90. 26 GREENANY CLINIC 5 131 0 0 90. 25 90. 27 NEW BERLI N CLINIC 90. 26 GREENANY CLINIC 91. 27 SPINATOLOGY CLINIC 91. 28 SPINATOLOGY CLINIC 92. 20 0 CHERNAY CLINIC 93. 24 SPINATOLOGY CLINIC 94. 25 SPINATOLOGY CLINIC 95. 20 0 CHERNAY CLINIC 95. 20 0 CHERNAY CLINIC 95. 20 0 CHERNAY CLINIC 97. 20 0 CH	90. 19	CRANI OFACI AL CENTER	2	179	537	0		90. 19
90. 22   MEUROSCI ENCES CLINIC   1   398   9,474   0   90. 22   90. 24   ENDOCRINE CLINIC   17   171   2,109   0   90. 23   90. 24   ENDOCRINE CLINIC   0   135   1,486   0   90. 25   90. 26   CREMAL CLINIC   5   913   0   0   90. 26   90. 26   GREENMAY CLINIC   58   913   0   0   90. 26   90. 27   MUN BERLINICLINIC   638   2,459   0   0   90. 27   90. 29   CONTROLLINIC   638   2,459   0   0   90. 26   90. 20   MERCRINY   111   113   7,824   43,870   0   91.00   90. 27   MUN BERLINICLINIC   938   2,459   0   0   90. 26   90. 29   MUN BERLINICLINIC   938   2,459   0   0   90. 26   90. 20   MIRABEL MERCRINIC   1415   131   13   7,824   43,870   0   91.00   90. 20   MIRABEL MERCRINIC   1415   131   13   0   0   94. 00   90. 20   MIRABEL MERCRINIC   1415   131		HEMATOLOGY CLINIC	0	210	426	0		90. 20
90. 24 ENDOCRIN ECLINIC			0		1	0		•
0.0 24   RINDOCRI ME CLINIC   0   208   518   0   90.24     0.25   REMAL CLINIC   0   135   1,480   0   90.25     0.26   REMAY CLINIC   5   913   0   0   90.25     0.27   NEW BEALL NOLLINIC   638   2,459   0   0   90.27     0.01   CERCRENY   1113   7,824   43,870   91.00     0.02   OR SERVATION BEDS (NON-DISTINCT PART)   113   7,824   43,870   91.00     0.02   OR SERVATION BEDS (NON-DISTINCT PART)   113   7,824   43,870   91.00     0.02   OR SERVATION BEDS (NON-DISTINCT PART)   113   7,824   43,870   91.00     0.02   OR SERVATION BEDS (NON-DISTINCT PART)   113   7,824   43,870   91.00     0.03   OR SERVATION BEDS (NON-DISTINCT PART)   113   7,824   43,870   91.00     0.04   OR DISTINCT PARTY   113   7,824   43,870   91.00   92.00     0.05   OR SERVATION BEDS (NON-DISTINCT PARTY   113   7,824   43,870   91.00   92.00     0.05   OR SERVATION BEDS (NON-DISTINCT PARTY   113   7,824   43,870   91.00   92.00     0.05   OR SERVATION BEDS (NON-DISTINCT PARTY   113   7,824   43,870   91.00   92.00   93.00		4	1		1	0		•
90. 26 REMAL CLINIC					1	0		
90. 26   GREENMAY CLINIC   6.58   2.13   0   0   90. 26   90. 27   NEW BERLIN CLINIC   6.58   2.459   0   0   90. 27   91. 00   EMERGENCY   113   7,824   43,870   0   91.00   92. 00   BOSEWATTON BEDS (NON-DISTINCT PART)   92.00   93. 00   0   0   0   0   0   0   94. 00   100   94. 00   95. 00   AMBULANCE SERVI CES   0   0   0   0   0   95. 00   96. 00   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   95. 00   97. 00   DURABLE MEDICAL EQUIP-SOLD   0   0   0   0   0   97. 00   98. 01   TRANSFORT   0   3,107   0   0   98. 01   98. 01   TRANSFORT   0   3,107   0   0   98. 01   98. 02   GENETIC SCENTICES   2   2.757   0   98. 02   98. 03   NUCLEAR MEDICINE   3   926   0   0   98. 03   98. 04   CHILD DEVELOPMENT   0   2.233   759   0   98. 03   98. 05   CHILD DEVELOPMENT   0   2.442   2.96   0   99. 05   99. 05   CHILD DEVELOPMENT   0   0   0   0   0   99. 00   99. 00   0   0   0   0   0   0   0   99. 00   0   0   0   0   0   0   0   0   99. 00   0   0   0   0   0   0   0   99. 00   0   0   0   0   0   0   0   99. 00   0   0   0   0   0   0   0    100. 00   IAR SERVI CES-NOT APPRVD PROM   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 00   HEART ACQUIS 1TI ON   0   0   0   0   0   0    100. 0			0		1	0		•
90. 27   NEW BERLIN CLINIC   638   2, 459   0   0   90, 27   91. 00   DESERVATION BEDS (NON-DISTINCT PART)   113   7, 824   42, 870   0   91, 00   92. 00   OBSSERVATION BEDS (NON-DISTINCT PART)   92, 00   93. 01   OBSSERVATION BEDS (NON-DISTINCT PART)   94, 00   94. 00   HOME PROGRAM DIALYSIS   0   1377   0   0   94, 00   95. 00   ABURLANCE SERVICE COST CENTERS   0   0   0   0   0   0   96, 00   96. 00   DURABLE MEDICAL EQUIP F-ROTED   0   0   0   0   0   96, 00   97. 00   DURABLE MEDICAL EQUIP F-SOLD   0   0   0   0   0   97, 00   98. 00   PSYCHIATRY - OFFICE BLDG   0   1,172   851   0   98, 00   98. 01   TRANSPORT   0   3,107   0   0   98, 01   98. 02   CENTER CRITICAL EQUIP F-SOLD   3,207   3,207   3,207   3,207   98. 03   NUCLEAR MEDICAL EQUIP SOLD   3,207   3,207   3,207   3,207   3,207   98. 04   CHILLD BEVELOPMENT   0   223   759   0   98, 01   98. 05   CHILLD REVOLUTION CENTER   0   2,442   266   0   99, 00   99. 00   CHILL SINCE   0   0   0   0   0   0   0   99. 10   CORP   0   0   0   0   0   0   0   0    100. 00   LAR SERVICES NOT APPRVD PRGM   0   0   0   0   0   0   0    101. 00   HOME HEALTH ACQUISITION   0   87, 00   0   0   0   0   0    100. 00   HAR ACQUISITION   0   720   0   0   0   0   0   0    100. 00   HAR ACQUISITION   0   0   0   0   0   0   0   0    100. 00   HAR ACQUISITION   0   0   0   0   0   0   0   0    100. 00   INTESTINAL ACQUISITION   0   0   0   0   0   0   0    100. 00   INTESTINAL ACQUISITION   0   0   0   0   0   0   0    100. 00   INTESTINAL ACQUISITION   0   0   0   0   0   0   0    100. 00   INTESTINAL ACQUISITION   0   0   0   0   0   0   0    101. 00   OTHER CAPITAL SERVICE SERVE   0   0   0   0   0   0    101. 00   OTHER CAPITAL SELVE   0   0   0   0   0   0   0    101. 00   OTHER CAPITAL CLIRE FERDER & 0   0   0   0   0   0    101. 00   OTHER CAPITAL CLIRE FERDER & 0   0   0   0   0   0    101. 00   OTHER CAPITAL CLIRE FERDER & 0   0   0   0   0   0    101. 00   OTHER CAPITAL SELVE COST CENTERS   0   0   0   0   0    101. 00   OTHER CAPITAL SELVE COST CENTERS   0   0			5			0		1
92. 00   OBSERVATION BEDS (NON-DISTINCT PART)		4	638		1	0		1
OTHER RELIMBURSABLE COST CENTERS	91.00	EMERGENCY	113	7, 824	43, 870	0		91. 00
94.00   HOME PROGRAM DIALYSIS   0   137   0   0   94.00   95.00   AMBLIANCE SERVICES   0   0   0   0   0   95.00   96.00   DURABLE MEDICAL EQUIP-RENTED   0   0   0   0   0   97.00   97.00   DURABLE MEDICAL EQUIP-SOLD   0   0   0   0   0   97.00   98.00   PSYCHIATRY - OFFICE BLDG   0   1,172   851   0   98.00   98.01   TRANSPORT   0   0   3,107   0   0   0   98.01   98.02   GENETICS CENTER   2   295   2,757   0   98.02   98.03   NUCLEAR MEDICINE   3   3   926   0   0   98.03   98.04   CHILD DEVELOPMENT   0   223   759   0   98.04   98.05   CHILD PROTECTION CENTER   656   575   37   0   98.05   98.06   DENTAL SRVC   10   2,442   296   0   98.06   99.00   CUMC   0   0   0   0   0   99.00   99.00   CUMC   0   0   0   0   0   99.00   99.00   CUMC   0   0   0   0   0   0   99.00   OUNCE   0   0   0   0   0   99.00   OUNCE   0   0   0   0   0   0   99.00   OUNCE   0   0   0   0   0   0   99.00   OUNCE   0   0   0   0   99.00   OUNCE   0   0   0   0   0   99.0	92.00							92. 00
95. 00   AMBULANCE SERVICES   0 0 0 0 0 95. 00   95. 00   97. 00   97. 00   98. 00   97. 00   98. 00   98. 00   99. 00			1	107	1		T	
99. 00 DURABLE MEDICAL EQUIP -RENTED 0 0 0 0 0 0 0 97. 00 98. 00 PSYCHI ATRY - OFFI CE BLDG 0 1,172 851 0 98. 00 98. 01 TANASPORT 0 0 0,3,107 0 0 98. 01 98. 02 GENETICS CENTER 2 2,295 2,757 0 0 98. 01 98. 02 GENETICS CENTER 3 3 296 0 0 0 98. 03 98. 04 CHILLD PROTECTION CENTER 0 2,233 759 0 98. 03 98. 04 CHILLD PROTECTION CENTER 0 2,233 759 0 98. 03 98. 05 CHILLD PROTECTION CENTER 0 5,253 759 0 98. 04 98. 05 CHILLD PROTECTION CENTER 0 6,565 575 37 0 98. 05 99. 00 CHILLD ORDITION CENTER 0 0 0 0 0 0 0 0 0 0 0 99. 00 100. 00 INFA SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1		1	-		
97.00   DURABLE MEDI CAL EQUIP-SOLD   0   0   0   0   0   0   0   0   0				0	0	0		1
98. 00 PSYCHIATRY - OFFICE BLDG 98. 01 TANSPORT 0 0 1, 172 851 0 98. 00 98. 01 TANSPORT 0 0 3, 107 0 0 0 98. 01 98. 02 GENETICS CENTER 2 2 295 2, 757 0 98. 02 98. 03 NUCLEAR MEDICINE 3 3 926 0 0 0 98. 03 98. 04 CHILD DEVELOPMENT 0 223 759 0 98. 04 98. 05 CHILD PROTECTION CENTER 656 575 377 0 98. 04 99. 00 CHINC 0 0 0 0 0 0 0 99. 00 99. 00 99. 00 CHINC 0 0 0 0 0 0 0 0 99. 00 99. 00 99. 00 CHINC 0 0 0 0 0 0 0 0 0 99. 00 99. 10 CORF 100. 00 IAR SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 100  SPECIAL PURPOSE COST CENTERS  101. 00 HOME HEALTH AGENCY 0 0 0 0 0 0 0 0 105. 00 106. 00 HEART ACQUISITION 0 0 TOR ACQUISITION 0 0 MEDRY ACQUISITION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	0	0	0	0		1
98. 01 TRANSPORT 98. 02 GENTEC SCENTER 2 2 295 2,757 0 98. 02 98. 03 NUCLEAR MEDICINE 8 3 926 0 0 0 98. 03 98. 04 CHILD DEVELOPMENT 0 0 222 759 0 98. 04 98. 05 CHILD PROTECTION CENTER 656 575 377 0 98. 02 98. 06 DENTAL SRVC 10 2,442 296 0 98. 06 99. 00 CHIC 0 0 0 0 0 0 99. 00 99. 00 CHIC 0 0 0 0 0 0 0 99. 10 100. 00 IAR SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 0 100. 00 101. 00 HOME HEALTH AGENCY 105. 00 KI DNEY ACQUISITION 106. 00 HEART ACQUISITION 107. 00 LIVER ACQUISITION 107. 00 LIVER ACQUISITION 109. 00 LIVER ACQUISITION 109. 00 INFESTINAL ACQUISITION 109. 00 INFESTINAL ACQUISITION 109. 00 INFESTINAL ACQUISITION 101. 00 PANCREAS ACQUISITION 101. 00 INTERSTINAL ACQUISITION 102. 00 INTERSTINAL ACQUISITION 103. 00 INTERSTINAL ACQUISITION 105. 00 INTERSTINAL ACQUISITION 106. 00 INTERSTINAL ACQUISITION 107. 00 INTERSTINAL ACQUISITION 108. 00 INTERSTINAL ACQUISITION 109. 00 INTERST			o o	1, 172	851	0		1
98. 03   NUCLEAR MEDICINE   3   926   0   0   98. 03   98. 04   CHILLD DEVELOPMENT   0   223   759   0   98. 04   98. 05   CHILLD PROTECTION CENTER   656   575   37   0   98. 05   98. 06   DENTAL SRVC   10   2,442   296   0   98. 05   99. 00   OMC   0   0   0   0   0   0   99. 00   99. 00   COMPC   0   0   0   0   0   0   0   99. 10   CORF   0   0   0   0   0   0   0   100. 00   1			0		1	0		1
98. 04 CHILD DEVELOPMENT 98. 05 CHILD DEVELOPMENT 98. 06 DENTAL SRVC 10 2. 442 296 0 98. 05 99. 00 CMRC 0 0 0 0 0 0 0 99. 06 99. 00 CMRC 0 0 0 0 0 0 0 0 99. 06 99. 00 CMRC 0 0 0 0 0 0 0 0 99. 00 100. 00 18 SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 100. 00  SPECIAL PURPOSE COST CENTERS  10. 00 EART ACQUISITION 10. 00 HEART ACQUISITION 10. 00 LUNG ACQUISITION 10. 00 LUNG ACQUISITION 10. 00 PARCREAS ACQUISITION 10. 00 PARCREAS ACQUISITION 10. 00 LUNG ACQUISITIO	98. 02	GENETI CS CENTER	2	295	2, 757	0		98. 02
98. 05 CHILLD PROTECTION CENTER 98. 06 DENTAL SRVC 10 2.442 296 0 99. 06 99. 00 CMHC 0 0 0 0 0 0 0 99. 10 00. 00 188. 06 99. 00 101. 00 OF RE SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 101. 00 HOME HEALTH AGENCY 0 0 0 0 0 0 0 0 0 101. 00 108. 00 KI DNEY ACQUISITION 105. 00 KI DNEY ACQUISITION 106. 00 HEART ACQUISITION 107. 00 LI VER ACQUISITION 108. 00 LIVER ACQUISITION 109. 00 PANCREAS ACQUISITION 109. 00 PANCREAS ACQUISITION 109. 00 PANCREAS ACQUISITION 101. 00 INTESTI NAL ACQUISITION 100 INTESTI NAL ACQUISITION 101. 00 INTESTI NAL ACQUISITION 101. 00 INTESTI NAL ACQUISITION 102 ON THE STREAM ACQUISITION 103 ON THE STREAM ACQUISITION 104 ON THE STREAM ACQUISITION 105 ON THE STREAM ACQUISITION 106 ON THE STREAM ACQUISITION 107 ON THE STREAM ACQUISITION 108 ON THE STREAM ACQUISITION 109 ON THE STREAM ACQUISITION 100 ON THE STREAM ACQUISITION 101. 00 SUBTOTALS (SUM OF LINES 1-117) 107. 00 THE CAPITAL RELATED COSTS 109. 00 AMBULATORY SURGICAL CENTER (D.P.) 109. 00 AMBULATORY SURGICAL CENTER (D.P.) 109. 00 FIFT FLOWER, COFFEE SHOP & CANTEEN 109. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 109. 00 O O O O O O O O O O O O O O O O O O			3		1	0		•
98. 06   DENTAL SRVC						0		•
99. 00 CMHC 99. 10 CORF 0 0 0 0 0 0 0 99. 10 100. 00 LåR SERVI CES-NOT APPRVD PRGM 0 0 0 0 0 0 0 0 100. 00 101. 00 HOME HEALTH AGENCY 0 0 0 0 0 0 0 100. 00 SPECIAL PURPOSE COST CENTERS  105. 00 KI DNEY ACQUI SI TI ON 106. 00 HEART ACQUI SI TI ON 107. 00 LI VER ACQUI SI TI ON 108. 00 HOME HEALTH AGENCY 109. 00 PANCREAS ACQUI SI TI ON 100. 00 PANCREAS ACQUI SI TI ON 109. 00 PANCREAS ACQUI SI TI ON 109. 00 PANCREA					l .	0		•
99, 10   CORF   0   0   0   0   0   99, 10			0	2, 442	0	0		
101. 00   HOME HEALTH AGENCY   SPECIAL PURPOSE COST CENTERS   105. 00   KI DNEY ACQUI SI TI ON   0   720   0   0   105. 00			0	0	ő	0		•
SPECIAL PURPOSE COST CENTERS	100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100. 00
105. 00 KI DNEY ACQUI SI TI ON	101.00		0	0	0	0		101. 00
106.00   HEART ACQUISITION	405.00		 	454	1 040		ı	105.00
107. 00   LIVER ACQUI SITION   0   87   0   0   107. 00   108. 00   109. 0			5		4, 940	0		
108.00   LUNG ACQUISITION			0		0	0		
109. 00 PANCREAS ACQUISITION 0 0 0 0 0 109.00 110. 00 INTESTINAL ACQUISITION 0 0 0 0 0 1110. 00 1111. 00 INTESTINAL ACQUISITION 0 0 0 0 0 1110. 00 113. 00 INTEREST EXPENSE 1113. 00 113. 00 INTEREST EXPENSE 1113. 00 114. 00 UTILIZATION REVIEW-SNF 114. 00 115. 00 AMBULATORY SURGICAL CENTER (D.P.) 0 0 0 0 0 115. 00 116. 00 HOSPICE 0 0 0 0 0 0 116. 00 117. 00 OTHER CAPITAL RELATED COSTS 0 0 0 0 0 0 116. 00 117. 00 OTHER CAPITAL RELATED COSTS 0 0 0 0 0 0 117. 00 118. 00 SUBTOTALS (SUM OF LINES 1-117) 197, 979 396, 955 287, 351 0 0 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 12 0 0 191. 00 191. 00 RESEARCH 0 0 12 0 0 191. 00 191. 00 RESEARCH 0 0 12 0 0 191. 00 192. 00 PHYSI CIANS' PRI VATE OFFICES 0 0 0 0 193. 00 194. 00 DOWNTOWN HEALTH CENTER 0 0 0 0 0 194. 00 194. 01 POI SON CENTER 0 0 0 0 0 194. 01 194. 02 PUBLI C RELATIONS 0 0 0 0 0 194. 01 194. 03 OUTREACH 5 0 0 0 0 0 194. 03 194. 04 OTHER OFFSI TE CLINICS 32 32 301 0 0 194. 03 194. 05 CHILDREN'S SPECIALTY GROUP 0 0 0 194. 05 194. 05 CHILDREN'S SPECIALTY GROUP 0 0 0 0 194. 05 194. 06 GAST SIDE SPECIALTY GROUP 0 0 0 194. 05 194. 07 NORTH SHORE CLINICS 0 0 194. 07			o	0	ő	0		
111. 00   ISLET ACQUISITION   0   0   0   0   111. 00   113. 00   INTEREST EXPENSE     113. 00   INTEREST EXPENSE     114. 00   INTEREST EXPENSE     114. 00   INTEREST EXPENSE     114. 00   115. 00   AMBULATORY SURGICAL CENTER (D. P. )   0   0   0   0   0   0   115. 00   115. 00   116. 00   HOSPICE   0   0   0   0   0   0   0   116. 00   117. 00   OTHER CAPITAL RELATED COSTS   0   0   0   0   0   0   117. 00   118. 00   119. 00	109.00	PANCREAS ACQUISITION	0	0	0	0		109. 00
113. 00   INTEREST EXPENSE		1	0	0	0	0		
114. 00			0	0	0	0		
115. 00   AMBULATORY SURGICAL CENTER (D. P.)   0   0   0   0   0   115. 00   116. 00   116. 00   116. 00   117. 00   0   0   0   0   0   0   116. 00   117. 00   0   0   0   0   0   0   0   117. 00   118. 00   0   0   0   0   0   0   0   0   0		4						1
116. 00   HOSPI CE		1		0	_	0		
117. 00   OTHER CAPITAL RELATED COSTS   0   0   0   0   117. 00			o o	0	Ö	0		
NONREIMBURSABLE COST CENTERS   190.00   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   190.00     191.00   RESEARCH   0   12   0   0   191.00     192.00   PHYSI CI ANS' PRI VATE OFFI CES   0   0   0   0   192.00     193.00   NONPAI D WORKERS   0   0   0   0   0   193.00     194.00   DOWNTOWN HEALTH CENTER   0   0   0   0   194.00     194.01   POI SON CENTER   0   0   0   0   0   194.01     194.02   PUBLI C RELATI ONS   0   0   0   0   194.02     194.03   OUTREACH   5   0   0   0   194.03     194.04   OTHER OFFSI TE CLINI CS   32   301   0   0   194.03     194.05   CHI LDREN'S SPECIALTY GROUP   0   0   0   0   194.05     194.06   EAST SI DE SPEECH AND HEARI NG   0   0   0   194.06     194.07   NORTH SHORE CLINI C			0	0	0	0		
190. 00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 190. 00 191. 00 RESEARCH 0 12 0 0 0 191. 00 192. 00 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 0 0 192. 00 193. 00 NONPAID WORKERS 0 0 0 0 0 0 193. 00 194. 00 DOWNTOWN HEALTH CENTER 0 0 0 0 0 194. 00 194. 01 POI SON CENTER 0 0 0 0 0 194. 01 194. 02 PUBLIC RELATIONS 0 0 0 0 194. 01 194. 03 OUTREACH 5 0 0 0 0 194. 02 194. 04 OTHER OFFSITE CLINICS 32 301 0 0 194. 04 194. 05 CHILDREN'S SPECIALTY GROUP 0 0 0 194. 05 194. 06 EAST SIDE SPEECH AND HEARING 0 0 0 0 194. 06	118.00	SUBTOTALS (SUM OF LINES 1-117)	197, 979	396, 955	287, 351	0	0	118. 00
191. 00       RESEARCH       0       12       0       0       191. 00         192. 00       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       0       192. 00         193. 00       NONPAI D WORKERS       0       0       0       0       193. 00         194. 00       DOWNTOWN HEALTH CENTER       0       0       0       0       194. 00         194. 01       POI SON CENTER       0       0       0       0       194. 01         194. 02       PUBLI C RELATI ONS       0       0       0       0       194. 01         194. 03       OUTREACH       5       0       0       0       0       194. 02         194. 04       OTHER OFFSI TE CLINICS       32       301       0       0       194. 04         194. 05       CHI LDREN'S SPECI ALTY GROUP       0       0       0       0       194. 05         194. 06       EAST SI DE SPEECH AND HEARING       0       0       0       0       194. 06         194. 07       NORTH SHORE CLINIC       0       0       0       0       0       194. 07								
192. 00 PHYSI CI ANS' PRI VATE OFFI CES  193. 00 NONPAI D WORKERS  194. 00 DOWNTOWN HEALTH CENTER  194. 01 POI SON CENTER  194. 02 PUBLI C RELATI ONS  194. 03 OUTREACH  194. 04 OTHER OFFSI TE CLI NI CS  194. 05 CHI LDREN'S SPECI ALTY GROUP  194. 06 EAST SI DE SPEECH AND HEARI NG  194. 07 NORTH SHORE CLI NI C  192. 00  192. 00  0 0 0 193. 00  193. 00  0 0 0 0 194. 00  194. 00  194. 00  0 0 0 0 194. 00  194. 06			-1	-	1	-	•	
193. 00       NONPAI D WORKERS       0       0       0       193. 00         194. 00       DOWNTOWN HEALTH CENTER       0       0       0       0       194. 00         194. 01       POI SON CENTER       0       0       0       0       194. 01         194. 02       PUBLI C RELATI ONS       0       0       0       0       194. 02         194. 03       OUTREACH       5       0       0       0       194. 03         194. 04       OTHER OFFSI TE CLINICS       32       301       0       0       194. 03         194. 05       CHI LDREN'S SPECI ALTY GROUP       0       0       0       0       194. 05         194. 06       EAST SI DE SPEECH AND HEARING       0       0       0       0       0       194. 06         194. 07       NORTH SHORE CLINIC       0       0       0       0       194. 07			0	12	0	0		
194. 00       DOWNTOWN HEALTH CENTER       0       0       0       194. 00         194. 01 POI SON CENTER       0       0       0       0       194. 01         194. 02 PUBLI C RELATI ONS       0       0       0       0       194. 02         194. 03 OUTREACH       5       0       0       0       194. 03         194. 04 OTHER OFFSI TE CLINICS       32       301       0       0       194. 04         194. 05 CHI LDREN'S SPECI ALTY GROUP       0       0       0       0       194. 05         194. 06 EAST SI DE SPEECH AND HEARING       0       0       0       0       0       194. 06         194. 07 NORTH SHORE CLINIC       0       0       0       0       0       194. 07				0	0	0		
194. 01     POI SON CENTER     0     0     0     0     194. 01       194. 02     PUBLI C RELATIONS     0     0     0     0     194. 02       194. 03     OUTREACH     5     0     0     0     194. 03       194. 04     OTHER OFFSI TE CLINICS     32     301     0     0     194. 04       194. 05     CHI LDREN'S SPECIALTY GROUP     0     0     0     0     194. 05       194. 06     EAST SI DE SPEECH AND HEARING     0     0     0     0     194. 06       194. 07     NORTH SHORE CLINIC     0     0     0     0     194. 07			0	0	0	0		
194. 02     PUBLI C RELATIONS     0     0     0     194. 02       194. 03     OUTREACH     5     0     0     0     194. 03       194. 04     OTHER OFFSITE CLINICS     32     301     0     0     194. 04       194. 05     CHILDREN'S SPECIALTY GROUP     0     0     0     0     194. 05       194. 06     EAST SIDE SPEECH AND HEARING     0     0     0     0     194. 06       194. 07     NORTH SHORE CLINIC     0     0     0     0     194. 07				0	l ő	0		1
194. 04     OTHER OFFSITE CLINICS     32     301     0     0     194. 04       194. 05     CHILDREN'S SPECIALTY GROUP     0     0     0     0     194. 05       194. 06     EAST SIDE SPEECH AND HEARING     0     0     0     0     194. 06       194. 07     NORTH SHORE CLINIC     0     0     0     0     194. 07			0	0	0	0		
194. 05     CHILDREN' S SPECIALTY GROUP     0     0     0     0     194. 05       194. 06     EAST SIDE SPEECH AND HEARING     0     0     0     0     194. 06       194. 07     NORTH SHORE CLINIC     0     0     0     0     194. 07			5	0	0	0		
194. 06 EAST SIDE SPEECH AND HEARING 0 0 0 194. 06 194. 07 NORTH SHORE CLINIC 0 0 0 0 194. 07			32	301	0	0		
194. 07 NORTH SHORE CLINIC 0 0 0 0 194. 07			0	0	0	0		
				0	0	0		
55] 1552   1574		4		0 1∩2	2 204	0		
	174.00	THE STEED OF THE	1 33	102	2,274		I	1.71.00

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		From 01/01/2011	Worksheet B Part II Date/Time Pre 7/2/2012 2:04	
Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVIC	OTHER GENERAL SERVI CE E (SPECI FY)	NONPHYSI CI AN ANESTHETI STS	
	15. 00	16.00	17. 00	18. 00	19. 00	

397, 370

0 289, 645

0

0 200. 00 0 201. 00 0 202. 00

0 198, 069

200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118-201)

						7/2/2012 2:04	pm
			INTERNS &	RESI DENTS			
	Cost Center Description	NURSING SCHOOL		SERVI CES-OTHER		Subtotal	
			Y & FRINGES	PRGM COSTS	PRGM		
	[	20. 00	21.00	22. 00	23. 00	24. 00	
	GENERAL SERVICE COST CENTERS	1					4 00
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 E. 00	EMPLOYEE BENEFITS	4					4. 00 5. 00
5. 00 6. 00	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS						6. 00
7. 00	OPERATION OF PLANT						7. 00
8.00	LAUNDRY & LINEN SERVICE						8. 00
9. 00	HOUSEKEEPI NG		•				9. 00
10.00	DI ETARY						10. 00
11. 00	CAFETERI A						11. 00
12. 00	MAINTENANCE OF PERSONNEL						12. 00
13. 00	NURSI NG ADMI NI STRATI ON						13. 00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15. 00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCI AL SERVI CE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18. 00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSI NG SCHOOL	0					20.00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD		414, 355				21. 00
22. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD			103, 011			22. 00
23. 00	PARAMED ED PRGM-(SPECIFY)				0		23. 00
	I NPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	ADULTS & PEDIATRICS					7, 062, 877	30. 00
31. 00	INTENSIVE CARE UNIT					5, 135, 744	
32. 00	CORONARY CARE UNIT					0	32. 00
33. 00	BURN INTENSIVE CARE UNIT					0	33. 00
34. 00	SURGICAL INTENSIVE CARE UNIT					0	34. 00
35. 00	OTHER SPECIAL CARE HOT UNIT					1, 015, 906	35. 00
40.00	SUBPROVIDER - I PF					0	40.00
41. 00 42. 00	SUBPROVI DER	4				0	41. 00 42. 00
42.00	NURSERY					0	42.00
44. 00	SKILLED NURSING FACILITY	•				0	44. 00
45. 00	NURSING FACILITY					0	45. 00
46. 00	OTHER LONG TERM CARE					Ö	46. 00
10. 00	ANCILLARY SERVICE COST CENTERS					O	10.00
50. 00	OPERATING ROOM					2, 940, 459	50. 00
51.00	RECOVERY ROOM					270, 147	51.00
52.00	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	ANESTHESI OLOGY					377, 954	53.00
54.00	RADI OLOGY-DI AGNOSTI C					5, 119, 928	54.00
55.00	RADI OLOGY-THERAPEUTI C					0	55.00
56.00	RADI OI SOTOPE					0	56.00
57.00	CT SCAN					38, 658	
58. 00	MAGNETIC RESONANCE IMAGING (MRI)					268, 343	58. 00
59. 00	CARDI AC CATHETERI ZATI ON					317, 753	
60.00	LABORATORY					2, 055, 549	
60. 01	BLOOD LABORATORY					0	60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					_	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					245 040	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.  INTRAVENOUS THERAPY					265, 949 0	
64. 00 65. 00	RESPIRATORY THERAPY					705, 566	64. 00 65. 00
66. 00	PHYSI CAL THERAPY					861, 496	
67. 00	OCCUPATI ONAL THERAPY	•				001, 490	67. 00
68. 00	SPEECH PATHOLOGY		•			449, 876	
69. 00	ELECTROCARDI OLOGY					1, 126, 845	
70. 00	ELECTROENCEPHALOGRAPHY					221, 341	
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS					2, 030, 231	
72. 00	IMPL. DEV. CHARGED TO PATIENTS					219, 501	
73. 00	DRUGS CHARGED TO PATIENTS					1, 242, 127	
74. 00	RENAL DIALYSIS					113, 067	
75. 00	ASC (NON-DISTINCT PART)					0	
	OUTPATIENT SERVICE COST CENTERS						
88. 00	RURAL HEALTH CLINIC					0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER					0	89. 00
90. 00	CLINIC					473	
90. 01	ID PRIM CARE SUPP NETWORK					189, 581	90. 01
	PAIN/PALLIATIVE CARE					236, 446	
90. 03	DIABETIC CLINIC					218, 786	90. 03

7/2/2012 2:04 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 523300 | Peri od: From 01/01/2011

Peri od: Worksheet B From 01/01/2011 Part II To 12/31/2011 Date/Time Prepared:

INTERNS & RESIDENTS NURSING SCHOOL SERVICES-SALAR SERVICES-OTHER PARAMED ED Subtotal Cost Center Description Y & FRINGES PRGM COSTS PRGM 20.00 21.00 22.00 23.00 24.00 90.04 GI CLINIC 592, 623 90.04 CLINIC FOR SPECIAL NEEDS 90.05 157, 398 90.05 90.06 90.06 DI ETETI CS 51, 370 LINEUSION ROOM 90 07 64, 725 90 07 CARDIOLOGY CLINIC 114, 123 90.08 90.08 90.09 PULMONARY CLINIC 85, 811 90.09 ENT CLINIC 90.10 151, 712 90. 10 90.11 ORTHOPEDIC CLINIC 365, 348 90.11 90.12 EYE CLINIC 64, 621 90.12 ONCOLOGY CLINIC 443, 160 90.13 90.13 SURGICAL SPECIALTIES 169, 036 90 14 90 14 90. 15 ALLERGY CLINIC 372, 800 90.15 90. 16 LASER CLINIC 90.16 DERMATOLOGY CLINIC 90.17 90.17 127, 674 CLINIC ADMINISTRATION 90.18 90.18 90.19 CRANI OFACIAL CENTER 64,019 90.19 90. 20 HEMATOLOGY CLINIC 107, 101 90.20 90 21 SPINA BIFIDA 79 584 90 21 90.22 NEUROSCI ENCES CLINIC 147, 550 90.22 90. 23 RHEUMATOLOGY CLINIC 113, 524 90. 23 90. 24 ENDOCRINE CLINIC 99, 949 90. 24 90 25 RENAL CLINIC 32, 972 90 25 90. 26 GREENWAY CLINIC 367, 185 90.26 90. 27 NEW BERLIN CLINIC 3, 122, 020 90.27 91 00 **EMERGENCY** 91 00 824, 628 92.00 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 HOME PROGRAM DIALYSIS 22, 311 94.00 AMBULANCE SERVICES 95 00 95 00 0 96.00 DURABLE MEDICAL EQUIP-RENTED 0 96.00 DURABLE MEDICAL EQUIP-SOLD 97.00 97.00 98.00 PSYCHIATRY - OFFICE BLDG 289, 831 98.00 287, 559 TRANSPORT 98 01 98.01 98.02 GENETICS CENTER 400, 589 98.02 NUCLEAR MEDICINE 98.03 92, 407 98.03 98.04 CHILD DEVELOPMENT 379, 566 98.04 CHILD PROTECTION CENTER 98.05 240, 115 98.05 98.06 DENTAL SRVC 530, 365 98.06 99.00 CMHC 99.00 99. 10 99. 10 CORF 0 100.00 I&R SERVICES-NOT APPRVD PRGM 0 100, 00 101.00 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 21, 373 105. 00 105.00 KIDNEY ACQUISITION 106.00 HEART ACQUISITION 30, 019 106. 00 107.00 LIVER ACQUISITION 3, 271 107. 00 108.00 LUNG ACQUISITION 0 108.00 109.00 PANCREAS ACQUISITION 0 109, 00 110.00 INTESTINAL ACQUISITION 0 110.00 111.00 I SLET ACQUISITION 0 111.00 113.00 INTEREST EXPENSE 113.00 114.00 UTILIZATION REVIEW-SNF 114. 00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 115.00 116.00 HOSPI CE 0 116.00 117.00 OTHER CAPITAL RELATED COSTS 0 117, 00 118.00 SUBTOTALS (SUM OF LINES 1-117) 0 42, 500, 942 118. 00 NONREI MBURSABLE COST CENTERS 42, 987 190, 00 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 RESEARCH 385, 523 191. 00 192. 00 PHYSICIANS' PRIVATE OFFICES 0 192.00 193. 00 NONPALD WORKERS 0 193.00 194. 00 DOWNTOWN HEALTH CENTER 350, 031 194. 00 194. 01 POI SON CENTER 139, 199 194. 01 194.02 PUBLIC RELATIONS 1, 005, 748 194. 02 381, 832 194. 03 194. 03 OUTREACH 194.04 OTHER OFFSITE CLINICS 399, 669 194. 04 194.05 CHILDREN'S SPECIALTY GROUP 11, 229 194. 05 0 194. 06 194.06 EAST SIDE SPEECH AND HEARING 194.07 NORTH SHORE CLINIC 6, 281 194. 07 194.08 ADOLESCENT MEDICINE 89, 752 194. 08 200.00 Cross Foot Adjustments 414, 355 103, 011 517, 366 200. 00 201.00 Negative Cost Centers 0 201. 00

Health Financial Systems	CHILDREN'S HOSPI	TAL OF WISCONSI	N	In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 523300		Worksheet B	
				From 01/01/2011		
				To 12/31/2011	Date/Time Pre 7/2/2012 2:04	pared:
·		LAITEDNIC	DECLIDENTS		17272012 2.04	Pili
		INTERNS &	RESI DENTS			
Cost Center Description	NURSING SCHOOL	SERVI CES-SALAR	SERVI CES-OTHE	R PARAMED ED	Subtotal	
		Y & FRINGES	PRGM COSTS	PRGM		
	20.00	21.00	22. 00	23. 00	24. 00	
202.00 TOTAL (sum lines 118-201)	C	414, 355	103, 01	1 0	45, 830, 559	202. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300 | Period: From 01/01/2011 | To 12/31/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

COST Center Description					7/2/2012 2: 04	apareu: 4 pm
B   Prost   Stephonom   Adjustment   Adjus		Cost Center Description	Intern &	Total		
BERNANN_SERVICE_COST_CENTERS						
CENERAL SERVICE COST CONTRES    25.00   26.00						
December   1.00   26.00   26.00   26.00   26.00   27.007.87   27.007.87   27.00   27.00   27						
COLUMN   SERVICE OST CENTERS   1.00   CAP REL COSTS - MARGE FOULD   1.00   CAP REL COSTS - MARGE FOUND   1.00   CAP REL COSTS - MARGE FOULD   1.00   CAP REL COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS - CAP REV COSTS - MARGE FOUND   1.00   CAP REL COSTS -				26.00		
1.00		GENERAL SERVICE COST CENTERS	23.00	20.00		
A. 00   ADMINISTRATIVE & GENERAL   5.00   ADMINISTRATION   5.00	1.00					1.00
5.00   AMM INSTRATIVE & CEMERAL	2.00	CAP REL COSTS-MVBLE EQUIP				2. 00
MAINTENANCE & REPAIRS	4.00	EMPLOYEE BENEFITS				4. 00
Depart 10 of Peart   0.0   Peart   0.0   0.0		1				1
ADDITION   SUPPRISON   SUPPR		1				1
9.00   00USENCEPTING   9.00   10.00   11.00   10.00   11.00   10.00   11.00   10.00   11.00   10.00   11.00   10.00   11.00   10.00   11.00		1				1
10.00   DETARY						1
11.00   CAFETERIA						•
13.00   MURSING ADMINISTRATION   14.00   15.00   16.	11. 00	CAFETERI A				1
14. 00   CENTRAL SERVICES & SUPPLY   15. 00   1.0	12.00	MAINTENANCE OF PERSONNEL				12.00
15.00   PHARMACY						•
16. 00   MEDICAL RECORDS & LIBRARY						1
17. 00   SOCIAL SERVICE     17. 00   18.8   18.0   OTHER GENERAL SERVICE (SPECIFY)   18.0   0.0   NOMPHYSICIAN AMESTHETISTS   20.0   0.0   NOMPHYSICIAN AMESTHETISTS   21.0   0.0						1
18. 00   OTHER CENERAL SERVICE (SPECIFY)   19. 00   18. SERVI CES-SCHARY & FRI NIGES APPRVID   22. 00   20. 0						1
19. 00   NOMPHYSICIAN AMESTHETISTS   20. 00   NURSING SCHOOL   20. 0		· ·				•
21.00   IAR SERVICES-SALARY & FRINGES APPROV   22.00   22.00   23.00   PARAMED ED PRGIT (SPECIFY)   23.00   PARAMED ED PRGIT (SPECIFY)   23.00   PARAMED ED PRGIT (SPECIFY)   30.00   PARAMED ED PRGIT (SPECIFY)   30.00   PARAMED ED PRGIT (SPECIFY)   30.00   31.00   PARAMED ED PRGIT (SPECIFY)   30.00   31.00   PARAMED ED PRGIT (SPECIFY)   30.00   31.00   PARAMED ED PRGIT (SPECIFY)   30.00   32.00   PARAMED ED PRGIT (SPECIFY)   30.00   PARAMED PRGIT (SPECIFY)   40.00   PARAMED PRGI		` ′				
22.00   LAR SERVICES-OTHER PROM COSTS APPROV   22.00	20.00	NURSI NG SCHOOL				20. 00
PARAMED ED PROMI-CSPECIFY)	21. 00	I&R SERVICES-SALARY & FRINGES APPRVD				21. 00
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   31.00   1NTENSIVE CARE UNIT   0   5, 135, 744   31.00   32.00   32.00   32.00   32.00   32.00   33.		1				•
30, 00   ADULTS & PEDIATRICS	23. 00					23. 00
33.00   INTENSIVE CARE UNIT	20.00			7 062 077		20.00
32.00   CORONARY CARE LUNIT   0 0 0 0 33.00   33.00   30.00   33.00   30.00   30.00   33.00   30.00   30.00   33.00   30.00   30.00   33.00   30.00   30.00   33.00   30.00   30.00   33.00   30.00		1	1			1
33. 00 BURN INTENSIVE CARE UNIT 0 0 0 34.00 35. 00 OTHER SPECIAL CARE HOT UNIT 0 1,015,906 35. 00 OTHER SPECIAL CARE HOT UNIT 0 1,015,906 35. 00 OTHER SPECIAL CARE HOT UNIT 0 0 0 40.00 41. 00 SUBPROVI DER - 1 RF 0 0 0 0 41. 00 42. 00 SUBPROVI DER - 1 RF 0 0 0 0 42. 00 43. 00 NURSERY 0 0 0 0 44. 00 44. 00 SKLILED NURSING FACILITY 0 0 0 0 44. 00 45. 00 NURSING FACILITY 0 0 0 0 44. 00 45. 00 NURSING FACILITY 0 0 0 0 44. 00 46. 00 THER LONG TERM CARE 0 0 0 0 45. 00 47. 00 NURSING FACILITY 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 48. 00 NURSING FACILITY 0 0 0 0 0 50 51. 00 RECOVERY ROM 0 0 270, 147 52. 00 DELLIVERY ROM 6 150 53. 00 RECOVERY ROM 0 0 377, 754 54. 00 RADIO LOGY-JU ACROSTIC 0 0 55. 00 55. 00 RADIO LOGY-JU ACROSTIC 0 0 55. 00 56. 00 RADIO STOTOPE 0 0 0 55. 00 57. 00 CT SCAN 0 0 55. 00 58. 00 MAGNETIC SEONANCE IMAGING (MRI) 0 268, 343 58. 00 59. 00 CARDIO LABORATIORY 0 0 20. 05. 00 59. 00 LABORATIORY 0 0 20. 05. 00 50. 00 LABORATIORY 0 0 20. 05. 00 50. 00 LABORATIORY 0 0 60. 01 50. 00 RECOVERY RECOVERY SUBJECT OF THE REPROPERTY 0 0 60. 01 50. 00 RECOVERY RECOVERY O 0 70. 5.566 60. 00 HISTOTOPE 0 0 60. 00 60. 00 RESENTATIONY 1 10. 00 60. 00 LABORATIORY 0 0 0. 00 60. 00 RESENTATIONY 1 10. 00 60. 00 RECOVERY THERAPY 0 0 0. 00 60. 00 RECOVE		1				
35. 00   OTHER SPECIAL CARE HOT UNIT   0   1,015,906   35. 00   40. 00   40. 00   40. 00   40. 00   40. 00   40. 00   40. 00   40. 00   40. 00   41. 00   42. 00   42. 00   42. 00   42. 00   42. 00   42. 00   42. 00   42. 00   42. 00   42. 00   42. 00   43. 00   44. 00   44. 00   44. 00   44. 00   44. 00   44. 00   45. 00   44. 00   45. 00   44. 00   45. 00   44. 00   45. 00   46. 00   45. 00   45. 00   46. 00   45. 00   46. 00		1	0	O		1
40.00 SUBPROVIDER - IPF	34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
41.00 SUBPROVIDER - IRF		1	- I	· · · · · · · · · · · · · · · · · · ·		1
42.00   SUBPROVIDER		1	- I			1
43. 00 NURSERY 0 0 0 0 44. 00 0 45. 00 46. 00 145. 00 0 0 45. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	0	-1		1
44. 00 SKILLED NURSING FACILITY 0 0 0 45. 00 0 45. 00 0 46. 00 0 45. 00 0 46. 00 0 66. 00 0 6		I and the second		-1		•
45. 00 NURSING FACILITY 46. 00 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS  50. 00 OPERATING ROOM 51. 00 RECOVERY ROOM LABOR ROOM 52. 00 DELIVERY ROOM & LABOR ROOM 53. 00 ANESTHESI OLOGY 54. 00 RADI OLOGY-DI AGNOSTI C 55. 00 RADI OLOGY-DI AGNOSTI C 56. 00 RADI OLOGY-DI RERAPEUTI C 57. 00 CT SCAN 58. 00 ANCHEL RESONANCE I MAGI NG (MRI) 59. 00 CARDI AGNOSTI C 50. 00 COUNT OLOGY CATHER ROOM SERVICES SERVICES PROM ONLY 60. 00 LABORATORY 60. 00 LOSS POLLAR SERVICES PROM ONLY 60. 01 INTRAVENOUS THERAPY 60. 00 CARDI AG CATHETERY ON 63. 00 65. 00 RESPIRATORY THERAPY 65. 00 RESPIRATORY THERAPY 66. 00 PINST ON 64. 00 65. 00 RESPIRATORY THERAPY 67. 00 COCUPATI ONAL THERAPY 68. 00 MAGINET CREATERY 69. 00 69. 00 ELECTROCARDI OLOGY 60. 01 ELEC		1		-1		1
ANCI LLARY SERVICE COST CENTERS   50.00		·				
50.00   OPERATI NG ROOM   Color   Co	46.00	OTHER LONG TERM CARE	0	0		46. 00
51.00   RECOVERY ROOM   0   270, 147   51.00						
52. 00   DELIVERY ROOM & LABOR ROOM   0   0   52. 00			- I			1
53. 00       ANESTHESIOLOGY       0       377,954       53. 00         54. 00       RADI OLOGY-DI AGNOSTI C       0       5,119,928       54. 00         55. 00       RADI OLOGY-THERAPEUTI C       0       0       0         56. 00       RADI OLOGY-THERAPEUTI C       0       0       0         57. 00       CT SCAN       0       0       38,658       57. 00         58. 00       MAGNETI C RESONANCE I MAGI NG (MRI)       0       268,343       58. 00         59. 00       CARDI AC CATHETERI ZATI ON       0       317,753       59. 00         60. 01       BLABORATORY       0       2,055,549       60. 00         60. 01       BLOOD LABORATORY       0       0       60. 01         61. 00       PBP CLI NI CAL LAB SERVI CES-PRGM ONLY       61. 00       62. 00       63. 00         63. 00       BLOOD STORI NG, PROCESSI NG & TRANS.       0       0       64. 00       66. 00         64. 00       ITRAVENOUS THERAPY       0       0       64. 00       66. 00       66. 00         65. 00       RESPI RATORY THERAPY       0       70. 5. 566       65. 00       66. 00       67. 00       67. 00         68. 00       SPECH PATHOLOGY       0			1			1
54.00   RADIOLOCY-DIAGNOSTIC   0   5, 119, 928   54.00			- I			1
55, 00   RADI OLOGY-THERAPEUTI C   0   0   0   0   0   0   0   0   0		· ·	1			1
57. 00 CT SCAN 58. 00 MAGNETIC RESONANCE IMAGING (MRI) 59. 00 CARDI AC CATHETERI ZATION 60. 00 LABORATORY 60. 01 BLOOD LABORATORY 61. 00 PBP CLINI CAL LAB SERVICES-PRGM ONLY 62. 00 WHOLE BLOOD & PACKED RED BLOOD CELLS 63. 00 BLOOD STORI NG, PROCESSING & TRANS. 64. 00 INTRAVENDUS THERAPY 65. 00 CCUPATI ONAL THERAPY 66. 00 PHYSI CAL THERAPY 67. 00 CCUPATI ONAL THERAPY 68. 00 FHYSI CAL THERAPY 69. 00 ELECTROCARDI OLOGY 70. 00 CELECTROCARDI OLOGY 71. 00 MEDICAL SUPPLIES CHARGED TO PATIENTS 72. 00 TAPLE. 73. 00 PACKED FAIL ON PATIENTS 74. 00 TAPLE. 75. 00 TAPLE		· ·	0			1
58. 00       MAGNETIC RESONANCE IMAGING (MRI)       0       268, 343       58. 00         59. 00       CARDIAC CATHETER ZATION       0       317, 753       59. 00         60. 00       LABORATORY       0       2, 055, 549       60. 00         60. 01       BLOOD LABORATORY       0       0       60. 01         61. 00       PBP CLI NI CAL LAB SERVI CES-PRGM ONLY       61. 00       62. 00         62. 00       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       62. 00         63. 00       BLOOD STORI NC, PROCESSI NG & TRANS.       0       265, 949       63. 00         64. 00       INTRAVENOUS THERAPY       0       0       0         65. 00       RESPI RATORY THERAPY       0       70. 566       65. 00         66. 00       PHYSI CAL THERAPY       0       861, 496       66. 00         67. 00       OCCUPATI ONAL THERAPY       0       0       67. 00         68. 00       SPEECH PATHOLOGY       0       449, 876       68. 00         69. 00       ELECTROCARDI OLOGY       0       1, 126, 845       69. 00         70. 00       ELECTROCARDI OLOGY       0       1, 13, 03       71. 00         71. 00       MEDICAL SUPPLIES CHARGED TO PATI ENTS </td <td>56.00</td> <td>RADI OI SOTOPE</td> <td>0</td> <td>- 1</td> <td></td> <td>56. 00</td>	56.00	RADI OI SOTOPE	0	- 1		56. 00
59. 00       CARDI AC CATHETERI ZATI ON       0       317, 753       59. 00         60. 00       LABORATORY       0       2, 055, 549       60. 00         60. 01       BLOOD LABORATORY       0       0       60. 01         61. 00       PBP CLI NI CAL LAB SERVI CES-PRGM ONLY       61. 00       62. 00         62. 00       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       62. 00         63. 00       BLOOD STORI NG, PROCESSI NG & TRANS.       0       265, 949       63. 00         64. 00       INTRAVENOUS THERAPY       0       0       64. 00         65. 00       RESPI RATORY THERAPY       0       705, 566       65. 00         66. 00       PHYSI CAL THERAPY       0       861, 496       66. 00         67. 00       OCCUPATI ONAL THERAPY       0       0       67. 00         68. 00       SPEECH PATHOLOGY       0       449, 876       68. 00         69. 00       ELECTROCARDI OLOGY       0       449, 876       69. 00         70. 00       ELECTROCREPHALOGRAPHY       0       221, 341       70. 00         71. 00       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       2, 030, 231       71. 00         73. 00       DRUGS CHARGED TO PATI		1	1			•
60. 00 LABORATORY 0 2,055,549 60. 00 60. 01 BLOOD LABORATORY 0 0 0 0 60. 01 61. 00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61. 00 62. 00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 62. 00 63. 00 BLOOD STORING, PROCESSING & TRANS. 0 265,949 63. 00 64. 00 INTRAVENOUS THERAPY 0 0 0 0 65. 00 RESPIRATORY THERAPY 0 70,5,566 65. 00 66. 00 PHYSI CAL THERAPY 0 861,496 66. 00 67. 00 OCCUPATIONAL THERAPY 0 0 449,876 66. 00 68. 00 SPECCH PATHOLOGY 0 1,126,845 69. 00 69. 00 ELECTROCARDIOLOGY 0 1,126,845 69. 00 70. 00 ELECTROCARDIOLOGY 0 1,126,845 69. 00 71. 00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 2,030,231 71. 00 72. 00 IMPL. DEV. CHARGED TO PATIENTS 0 2,19,501 72. 00 73. 00 DRUGS CHARGED TO PATIENTS 0 1,242,127 73. 00 74. 00 RENAL DI ALYSIS 0 113,067 74. 00 75. 00 CUPPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 0 0 0 89. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 90. 00 CLINIC 0 473 99. 00 90. 01 ID PRIM CARE SUPP NETWORK 0 189,581			- I			•
BLOOD LABORATORY		1	- I			1
61. 00 62. 00 62. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 64. 00 65. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 66. 00 67. 00 68. 00 68. 00 69. 00 60				· · · · · · · · · · · · · · · · · · ·		•
62. 00		1				
64. 00   INTRAVENOUS THERAPY   0   0   0   65. 00     65. 00   RESPI RATORY THERAPY   0   705, 566   65. 00     66. 00   PHYSI CAL THERAPY   0   861, 496   66. 00     67. 00   0CCUPATI ONAL THERAPY   0   0   0     68. 00   SPEECH PATHOLOGY   0   449, 876   68. 00     69. 00   ELECTROCARDI OLOGY   0   1, 126, 845   69. 00     70. 00   ELECTROENCEPHALOGRAPHY   0   221, 341   70. 00     71. 00   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   2, 030, 231   71. 00     72. 00   IMPL DEV. CHARGED TO PATI ENTS   0   219, 501   72. 00     73. 00   DRUGS CHARGED TO PATI ENTS   0   1, 242, 127   73. 00     74. 00   RENAL DI ALYSI S   0   113, 067   74. 00     75. 00   ASC (NON-DI STI NCT PART)   0   0   0     75. 00   OUTPATI ENT SERVICE COST CENTERS     88. 00   RURAL HEALTH CLINIC   0   0     89. 00   FEDERALLY QUALI FIED HEALTH CENTER   0   0     90. 00   CLINIC   0   473   90. 00     90. 01   ID PRIM CARE SUPP NETWORK   0   189, 581   90. 01	62.00	1	0	o		
65. 00 RESPIRATORY THERAPY 66. 00 PHYSICAL THERAPY 66. 00 OCCUPATIONAL THERAPY 67. 00 OCCUPATIONAL THERAPY 68. 00 SPEECH PATHOLOGY 69. 00 ELECTROCARDIOLOGY 69. 00 ELECTROCARDIOLOGY 69. 00 ELECTROCARDIOLOGY 69. 00 ELECTROENCEPHALOGRAPHY 69. 00 T. 126, 845 70. 00 ELECTROENCEPHALOGRAPHY 71. 00 MEDICAL SUPPLIES CHARGED TO PATIENTS 72. 00 IMPL. DEV. CHARGED TO PATIENTS 73. 00 DRUGS CHARGED TO PATIENTS 74. 00 RENAL DIALYSIS 75. 00 ASC (NON-DISTINCT PART) 76. 00 OUTPATIENT SERVICE COST CENTERS 77. 00 RURAL HEALTH CLINIC 78. 00 TEDERALLY QUALIFIED HEALTH CENTER 79. 00 O 79. 00 CLINIC 79. 00 TEDERALLY QUALIFIED HEALTH CENTER 79. 00 O 79. 01 ID PRIM CARE SUPP NETWORK 79. 00 T89, 581 79. 00 T89, 581		·	0	265, 949		1
66. 00 PHYSI CAL THERAPY 0 861, 496 66. 00 67. 00 67. 00 68. 00 67. 00 68. 00 9FECH PATHOLOGY 0 449, 876 68. 00 69. 00 ELECTROCARDI OLOGY 0 1, 126, 845 69. 00 70. 00 ELECTROENCEPHALOGRAPHY 0 221, 341 70. 00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 2, 030, 231 71. 00 72. 00 IMPL. DEV. CHARGED TO PATIENTS 0 219, 501 72. 00 DRUGS CHARGED TO PATIENTS 0 1, 242, 127 73. 00 PRUGS CHARGED TO PATIENTS 0 1, 242, 127 73. 00 RENAL DIALYSIS 0 113, 067 75. 00 ASC (NON-DISTINCT PART) 0 0 0 75. 00 OUTPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 0 0 89. 00 90. 00 EDERALLY QUALIFIED HEALTH CENTER 0 0 90. 00 90. 01 ID PRIM CARE SUPP NETWORK 0 189, 581 90. 01			0	0		•
67. 00 OCCUPATI ONAL THERAPY 68. 00 SPEECH PATHOLOGY 68. 00 SPEECH PATHOLOGY 69. 00 ELECTROCARDI OLOGY 70. 00 ELECTROCARDI OLOGY 71. 00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 71. 00 IMPL. DEV. CHARGED TO PATIENTS 72. 00 I MPL. DEV. CHARGED TO PATIENTS 73. 00 DRUGS CHARGED TO PATIENTS 74. 00 RENAL DI ALYSI S 75. 00 ASC (NON-DI STINCT PART) 76. 00 OUTPATIENT SERVI CE COST CENTERS 77. 00 OFFEDERALLY QUALIFIED HEALTH CENTER 78. 00 OFFEDERALLY QUALIFIED HEALTH CENTER 79. 00 OFFEDERALLY QUALIFIED HEALTH CENTER 79. 00 79. 00 I D PRIM CARE SUPP NETWORK 79. 00 79. 01 79. 01 79. 01 79. 01 79. 01 79. 00 79. 00 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01 79. 01		1	0	· I		•
68. 00   SPEECH PATHOLOGY   0   449, 876   68. 00   69. 00   ELECTROCARDIOLOGY   0   1, 126, 845   69. 00   70. 00   ELECTROENCEPHALOGRAPHY   0   221, 341   70. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   2, 030, 231   71. 00   72. 00   IMPL. DEV. CHARGED TO PATIENTS   0   219, 501   72. 00   73. 00   DRUGS CHARGED TO PATIENTS   0   1, 242, 127   73. 00   74. 00   RENAL DIALYSIS   0   113, 067   74. 00   75. 00   ASC (NON-DISTINCT PART)   0   0   0    OUTPATIENT SERVICE COST CENTERS  88. 00   RURAL HEALTH CLINIC   0   0   89. 00   FEDERALLY QUALIFIED HEALTH CENTER   0   0   90. 00   CLINIC   0   473   90. 00   90. 01   ID PRIM CARE SUPP NETWORK   0   189, 581   90. 01		1	0			
69. 00   ELECTROCARDI OLOGY   0   1, 126, 845   69. 00   70. 00   ELECTROENCEPHALOGRAPHY   0   221, 341   70. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   2, 030, 231   71. 00   72. 00   MPL. DEV. CHARGED TO PATI ENTS   0   219, 501   72. 00   73. 00   DRUGS CHARGED TO PATI ENTS   0   1, 242, 127   73. 00   74. 00   75. 00   76. 00   75.		1				•
70. 00   ELECTROENCEPHALOGRAPHY   0   221, 341   70. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   2, 030, 231   71. 00   72. 00   MPL. DEV. CHARGED TO PATIENTS   0   219, 501   72. 00   73. 00   DRUGS CHARGED TO PATIENTS   0   1, 242, 127   73. 00   74. 00   74. 00   75. 00   75. 00   76. 00   75. 00   7		I and the second	l ŏ	· I		
72. 00		I and the second	0			
73. 00 DRUGS CHARGED TO PATIENTS 0 1,242,127 74. 00 RENAL DIALYSIS 0 113,067 75. 00 ASC (NON-DISTINCT PART) 0 0 0  OUTPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 0 0  89. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 90.00  90. 00 CLINIC 0 473 90. 01 ID PRIM CARE SUPP NETWORK 0 189,581			0			•
74. 00 RENAL DIALYSIS 0 113, 067 75. 00 ASC (NON-DISTINCT PART) 0 0 0 75. 00  OUTPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 0 0 89. 00 90. 00 CLINIC 0 473 90. 01 ID PRIM CARE SUPP NETWORK 0 189, 581						•
75. 00 ASC (NON-DISTINCT PART) 0 0 0 0 75. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I and the second				
OUTPATIENT SERVICE COST CENTERS           88. 00         RURAL HEALTH CLINIC         0         0         88. 00           89. 00         FEDERALLY QUALIFIED HEALTH CENTER         0         0         89. 00           90. 00         CLINIC         0         473         90. 00           90. 01         ID PRIM CARE SUPP NETWORK         0         189, 581         90. 01		I and the second				1
88. 00         RURAL HEALTH CLINIC         0         0         88. 00           89. 00         FEDERALLY QUALIFIED HEALTH CENTER         0         0         89. 00           90. 00         CLINIC         0         473         90. 00           90. 01         ID PRIM CARE SUPP NETWORK         0         189, 581         90. 01	, 5. 00		<u> </u>	<u> </u>		1 , 3. 00
89. 00       FEDERALLY QUALIFIED HEALTH CENTER       0       0       89. 00         90. 00       CLINIC       0       473       90. 00         90. 01       ID PRIM CARE SUPP NETWORK       0       189, 581       90. 01	88. 00		0	0		88. 00
90. 01   I D PRIM CARE SUPP NETWORK   0   189, 581   90. 01			1			•
						1
$\mathcal{C}$			1			1
70. 02   IAINVIALEIATIVE CARE   90. 02	90. 02	PALIN/ PALLIA II VE CAKE	0	236, 446		90. 02

				7/2/2012 2: 04	
	Cost Center Description	Intern &	Total		
		Residents Cost			
		& Post			
		Stepdown			
		Adjustments	0/ 00		
90. 03	DI ABETI C CLINI C	25. 00	26. 00		90. 03
90. 03	GI CLINIC	0	218, 786 592, 623	·	90. 03
90. 04	CLINIC FOR SPECIAL NEEDS		157, 398	·	90.04
90.05	DI ETETI CS		51, 370	·	90.06
90. 07	INFUSION ROOM		64, 725		90.00
90. 08	CARDI OLOGY CLI NI C		114, 123		90.08
90. 09	PULMONARY CLINIC		85, 811		90. 09
90. 10	ENT CLINIC	o	151, 712		90. 10
90. 11	ORTHOPEDIC CLINIC	O	365, 348	l .	90. 11
90. 12	EYE CLINIC	0	64, 621		90. 12
90. 13	ONCOLOGY CLINIC	o	443, 160		90. 13
90. 14	SURGI CAL SPECIALTIES	0	169, 036		90. 14
90. 15	ALLERGY CLINIC	0	372, 800		90. 15
90. 16	LASER CLINIC	0	0		90. 16
90. 17	DERMATOLOGY CLINIC	0	127, 674		90. 17
90. 18	CLINIC ADMINISTRATION	0	0		90. 18
90. 19	CRANI OFACI AL CENTER	0	64, 019		90. 19
90. 20	HEMATOLOGY CLINIC	0	107, 101		90. 20
90. 21 90. 22	SPINA BIFIDA	0	79, 584		90. 21
90. 22	NEUROSCIENCES CLINIC RHEUMATOLOGY CLINIC	0	147, 550 113, 524		90. 22 90. 23
90. 23	ENDOCRINE CLINIC		99, 949	l .	90. 23
90. 25	RENAL CLINIC		32, 972		90. 25
90. 26	GREENWAY CLINIC		367, 185		90. 26
90. 27	NEW BERLIN CLINIC	l o	3, 122, 020	·	90. 27
91. 00	EMERGENCY	0	824, 628	·	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	o			92.00
	OTHER REIMBURSABLE COST CENTERS	<u>'</u>			
94.00	HOME PROGRAM DIALYSIS	0	22, 311		94. 00
95.00	AMBULANCE SERVICES	0	0		95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96. 00
97. 00	DURABLE MEDICAL EQUIP-SOLD	0	0		97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	0	289, 831		98. 00
98. 01	TRANSPORT	0	287, 559		98. 01
98. 02	GENETICS CENTER	0	400, 589		98. 02
98. 03 98. 04	NUCLEAR MEDICINE CHILD DEVELOPMENT	0	92, 407		98. 03 98. 04
98. 04 98. 05	CHILD DEVELOPMENT	0	379, 566 240, 115		98. 04
98. 06	DENTAL SRVC		530, 365		98. 06
99. 00	CMHC		0		99. 00
99. 10	CORF		0		99. 10
	I&R SERVICES-NOT APPRVD PRGM	o	o		100.00
	HOME HEALTH AGENCY	o	o		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	21, 373		105. 00
	HEART ACQUISITION	0	30, 019	l control of the cont	106. 00
	LIVER ACQUISITION	0	3, 271		107. 00
	LUNG ACQUISITION	0	0		108.00
	PANCREAS ACQUISITION	0	0		109.00
	INTESTINAL ACQUISITION  ISLET ACQUISITION		0		110. 00 111. 00
	INTEREST EXPENSE	"	٩		113.00
	UTILIZATION REVIEW-SNF		-		114. 00
	AMBULATORY SURGICAL CENTER (D. P. )		n		115. 00
	HOSPICE		n O		116.00
	OTHER CAPITAL RELATED COSTS	O	ol		117. 00
	SUBTOTALS (SUM OF LINES 1-117)	o	42, 500, 942		118. 00
	NONREI MBURSABLE COST CENTERS	·			
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42, 987		190. 00
	RESEARCH	0	385, 523		191. 00
	PHYSICIANS' PRIVATE OFFICES	0	0		192. 00
	NONPALD WORKERS	0	0		193. 00
	DOWNTOWN HEALTH CENTER	0	350, 031		194. 00
	POI SON CENTER	0	139, 199		194. 01
	PUBLIC RELATIONS	0	1, 005, 748	l .	194. 02
	OUTREACH	0	381, 832		194. 03
	OTHER OFFSITE CLINICS		399, 669		194. 04 194. 05
	CHILDREN'S SPECIALTY GROUP EAST SIDE SPEECH AND HEARING		11, 229 0		194. 05
	NORTH SHORE CLINIC	0	6, 281		194. 06
	ADOLESCENT MEDICINE	0	89, 752		194. 07
	I The state of the	1 9		ı	

Health Financial Systems CH	ILDREN'S HOSPITAL (	OF WISCONSI	N	In Lie	u of Form CMS-2552-	-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 523300		Worksheet B	
				From 01/01/2011	Part II	
				To 12/31/2011	Date/Time Prepared	d:
					7/2/2012 2:04 pm	
Cost Center Description	Intern &	Total				
	Residents Cost					
	& Post					
	Stepdown					
	Adjustments					
	25. 00	26. 00				
200.00 Cross Foot Adjustments	0	517, 366			200.	00
201.00 Negative Cost Centers	O	0			201.	00
202.00 TOTAL (sum lines 118-201)	0	45, 830, 559			202.	00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 523300 Peri od: Worksheet B-1 From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm CAPITAL RELATED COSTS BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Reconciliation ADMINISTRATIVE Cost Center Description (SQUARE FEET) (DOLLAR VALUE) BENEFITS & GENERAL (ACCUM. COST) (GROSS SALARI ES) 1.00 2.00 5A 5.00 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 1,099,484 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 17, 158, 547 2.00 4.00 EMPLOYEE BENEFITS 8,063 1, 209 160, 287, 278 4.00 ADMINISTRATIVE & GENERAL 23, 787, 772 -87, 311, 413 352, 091, 056 5.00 108, 162 5, 063, 680 5.00 MAINTENANCE & REPAIRS 6.00 6 00 7.00 OPERATION OF PLANT 35,863 373, 374 2, 547, 124 15, 118, 535 7.00 8.00 LAUNDRY & LINEN SERVICE 5, 374 1, 034, 587 8.00 6, 024, 803 0 9 00 HOUSEKEEPING 7 992 149 099 2 914 100 9 00 0 10.00 DI ETARY 1, 274 937 1, 440, 162 5, 167, 250 10.00 11.00 CAFETERI A 29, 156 45, 240 243, 398 0 729, 957 11.00 MAINTENANCE OF PERSONNEL 0 12.00 12.00 C 0 4, 818, 242 NURSING ADMINISTRATION 3 274 40, 097 6, 980, 252 13 00 13 00 14.00 CENTRAL SERVICES & SUPPLY C 6, 499, 327 14.00 0 8, 803, 601 15.00 PHARMACY 15.00 0 MEDICAL RECORDS & LIBRARY 10,017 16,00 7.409 2.334.358 5, 162, 988 16,00 SOCIAL SERVICE 2, 515, 293 17 00 8.189 15, 328 1, 393, 036 17 00 18.00 OTHER GENERAL SERVICE (SPECIFY) 0 18.00 C 0 NONPHYSICIAN ANESTHETISTS 0 19.00 0 19.00 0 20.00 NURSING SCHOOL C 20.00 0 0 I&R SERVICES-SALARY & FRINGES APPRVD 16, 000, 587 21 00 1, 303 773 310, 182 21 00 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 4, 804, 285 22.00 22.00 30 PARAMED ED PRGM-(SPECIFY) 23.00 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 ADULTS & PEDIATRICS 211, 960 794, 353 14, 514, 223 0 27, 975, 611 30.00 1, 277, 471 INTENSIVE CARE UNIT 25, 854, 457 0 36, 665, 878 31.00 111,066 31.00 o 32.00 CORONARY CARE UNIT 32.00 BURN INTENSIVE CARE UNIT 0 33.00 0 0 0 33.00 34.00 SURGICAL INTENSIVE CARE UNIT Λ 0 357 Λ 34.00 OTHER SPECIAL CARE HOT UNIT 8, 890, 927 35, 00 27.743 66, 159 3, 528, 090 35, 00 0 40.00 SUBPROVIDER - IPF 0 0 40.00 SUBPROVIDER - IRF 0 41 00 0 0 Λ 41 00 42.00 SUBPROVI DER 0 0 0 0 42.00 43.00 NURSERY 0 0 0 O 43.00 0 SKILLED NURSING FACILITY 44.00 0 0 C 0 44.00 O 45.00 NURSING FACILITY 0 0 0 45.00 46,00 OTHER LONG TERM CARE 0 46,00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 65.500 1, 142, 980 8 013 572 4. 188. 477 50.00 51.00 RECOVERY ROOM 5, 934 51,828 1, 602, 416 0 2, 446, 216 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 0 1, 923 301, 065 298, 983 1, 171, 788 53.00 ANESTHESI OLOGY 53.00 RADI OLOGY-DI AGNOSTI C 54.00 67, 298 2, 424, 220 5, 719, 920 15, 449, 599 54.00 55.00 RADI OLOGY-THERAPEUTI C 0 55.00 56.00 RADI OI SOTOPE 0 0 56.00 C 960, 328 0 486 193 57 00 CT SCAN 57 00 58.00 MAGNETIC RESONANCE IMAGING (MRI) 0 216, 876 538, 294 1, 881, 754 58.00 CARDI AC CATHETERI ZATI ON 0 267, 749 0 2, 204, 996 59.00 59.00 0 LABORATORY 40,072 514, 108 20, 855, 227 60.00 5, 515, 739 60.00 60 01 BLOOD LABORATORY 0 0 0 60 01 0 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 62.00 62.00 0 63.00 BLOOD STORING, PROCESSING & TRANS. 0 117.849 0 6.683.470 63.00 INTRAVENOUS THERAPY 64 00 0 0 64 00 9,042 65.00 RESPIRATORY THERAPY 278, 689 4, 675, 824 0 6, 819, 043 65.00 PHYSI CAL THERAPY o 66.00 22, 915 193, 221 1, 946, 618 3, 386, 833 66.00 0 OCCUPATIONAL THERAPY 67.00 67.00 3, 046, 724 2,005,957 68.00 SPEECH PATHOLOGY 12 089 63.579 68 00 5, 732, 741 **ELECTROCARDI OLOGY** 13, 721 652, 697 0 69.00 2, 655, 843 69.00 0 70.00 **ELECTROENCEPHALOGRAPHY** 2.691 122, 322 597, 739 1, 127, 035 70.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 27, 001, 557 71.00 13,850 865, 813 3, 429, 727 71 00 0 IMPL. DEV. CHARGED TO PATIENTS 10, 312, 000 72.00 72.00 DRUGS CHARGED TO PATIENTS 12, 231 230, 717 0 73.00 6.842.110 19, 618, 209 73.00 74.00 RENAL DIALYSIS 30, 987 0 607, 841 74.00 2,507 274, 640 75.00 ASC (NON-DISTINCT PART) 0 C 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88 00 RURAL HEALTH CLINIC 0 O 0 n 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0 0 0 0 90.00 CLINIC Λ 0 Λ 90.00 711, 692 90.01 ID PRIM CARE SUPP NETWORK 6,674 4, 590 369, 339 o 90.01

Health Financial Systems

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Frovider CCN: 523300 | Period: | Worksheet B-1 | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

				'	0 12/31/2011	7/2/2012 2:04	
		CAPI TAL REI	LATED COSTS				
	Cost Center Description	BLDG & FLXT	MVBLE EQUIP	EMPLOYEE	Peconciliation	ADMI NI STRATI VE	
	cost center bescription		(DOLLAR VALUE)	BENEFITS	Reconciliation	& GENERAL	
		, ,	,	(GROSS		(ACCUM. COST)	
		1.00	2.00	SALARI ES)	Ε.Δ.	F 00	
90. 02	PAIN/PALLIATIVE CARE	1. 00 8, 271	2. 00 6, 767	4. 00 493, 357	5A 0	5. 00 904, 394	90. 02
90. 03	DI ABETI C CLINI C	6, 601	22, 469			887, 470	
90. 04	GI CLINIC	17, 945				2, 448, 093	1
90. 05	CLINIC FOR SPECIAL NEEDS	4, 057		347, 597		858, 836	•
90. 06 90. 07	DIETETICS   INFUSION ROOM	1, 800	0 5, 121	1, 110, 726 235, 987		1, 717, 920 364, 858	1
90. 07	CARDI OLOGY CLINIC	1, 647				1, 254, 984	
90. 09	PULMONARY CLINIC	1, 913				541, 377	90. 09
90. 10	ENT CLINIC	3, 510				916, 874	•
90. 11 90. 12	ORTHOPEDIC CLINIC EYE CLINIC	12, 248 1, 611				1, 070, 921 272, 914	90. 11 90. 12
90. 12	ONCOLOGY CLINIC	13, 178				1, 935, 749	1
90. 14	SURGI CAL SPECIALTI ES	3, 647				1, 275, 510	1
90. 15	ALLERGY CLINIC	11, 095				1, 360, 545	1
90. 16 90. 17	LASER CLINIC DERMATOLOGY CLINIC	0	0	_	_	900, 573	90. 16 90. 17
90. 17	CLINIC ADMINISTRATION	3, 039	24, 320	407, 237	0	900, 573	90. 17
90. 19	CRANI OFACI AL CENTER	2, 300	549	120, 271	0	225, 915	•
90. 20	HEMATOLOGY CLINIC	3, 790			0	484, 402	1
90. 21	SPINA BIFIDA	2, 813		176, 653	0	344, 672	1
90. 22 90. 23	NEUROSCIENCES CLINIC RHEUMATOLOGY CLINIC	2, 422 3, 966			_	1, 404, 676 396, 249	1
90. 24	ENDOCRINE CLINIC	3, 599				370, 456	•
90. 25	RENAL CLINIC	927				214, 861	
90. 26	GREENWAY CLINIC	0	345, 340			1, 094, 902	•
90. 27 91. 00	NEW BERLIN CLINIC EMERGENCY	27, 250 19, 027		1, 101, 542 5, 120, 989		5, 147, 896 7, 661, 002	90. 27 91. 00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	.,, 52,	, ,	0, .20, ,0,		,,,,,,,,,	92.00
	OTHER REIMBURSABLE COST CENTERS						
94. 00 95. 00	HOME PROGRAM DI ALYSIS AMBULANCE SERVICES	704	0			205, 917 0	94. 00 95. 00
96. 00	DURABLE MEDICAL EQUIP-RENTED	0	0		_	0	96.00
97. 00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	8, 202				2, 396, 275	1
98. 01 98. 02	TRANSPORT GENETICS CENTER	0 10, 524	114, 437 13, 616	2, 017, 462 649, 020		5, 278, 731 1, 319, 288	98. 01 98. 02
98. 03	NUCLEAR MEDICINE	1, 500				769, 471	98. 03
98. 04	CHILD DEVELOPMENT	3, 280				560, 702	1
98. 05	CHILD PROTECTION CENTER	1, 174				1, 771, 694	1
98. 06 99. 00	DENTAL SRVC CMHC	8, 599	106, 521 0	2, 109, 831	0	3, 450, 746 0	1
99. 10	CORF	Ö	Ö	ő	Ö	Ö	•
	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100. 00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101. 00
105 00	SPECIAL PURPOSE COST CENTERS KI DNEY ACQUI SI TI ON	0	0	175, 266	0	681, 358	105 00
	HEART ACQUISITION	347	Ö	148, 131		962, 765	1
	LIVER ACQUISITION	0	0	0	0	149, 568	
	LUNG ACQUISITION PANCREAS ACQUISITION	0	0	0	0		108. 00 109. 00
	INTESTINAL ACQUISITION	0	0		0		1109.00
	I SLET ACQUI SI TI ON	Ö	Ö	Ö	Ö		111. 00
	INTEREST EXPENSE						113. 00
	UTILIZATION REVIEW-SNF	0		_	0		114. 00 115. 00
	AMBULATORY SURGICAL CENTER (D. P. )  HOSPICE	0	0				116. 00
	OTHER CAPITAL RELATED COSTS	0	O	Ö	0	0	117. 00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1, 031, 525	16, 929, 512	154, 841, 411	-87, 311, 056	338, 181, 975	118. 00
100.00	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 669	0	0	0	38, 028	100 00
	RESEARCH	11, 573				3, 901, 603	1
	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192. 00
	NONPALD WORKERS	0	0	0	0		193. 00
	DOWNTOWN HEALTH CENTER POISON CENTER	0 3, 060	57, 304 14, 310	0 1, 277, 636	0	405, 079 1, 883, 675	1
	PUBLIC RELATIONS	33, 144				2, 671, 046	1
194. 03	OUTREACH	12, 188	0	654, 916	0	1, 854, 858	194. 03
	OTHER OFFSITE CLINICS	3, 681				2, 539, 956	
	CHILDREN'S SPECIALTY GROUP EAST SIDE SPEECH AND HEARING	0	.,	248, 519 0		335, 013 0	194. 05 194. 06
. ,	1 Or DE OF ELOT THIS HEALTHO	<u> </u>	1 0	·			1

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCO	ONSI N	In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi	der CCN: 523300	Peri od: From 01/01/2011	Worksheet B-1
			To 12/31/2011	Date/Time Prepared: 7/2/2012 2:04 pm
	CAPITAL RELATED COSTS			

					7/2/2012 2:04	pm
	CAPI TAL REI	LATED COSTS				
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS		& GENERAL	
			(GROSS		(ACCUM. COST)	
			SALARI ES)			
	1.00	2. 00	4. 00	5A	5. 00	
194. 07 NORTH SHORE CLINIC	0	4, 880	13, 506	0	4, 981	194. 07
194.08 ADOLESCENT MEDICINE	2, 644	15, 770	264, 133	0	274, 842	194. 08
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)	25, 051, 559	16, 952, 152	4, 740, 326		87, 311, 413	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	22. 784833	0. 987971	0. 029574		0. 247980	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)			184, 908		7, 494, 679	204. 00
205.00 Unit cost multiplier (Wkst. B, Part II)			0. 001154		0. 021286	205. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS

Provi der CCN: 523300 | Peri od: | Worksheet B-1 | To | 12/31/2011 | Date/Time Prepared:

Control   Cont						12/31/2011	7/2/2012 2:04 pm	
PARENT STRAYOF COST CRUTPES		Cost Center Description	REPAI RS	PLANT	LINEN SERVICE (POUNDS OF	(HOURS OF	DI ETARY	
CHEMPAL SERVICE COST-SHUD S   1			6.00	7.00		9.00	10.00	
2.00 CAP INCL. COSTS-MYRILE EXCUPY  4.00 EMPLOYEE EMERT IS  5.00 ADM INSTRATIVE & CENERAL  5.		GENERAL SERVICE COST CENTERS	0.00	7.00	8.00	9.00	10.00	
APPLY SET REMEMBER   SPENDER   SPE								
Description   Color		y the state of the						
MAINTERNANCE & REPAIR RS   983 ZEP\$		4					!	
LAMBORY & LINEN SERVICE		1	983, 259					
NO.05   NO.0		1	35, 863	947, 396				
0.00   DETARY   1.774			7 003	7 002		020 404		
11.00 CAFETERIA  12.00 (MAINTENANCE OF PERSONNEL  13.00 NURSING ADMINISTRATION  13.07 A 3.274  13.274			1		i ' i	· ·	1	
3.00   MINESTRA ADMINISTRATION   3.724   3.774   0   3.776   0   13.00		1			I -			
14 - 00   CHYTERM STRVITCES & SUPPLY   0   0   0   0   0   0   1   1   0		1	0	0	0	0		
15.00   MINAMACY		1	3, 274	3, 274	0	3, 274	1	
16. 00   MEDI CAL RECORDS & LIBRANY   10. 017   10. 017   0   10. 017   0   10. 017   0   10. 00		1		0	0	0		
18. 00   OTHER GENERAL SERVICE (SPECIFY)   0   0   0   0   0   0   19. 00		•	10, 017	10, 017	0	10, 017	0	
19. 00   NOMPHYSICIAN AMESTHETISIS   0   0   0   0   0   0   20   20   20			1		0	8, 189		
20. 00   NURSING SCHOOL   0   0   0   0   0   0   0   0   0		1	0	0	0	0	_	
22.00   TABLE SERVICES-SALARY & FRINGES APPROV		I and the second		0	0	0		
23 00   PARAMED ED PREMI-(SPECIFY)			1, 303	1, 303	4, 140	1, 303	0	
INPAILENT ROUTINE SERVICE COST CENTERS					0		1	
30.00   ADULTS & PEDIATRICS	23. 00	, ,	0	0	0	0	0	23. 00
131 00   INTERSIVE CARE UNIT	30. 00		211, 960	211. 960	378, 699	211, 960	62, 307	30. 00
33.00   BURN INTENSIVE CARE UNIT		INTENSIVE CARE UNIT						
34. 00   SURGICAL INTENSIVE CARE LUNIT   0			1	0	0	0	-	
1.55		1	0	0	0	0	0	
40.00   SUBPROVIDER - I PF		1	27. 743	27. 743	67, 550	27. 743	8. 796	
42.00   SUBPROVIDER		1	0	0	0	0	1	
43.00 NURSERY 4.00 SKILLEN DURSING FACILITY 5.00 0.00 0.00 0.00 0.43.00 45.00 NURSING FACILITY 5.00 0.00 0.00 0.00 0.00 0.45.00 ANCILLARY SERVICE COST CENTERS  ANCILLARY SERVICE COST CENTERS  5.00 OPERATING ROCOM 5.00 DELIVERY ROCOM 65.500 65.500 214.400.65.500 111 52.00 DELIVERY ROCOM 5.5.934 5.934 21.574 5.934 0.51.00 53.00 ANESTHESI OLOGY 7.10 1.923 1.923 0.00 1.923 0.53.00 54.00 RADIO LOGY-HAROSTIC 67.298 67.298 44.263 67.298 22.54.00 55.00 RADIO LOGY-HARAPEUTIC 0.00 0.00 0.00 0.55.00 56.00 RADIO LOGY-HARAPEUTIC 0.00 0.00 0.00 0.55.00 57.00 CT SCAN 58.00 MAGNETIC RESONANCE IMAGING (MRI) 0.00 0.00 0.00 0.55.00 58.00 MAGNETIC RESONANCE IMAGING (MRI) 0.00 0.00 0.00 0.55.00 60.00 LABORATORY 40.072 40.072 80 40.072 22.60.00 60.01 BLOOD LABORATORY 0.00 0.00 0.00 0.59.00 60.00 LABORATORY 0.00 0.00 0.00 0.00 0.59.00 60.00 LABORATORY 0.00 0.00 0.00 0.00 0.59.00 63.00 BLOOD STORING, PROCKESSING & TRANS. 0.00 0.00 0.00 0.00 0.60.00 65.00 RESPIRATION LAL LAB SERVICES-PRIM ONLY 0.00 0.00 0.00 0.00 0.00 0.00 65.00 RESPIRATION FROESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 65.00 RESPIRATORY 0.00 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 65.00 RESPIRATORY 1.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 0.00 0.00 65.00 BLOOD STORING, PROCESSING & TRANS. 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		1	0	0	0	0		
44. 00   SKILLED NURSING FACILITY		4	0	0	0	0		
45. 00   NURSING FACILITY		1		0	0	0		
ANCILLARY SERVICE COST CENTERS		1	0	O	0	0	-	
50.00	46. 00		0	0	0	0	0	46. 00
51.00   RECOVERY ROOM & LABOR ROOM   5.934	50.00		65, 500	65 500	214 400	65 500	11	50 00
53.00   AMESTHESIOLOGY		1				· ·		
54.00   RADI OLOGY-DI AGNOSTI C   67, 298   67, 298   44, 263   67, 298   22   54. 00   65. 00   RADI OLOGY-THERAPEUTI C   0 0 0 0 0 0 0 0 0   55. 00   65. 00   65. 00   67		I and the second	0	0	0	0	-	
55. 00   RADI OLOGY-THERAPEUTI C						· ·		
56. 00   RADIO I SOTOPE			07, 240	07, 290	44, 203	07, 290	1	
58. 00   MAGNETIC RESONANCE IMAGING (MRI)	56.00	RADI OI SOTOPE	0	O	0	0	-	
59,00   CARDIAC CATHETERIZATION			0	0		0		
60.00   LABORATORY   40,072   40,072   80   40,072   22   60.00				0	13, 600	0		
BLOOD LABORATORY   0		1	40, 072	40, 072	80	40, 072		
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 0 0 0 0 0 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 0 0 0 0 63.00 64.00 1NTRAVENOUS THERAPY 0 0 0 0 0 0 0 0 64.00 65.00 RESPIRATORY THERAPY 9,042 9,042 6,250 9,042 065.00 66.00 PHYSI CAL THERAPY 22,915 22,915 4,650 22,915 0 66.00 67.00 0 0 0 0 0 0 0 0 0 64.00 66.00 67.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	0	0	0	0	1	
63.00 BLOOD STORING, PROCESSING & TRANS.  0 0 0 0 0 0 0 0 0 64.00 64.00 INTRAVENOUS THERAPY 0 0 0 0 0 0 0 64.00 65.00 RESPIRATORY THERAPY 9,042 6,250 9,042 0 65.00 66.00 PHYSI CAL THERAPY 22,915 22,915 4,650 22,915 0 66.00 67.00 OCCUPATIONAL THERAPY 0 0 0 0 0 0 0 0 66.00 68.00 SPEECH PATHOLOGY 12,089 12,089 10 12,089 1 68.00 69.00 ELECTROCARDIOLOGY 13,721 13,721 9,115 13,721 0 69.00 70.00 ELECTROENCEPHALOGRAPHY 2,691 2,691 11,412 2,691 0 70.00 71.00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 13,850 13,850 65,570 13,850 0 71.00 72.00 IMPL. DEV. CHARGED TO PATIENTS 13,850 13,850 65,570 13,850 0 71.00 73.00 DRUGS CHARGED TO PATIENTS 12,231 12,231 40 12,231 0 73.00 74.00 RENAL DIALYSIS 2,507 2,507 1,890 2,507 0 74.00 75.00 OUTPATIENT SERVICE COST CENTERS  88.00 RURAL HEALTH CLINIC 0 0 0 0 0 0 0 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 990.00 90.01 ID PRIM CARE SUPP NETWORK 6,674 6,674 0 6,674 0 90.01 90.02 PAIN/PALLIATIVE CARE		1						
64.00   INTRAVENOUS THERAPY   0   0   0   0   0   0   64.00		1		0	0	0		
66. 00   PHYSI CAL THERAPY   22, 915   22, 915   4, 650   22, 915   0 66. 00			0	Ö	Ö	0	Ö	
67. 00 OCCUPATIONAL THERAPY 0 0 0 0 0 0 0 67. 00 68. 00 SPEECH PATHOLOGY 12, 089 12, 089 10 12, 089 1 68. 00 69. 00 ELECTROCARDI OLOGY 13, 721 13, 721 9, 115 13, 721 0 69. 00 70. 00 ELECTROECREPHALOGRAPHY 2, 691 2, 691 11, 412 2, 691 0 70. 00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 13, 850 13, 850 65, 570 13, 850 0 71. 00 TMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 72. 00 73. 00 DRUGS CHARGED TO PATI ENTS 12, 231 12, 231 40 12, 231 0 73. 00 PRUGS CHARGED TO PATI ENTS 12, 231 12, 231 40 12, 231 0 73. 00 RENAL DI ALYSI S 2, 507 2, 507 1, 890 2, 507 0 74. 00 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 75. 00 OLITPATI ENT SERVI CE COST CENTERS  88. 00 RURAL HEALTH CLINI C 0 0 0 0 0 0 0 88. 00 90. 00 CLINI C 0 0 0 0 0 0 0 90. 00 90. 00 90. 00 90. 01 1D PRIM CARE SUPP NETWORK 6, 674 6, 674 0 6, 674 0 90. 02 PAI N/PALLI ATI VE CARE 0 90. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
68. 00 SPEECH PATHOLOGY 12, 089 12, 089 10 12, 089 1 68. 00 69. 00 ELECTROCARDI OLOGY 13, 721 13, 721 9, 115 13, 721 0 69. 00 70. 00 ELECTROENCEPHALOGRAPHY 2, 691 2, 691 11, 412 2, 691 0 70. 00 71. 00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 13, 850 13, 850 65, 570 13, 850 0 71. 00 72. 00 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 72. 00 73. 00 DRUGS CHARGED TO PATI ENTS 12, 231 12, 231 40 12, 231 0 73. 00 74. 00 RENAL DI ALYSI S 2, 507 2, 507 1, 890 2, 507 0 74. 00 75. 00 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 89. 00 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 0 0 0 0 0 88. 00 90. 00 CLI NI C 0 0 0 0 0 0 0 90. 00 90. 01 ID PRI M CARE SUPP NETWORK 6, 674 6, 674 0 6, 674 0 90. 02 PAI N/PALLI ATI VE CARE		4	22, 915	22, 915	4, 650	22, 915	0	
69. 00   ELECTROCARDI OLOGY   13, 721   13, 721   9, 115   13, 721   0 69. 00   70. 00   ELECTROENCEPHALOGRAPHY   2, 691   2, 691   11, 412   2, 691   0 70. 00   71. 00   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   13, 850   65, 570   13, 850   0 71. 00   72. 00   1MPL. DEV. CHARGED TO PATI ENTS   0 0 0 0 0 0 0 0 72. 00   73. 00   DRUGS CHARGED TO PATI ENTS   12, 231   12, 231   40   12, 231   0 73. 00   74. 00   75. 00   RENAL DI ALYSI S   2, 507   2, 507   1, 890   2, 507   0 74. 00   75. 00   0 0 0 0 0 0 0   0 0 0 0   75. 00   0 0 0 0 0 0 0 0 0 0 0   0 0 0 0 0		4	12 089	12 089	10	12 089	1	
71. 00 MEDI CAL SUPPLIES CHARGED TO PATIENTS  13, 850 13, 850 0 0 0 0 0 0 72. 00  72. 00 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00  73. 00 DRUGS CHARGED TO PATIENTS 12, 231 12, 231 40 12, 231 0 73. 00  74. 00 RENAL DI ALYSIS 2, 507 2, 507 1, 890 2, 507 0 0 0 0 0 75. 00  0UTPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 89. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 88. 00  90. 00 CLINIC 0 0 0 0 0 0 0 90. 00  90. 01 ID PRIM CARE SUPP NETWORK 6, 674 6, 674 90. 02 PAIN/PALLIATIVE CARE 8, 271 8, 271 4, 915 8, 271 0 70. 00 0 71. 00 0 72. 00 0 73. 00 0 74. 00 0 75. 00 0 75. 00 0 75. 00 0 75. 00 0		1						
72. 00		1						
73. 00 DRUGS CHARGED TO PATIENTS 12, 231 12, 231 40 12, 231 0 73. 00 74. 00 RENAL DI ALYSI S 2, 507 2, 507 1, 890 2, 507 0 74. 00 75. 00 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 75. 00  OUTPATIENT SERVI CE COST CENTERS  88. 00 RURAL HEALTH CLINI C 0 0 0 0 0 0 88. 00  99. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 89. 00  90. 01 ID PRIM CARE SUPP NETWORK 6, 674 6, 674 0 6, 674 0 90. 01  90. 02 PAI N/PALLIATI VE CARE 8, 271 8, 271 4, 915 8, 271 0 90. 02		1	13, 850	13, 850	1		1	
74. 00 RENAL DIALYSIS 2, 507 2, 507 1, 890 2, 507 0 74. 00 75. 00 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 75. 00  OUTPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 0 0 0 0 0 0 88. 00 89. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 89. 00 90. 00 CLINIC 0 0 0 0 0 0 90. 00 90. 01 ID PRIM CARE SUPP NETWORK 6, 674 6, 674 0 6, 674 0 90. 02 90. 02 PAIN/PALLIATIVE CARE 8, 271 8, 271 4, 915 8, 271 0 90. 02			12 231	12 231	·	J	-	
OUTPATIENT SERVICE COST CENTERS           88.00         RURAL HEALTH CLINIC         0         0         0         0         0         88.00           89.00         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         0         89.00           90.00         CLINIC         0         0         0         0         0         90.00           90.01         ID PRIM CARE SUPP NETWORK         6,674         6,674         0         6,674         0         90.01           90.02         PAIN/PALLIATIVE CARE         8,271         8,271         4,915         8,271         0         90.02		1						
88. 00     RURAL HEALTH CLINIC     0     0     0     0     0     88. 00       89. 00     FEDERALLY QUALIFIED HEALTH CENTER     0     0     0     0     0     89. 00       90. 00     CLINIC     0     0     0     0     0     0     90. 00       90. 01     ID PRIM CARE SUPP NETWORK     6, 674     6, 674     0     6, 674     0     90. 01       90. 02     PAIN/PALLIATIVE CARE     8, 271     8, 271     4, 915     8, 271     0     90. 02		ASC (NON-DISTINCT PART)			0			
89.00         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         0         89.00           90.00         CLINIC         0         0         0         0         0         90.00           90.01         ID PRIM CARE SUPP NETWORK         6,674         6,674         0         6,674         0         6,674         0         90.01           90.02         PAIN/PALLIATIVE CARE         8,271         8,271         4,915         8,271         0         90.02	00.05		-			_		00.00
90. 00   CLINIC   0   0   0   0   90. 00   90. 00   90. 01   1D   PRIM CARE SUPP NETWORK   6, 674   6, 674   0   6, 674   0   90. 01   90. 02   PAI N/PALLIATI VE CARE   8, 271   8, 271   4, 915   8, 271   0   90. 02		I and the second	0	0	0	0	-	
90. 01   ID PRIM CARE SUPP NETWORK 6, 674 0 6, 674 0 90. 01 90. 02   PAI N/PALLI ATI VE CARE 8, 271 8, 271 4, 915 8, 271 0 90. 02			0	0	ا	0	-	
	90. 01	ID PRIM CARE SUPP NETWORK					0	90. 01
90. 03   DEABETT CLINIC   6, 601  30  6, 601  274   90. 03		I and the second						
	90. 03	DIABETIC CLINIC	6, 601	6, 601	] 30	6, 601	<u> </u> 2/4	90.03

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der	F	Period: rom 01/01/2011	Worksheet B-1	
				To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG (HOURS OF	DIETARY (MEALS SERVED)	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF	SERVICE)	(,	
	6. 00	7. 00	LAUNDRY) 8. 00	9. 00	10.00	
90.04 GI CLINIC 90.05 CLINIC FOR SPECIAL NEEDS	17, 945 4, 057	17, 945 4, 057	1		0	90. 04 90. 05
90. 06 DI ETETI CS	4,037	4,037			0	90.05
90.07 INFUSION ROOM 90.08 CARDIOLOGY CLINIC	1, 800 1, 647	1, 800 1, 647		·	1, 822 0	90. 07 90. 08
90. 08 CARDI OLOGI CLINI C	1, 913	1, 913	1	·	0	90.08
90. 10 ENT CLINIC 90. 11 ORTHOPEDIC CLINIC	3, 510	3, 510	1		0	90. 10 90. 11
90. 11 ORTHOPEDIC CLINIC 90. 12 EYE CLINIC	12, 248 1, 611	12, 248 1, 611	8, 040 C	1	0	90. 11
90. 13 ONCOLOGY CLINIC	13, 178	13, 178	1		1, 163	90. 13
90. 14   SURGI CAL SPECI ALTI ES 90. 15   ALLERGY CLINI C	3, 647 11, 095	3, 647 11, 095	1	1	0	90. 14 90. 15
90. 16 LASER CLINIC	0	0	1 250	_	0	90. 16
90. 17 DERMATOLOGY CLINIC 90. 18 CLINIC ADMINISTRATION	3, 039	3, 039 0	1, 250 C		0	90. 17 90. 18
90. 19 CRANI OFACI AL CENTER	2, 300	2, 300		2,000	0	90. 19
90.20   HEMATOLOGY CLINIC 90.21   SPINA BIFIDA	3, 790 2, 813	3, 790 2, 813			0	90. 20 90. 21
90. 22 NEUROSCI ENCES CLI NI C	2, 422	2, 422	c	2, 422	11	90. 22
90. 23   RHEUMATOLOGY CLINIC 90. 24   ENDOCRINE CLINIC	3, 966 3, 599	3, 966 3, 599			0	90. 23 90. 24
90. 25 RENAL CLINIC	927	927	c	927	0	90. 25
90. 26   GREENWAY CLINIC 90. 27   NEW BERLIN CLINIC	0 27, 250	0 27, 250	2,0,0		0 44	90. 26 90. 27
91. 00 EMERGENCY	19, 027	19, 027	1		0	91. 00
92.00 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92. 00
94.00 HOME PROGRAM DI ALYSIS	704	704	C	704	0	94. 00
95. 00 AMBULANCE SERVICES 96. 00 DURABLE MEDICAL EQUIP-RENTED	0	0	C	0	0	95. 00 96. 00
97. 00 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	96. 00 97. 00
98. 00 PSYCHIATRY - OFFICE BLDG	8, 202	8, 202	C	8, 202	77	98. 00
98. 01   TRANSPORT 98. 02   GENETICS CENTER	10, 524	10, 524	3, 240	0 10, 524	0	98. 01 98. 02
98. 03 NUCLEAR MEDICINE	1, 500	1, 500	C	1, 500	0	98. 03
98. 04   CHILD DEVELOPMENT 98. 05   CHILD PROTECTION CENTER	3, 280 1, 174	3, 280 1, 174	1	-,	0	98. 04 98. 05
98. 06 DENTAL SRVC	8, 599	8, 599			0	98. 06
99. 00   CMHC 99. 10   CORF	0	0	C	0	0	99. 00 99. 10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	Č	o o		100.00
101. 00 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	<u> </u>	0	0	101. 00
105. 00 KI DNEY ACQUI SI TI ON	0	0		0		105. 00
106.00 HEART ACQUISITION 107.00 LIVER ACQUISITION	347	347	C	347		106. 00 107. 00
108.00 LUNG ACQUISITION	0	0	C	0		107.00
109.00 PANCREAS ACQUISITION	0	0	C	0		109.00
110.00 INTESTINAL ACQUISITION 111.00 ISLET ACQUISITION	0	0		0		110. 00 111. 00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF 115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	0	114. 00 115. 00
116. 00 HOSPI CE	0	0	C	0	0	116. 00
117.00 OTHER CAPITAL RELATED COSTS 118.00 SUBTOTALS (SUM OF LINES 1-117)	915, 300	0 879, 437	1, 294, 628	0 871, 445	0 80, 927	117. 00 118. 00
NONREI MBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 RESEARCH	1, 669 11, 573			1, 669 11, 573		190. 00 191. 00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	d		0	192. 00
193. 00 NONPALD WORKERS 194. 00 DOWNTOWN HEALTH CENTER	0	0	C	0		193. 00 194. 00
194. 01 POLSON CENTER	3, 060	3, 060	l .	3, 060	0	194. 01
194. 02 PUBLIC RELATIONS 194. 03 OUTREACH	33, 144 12, 188	33, 144 12, 188	l .	33, 144 12, 188		194. 02 194. 03
194.04 OTHER OFFSITE CLINICS	3, 681	3, 681	l .	3, 681	0	194. 04
194.05 CHILDREN'S SPECIALTY GROUP 194.06 EAST SIDE SPEECH AND HEARING	0	0	C	0		194. 05 194. 06
194. 00 EAST STDE SPEECH AND HEARING 194. 07 NORTH SHORE CLINIC		0		2, 644		194. 06 194. 07
194.08 ADOLESCENT MEDICINE	2, 644	2, 644	C	0	0	194. 08
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers						200. 00 201. 00
	•	•	•			

Heal th Financial	Systems C	HILDREN'S HOSPITA	AL OF WISCONSII	V	In Lie	u of Form CMS-	2552-10
COST ALLOCATION	- STATISTICAL BASIS		Provi der	CCN: 523300	Peri od: From 01/01/2011	Worksheet B-1	
						Date/Time Pre	pared:
						7/2/2012 2:04	pm
Cost	Cantar Description	MAINTENANCE &	ODEDATION OF	LATINIDDY 8.	HOUSEKEEDI NG	DIFTARV	

			'	0 12/31/2011	Date/ IT life IT C	
					7/2/2012 2: 04	pm
Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	REPAI RS	PLANT	LINEN SERVICE	(HOURS OF	(MEALS SERVED)	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF	SERVICE)		
			LAUNDRY)			
	6. 00	7. 00	8. 00	9. 00	10.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	0	18, 867, 629	1, 291, 144	7, 749, 437	6, 484, 507	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	19. 915251	0. 997309	8. 249312	80. 127856	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	1, 510, 767	27, 331	475, 264	144, 283	204. 00
205.00 Unit cost multiplier (Wkst. B, Part II)	0. 000000	1. 594652	0. 021111	0. 505921	1. 782878	205.00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 523300 Period: Worksheet B-1 From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Cost Center Description CAFETERI A MAINTENANCE OF NURSI NG CENTRAL **PHARMACY** PERSONNEL (MEALS SERVED) ADMI NI STRATI ON SERVICES & (COSTED (NUMBER **SUPPLY** REQUIS.) (DIRECT NURS HOUSED) (COSTED HRS.) REQUIS.) 15.00 11.00 12.00 13.00 14.00 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 EMPLOYEE BENEFITS 4.00 ADMINISTRATIVE & GENERAL 5.00 5.00 MAINTENANCE & REPAIRS 6.00 6.00 OPERATION OF PLANT 7.00 7 00 8.00 LAUNDRY & LINEN SERVICE 8.00 9.00 HOUSEKEEPI NG 9.00 10 00 DI FTARY 10 00 11.00 CAFETERI A 208, 187 11.00 12.00 MAINTENANCE OF PERSONNEL 12.00 13.00 NURSING ADMINISTRATION 6, 247 214, 934 13.00 CENTRAL SERVICES & SUPPLY 8. 987 2, 937, 069 14 00 14 00 Ω 15.00 PHARMACY 0 7,679 19, 378, 618 15.00 MEDICAL RECORDS & LIBRARY 16.00 5, 452 5, 452 244 16.00 0 SOCIAL SERVICE 17 00 2 937 3 219 0 17 00 0 OTHER GENERAL SERVICE (SPECIFY) 18.00 0 C 0 0 18.00 NONPHYSICIAN ANESTHETISTS 0 0 0 0 19.00 19.00 0 0 20.00 NURSING SCHOOL 0 0 20.00 0 0 I&R SERVICES-SALARY & FRINGES APPRVD 0 21 00 Ω 56 21 00 10.628 0 22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 0 0 0 22.00 PARAMED ED PRGM-(SPECIFY) 23.00 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 ADULTS & PEDLATRICS 24, 076 24 076 4.104 6.526 30.00 31.00 INTENSIVE CARE UNIT 37,660 37,660 3, 409 1,706 31.00 CORONARY CARE UNIT 32.00 0 C 0 32.00 BURN INTENSIVE CARE UNIT 33.00 0 0 0 0 33.00 0 SURGICAL INTENSIVE CARE UNIT 34.00 0 0 0 0 0 34.00 35.00 OTHER SPECIAL CARE HOT UNIT 0 5, 796 802 35.00 5, 796 1,048 SUBPROVIDER - IPF 40.00 0 C 40.00 SUBPROVIDER - IRF 41.00 0 0 0 0 0 41.00 SUBPROVI DER 0 42.00 0 C 0 0 42.00 NURSERY 0 0 43.00 43.00 0 o 44.00 SKILLED NURSING FACILITY 0 0 O 44.00 NURSING FACILITY 0 C 0 0 45.00 45, 00 0 46.00 OTHER LONG TERM CARE 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 11, 782 11, 782 18, 832 7, 727 50.00 51.00 RECOVERY ROOM C 2, 291 2, 291 195 81 51.00 52.00 DELIVERY ROOM & LABOR ROOM 52.00 53.00 ANESTHESI OLOGY 593 593 436 138, 051 53.00 RADI OLOGY-DI AGNOSTI C 6,052 8, 485 24, 129 54.00 0 843 54.00 55.00 RADI OLOGY-THERAPEUTI C 0 C C 0 55.00 56.00 RADI OI SOTOPE 56.00 57.00 CT SCAN 3, 198 0 659 6, 541 10 57.00 MAGNETIC RESONANCE IMAGING (MRI) 1, 955 27, 145 58.00 659 C 766 58.00 59.00 CARDI AC CATHETERI ZATI ON 671 C 671 148 1, 150 59.00 60.00 LABORATORY 9,844 0 9, 844 3, 782 5, 423 60.00 **BLOOD LABORATORY** 0 60.01 60.01 0 C 0 0 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 C Ω 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 0 0 64 00 INTRAVENOUS THERAPY Ω O 0 0 Ω 64 00 RESPIRATORY THERAPY 65.00 7.490 0 7, 490 683 851 65.00 PHYSI CAL THERAPY 2, 966 66.00 138 31 66.00 67.00 OCCUPATIONAL THERAPY 0 67.00 0 C 0 0 SPEECH PATHOLOGY 2 946 Ω 2 918 80 68 00 68 00 0 69.00 ELECTROCARDI OLOGY 1,905 2, 229 50 768 69.00 **ELECTROENCEPHALOGRAPHY** 70.00 70.00 1, 186 1, 139 85 284 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 8.987 0 8.987 2, 863, 259 0 71.00 IMPL. DEV. CHARGED TO PATIENTS 0 72 00 Ω 0 72.00 73.00 DRUGS CHARGED TO PATIENTS 7,679 0 7,679 6, 527 18, 920, 182 73.00 RENAL DIALYSIS 74.00 382 352 205 74.00 75.00 ASC (NON-DISTINCT PART) 0 0 75.00 0 C 0 OUTPATIENT SERVICE COST CENTERS RURAL HEALTH CLINIC 88.00 88.00 0 0 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 89.00 340 90 00 CLINIC 0 0 0 0 90.00 90.01 ID PRIM CARE SUPP NETWORK 443 436 0 0 90.01 PAIN/PALLIATIVE CARE 698 118 48 90.02

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 523300 | Period: | Worksheet B-1 | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

				10	12/31/2011	Date/lime Pre   7/2/2012 2:04	
	Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSI NG ADMI NI STRATI ON (DI RECT NURS. HRS.)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13. 00	14. 00	15. 00	
90. 03	DIABETIC CLINIC	853	0		122	526	90. 03
90.04	GI CLINIC	2, 072	0	2, 053	43	862	90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	756	0	765	99	91	90. 05
90. 06	DI ETETI CS	2, 553	0	2, 569	0	0	90. 06
90. 07	INFUSION ROOM	422	0	422	0	0	90. 07
90. 08 90. 09	CARDIOLOGY CLINIC PULMONARY CLINIC	1, 340 522	0	1, 340 550	56 97	266 4, 285	90. 08 90. 09
90. 09	ENT CLINIC	819	0	711	10	4, 265 7, 378	90. 09
90. 11	ORTHOPEDI C CLI NI C	1, 100	Ö	1, 340	120	389	90. 11
90. 12	EYE CLINIC	343	0	1, 082	4	4, 854	90. 12
90. 13	ONCOLOGY CLINIC	2, 072	0	2, 072	712	0	90. 13
90. 14	SURGI CAL SPECIALTIES	1, 625	0	1, 256	244	3, 547	90. 14
90. 15	ALLERGY CLINIC	1, 430	0	1, 407	3	26, 920	90. 15
90. 16	LASER CLINIC	0	0	0	0	0	90. 16
90. 17 90. 18	DERMATOLOGY CLINIC CLINIC ADMINISTRATION	984	0	969	110	37, 022 0	90. 17 90. 18
90. 18	CRANI OFACI AL CENTER	152	0	0	0	229	90. 18
90. 19	HEMATOLOGY CLINIC	390	0	0	0	0	90. 19
90. 21	SPINA BIFIDA	231	Ö	768	o	0	90. 21
90. 22	NEUROSCI ENCES CLI NI C	1, 551	0	1, 539	4	101	90. 22
90. 23	RHEUMATOLOGY CLINIC	372	0	366	40	1, 658	90. 23
90. 24	ENDOCRI NE CLI NI C	307	0	302	0	0	90. 24
90. 25	RENAL CLINIC	343	0	0	0	0	90. 25
90. 26	GREENWAY CLINIC	0	0	896	224	479	90. 26
90. 27 91. 00	NEW BERLIN CLINIC EMERGENCY	7,767	0	9, 027 7, 767	402 4, 028	62, 409 11, 041	90. 27 91. 00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			7,707	4, 026	11, 041	92.00
72.00	OTHER REIMBURSABLE COST CENTERS						72.00
94.00	HOME PROGRAM DIALYSIS	59	0	20	0	0	94. 00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00
97. 00	DURABLE MEDI CAL EQUI P-SOLD	0	0	0	0	0	97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	2, 048	0	2, 033	101	0	98.00
98. 01 98. 02	TRANSPORT GENETICS CENTER	2, 525 1, 143	0	2, 525 1, 125	324 76	0 224	98. 01 98. 02
98. 03	NUCLEAR MEDICINE	238	0	1, 125	70	294	98. 03
98. 04	CHILD DEVELOPMENT	222	Ö	1, 581	o	0	98. 04
98. 05	CHILD PROTECTION CENTER	1, 464	0	1, 450	116	64, 184	98. 05
98. 06	DENTAL SRVC	2, 470	0	3, 711	5, 604	930	98. 06
99. 00	CMHC	0	0	0	0	0	99. 00
99. 10	CORF	0	0	0	0	0	99. 10
	I&R SERVICES-NOT APPRVD PRGM HOME HEALTH AGENCY	0		0	0	0	100. 00 101. 00
101.00	SPECIAL PURPOSE COST CENTERS	U		U U	<u> </u>	0	101.00
105.00	KIDNEY ACQUISITION	246	0	247	ol	496	105. 00
	HEART ACQUISITION	0	0	0	o		106.00
107.00	LIVER ACQUISITION	0	0	0	o		107. 00
	LUNG ACQUISITION	0	0	0	0		108. 00
	PANCREAS ACQUISITION	0	0	0	0		109. 00
	INTESTINAL ACQUISITION	0	0	0	0		110.00
	ISLET ACQUISITION INTEREST EXPENSE	U	U	٥	۷	U	111. 00 113. 00
	UTILIZATION REVIEW-SNF						114. 00
	AMBULATORY SURGICAL CENTER (D. P. )	0	0	0	o	0	115. 00
	HOSPI CE	0	0	0	o		116.00
	OTHER CAPITAL RELATED COSTS	0	0	0	o		117. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	200, 987	0	210, 121	2, 918, 547	19, 369, 835	118. 00
	NONREI MBURSABLE COST CENTERS	_			1		
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	12, 553		190.00
	RESEARCH PHYSICIANS' PRIVATE OFFICES	1, 438 0	0	2, 852	1, 007		191. 00 192. 00
	NONPALD WORKERS	0	0	0	0		193. 00
	DOWNTOWN HEALTH CENTER	0	0	0	84		194. 00
	POI SON CENTER	1, 421	Ö	1, 421	o		194. 01
	PUBLIC RELATIONS	1, 527	0	0	o		194. 02
	OUTREACH	2, 075	0	323	О		194. 03
	OTHER OFFSITE CLINICS	76	0	46	18		194. 04
	CHILDREN'S SPECIALTY GROUP	491	0	0	533		194. 05
	EAST SIDE SPEECH AND HEARING	0	0	0	0		194. 06 194. 07
	NORTH SHORE CLINIC ADOLESCENT MEDICINE	0 172	0	171	4, 327		194. 07
- 71.00	1	172	·	171	7, 527	5, 225	1

Health Financial Systems CHI	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der	CCN: 523300	Period: From 01/01/2011	Worksheet B-1	
				To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
Cost Center Description	CAFETERI A	MAINTENANCE OF	NURSI NG	CENTRAL	PHARMACY	
	(MEALS SERVED)	PERSONNEL	ADMI NI STRATI O	N SERVICES &	(COSTED	
		(NUMBER		SUPPLY	REQUIS.)	
		HOUSED)	(DIRECT NURS.	(COSTED		
			HRS. )	REQUIS.)		
	11.00	12.00	13.00	14.00	15. 00	
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, 732, 238	0	8, 855, 40	5 8, 481, 300	11, 303, 097	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	8. 320587	0. 000000	41. 20057	8 2. 887675	0. 583277	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)	786, 077	0	298, 82	0 150, 840	198, 069	204. 00
205.00 Unit cost multiplier (Wkst. B, Part II)	3. 775822	0. 000000	1. 39028	7 0. 051357	0. 010221	205. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 523300 Period: Worksheet B-1 From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm OTHER GENERAL SERVI CE MEDI CAL SOCIAL SERVICE NONPHYSI CI AN NURSING SCHOOL Cost Center Description (SPECIFY) RECORDS & (TIME SPENT) **ANESTHETISTS** (TIME SPENT) LI BRARY (ASSI GNED (ASSI GNED (TIME SPENT) TIME) TIME) 16.00 17.00 18.00 19.00 20.00 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 EMPLOYEE BENEFITS 4.00 5.00 ADMINISTRATIVE & GENERAL 5.00 6.00 MAINTENANCE & REPAIRS 6 00 7.00 OPERATION OF PLANT 7.00 8.00 LAUNDRY & LINEN SERVICE 8.00 9 00 HOUSEKEEPING 9 00 10.00 DI ETARY 10.00 11.00 CAFETERI A 11.00 12.00 MAINTENANCE OF PERSONNEL 12.00 NURSING ADMINISTRATION 13 00 13 00 14.00 CENTRAL SERVICES & SUPPLY 14.00 PHARMACY 15.00 15.00 MEDICAL RECORDS & LIBRARY 858, 395, 146 16.00 16,00 SOCIAL SERVICE 17.00 15, 654 17.00 18.00 OTHER GENERAL SERVICE (SPECIFY) 18.00 0 NONPHYSICIAN ANESTHETISTS 0 19.00 19.00 0 0 0 20.00 NURSING SCHOOL 0 20.00 I&R SERVICES-SALARY & FRINGES APPRVD 0 21 00 Ω 21.00 22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 0 22.00 PARAMED ED PRGM-(SPECIFY) 0 23.00 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 ADULTS & PEDIATRICS 91, 162, 519 5. 685 0 0 30.00 INTENSIVE CARE UNIT 128, 487, 116 0 31.00 31.00 1,676 0 CORONARY CARE UNIT 0 32.00 32.00 BURN INTENSIVE CARE UNIT 0 33.00 33.00 0 C 0 0 34.00 SURGICAL INTENSIVE CARE UNIT 0 34.00 OTHER SPECIAL CARE HOT UNIT 0 35, 00 27, 265, 471 383 35, 00 0 40.00 SUBPROVIDER - IPF 0 C 40.00 SUBPROVIDER - IRF 0 41.00 0 C Λ 41 00 42.00 SUBPROVI DER 0 C 0 42.00 0 0 43.00 NURSERY 0 0 43.00 0 0 SKILLED NURSING FACILITY 0 44.00 44.00 0 0 45.00 NURSING FACILITY 0 C 0 45.00 46.00 OTHER LONG TERM CARE 0 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 34, 477, 556 22 0 Λ 50.00 0 51.00 RECOVERY ROOM 10, 911, 086 C 0 0 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 0 0 0 0 0 0 0 0 0 0 52.00 0 6, 203, 610 0 53.00 ANESTHESI OLOGY 0 53.00 0 RADI OLOGY-DI AGNOSTI C 54.00 34, 873, 688 51 0 54.00 55.00 RADI OLOGY-THERAPEUTI C 0 0 55.00 0 56.00 RADI OI SOTOPE 0 0 56.00 9, 434, 796 0 57 00 57 00 CT SCAN Ω 0 0 58.00 MAGNETIC RESONANCE IMAGING (MRI) 18, 113, 460 43 0 58.00 59.00 CARDI AC CATHETERI ZATI ON 6, 051, 217 0 0 0 59.00 LABORATORY 104, 793, 828 25 0 60.00 0 60.00 0 BLOOD LABORATORY 60 01 0 C 0 60 01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 62.00 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 15, 667, 043 0 0 0 0 0 0 0 0 63.00 0 INTRAVENOUS THERAPY 64 00 Ω 0 64.00 0 65.00 RESPIRATORY THERAPY 33, 803, 855 0 65.00 PHYSI CAL THERAPY 0 66.00 10, 867, 470 523 66.00 OCCUPATIONAL THERAPY 0 67.00 0 67.00 SPEECH PATHOLOGY 0 68.00 6, 193, 361 54 0 68.00 **ELECTROCARDI OLOGY** 7, 274, 824 0 0 0 0 0 69.00 69.00 86 0 70.00 **ELECTROENCEPHALOGRAPHY** 5, 472, 480 0 0 0 70.00 0 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 122, 239, 357 Ω 0 71.00 72.00 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 72.00 110, 004, 747 DRUGS CHARGED TO PATIENTS 0 73.00 0 73.00 0 74.00 RENAL DIALYSIS 2, 131, 161 208 0 0 74.00 75.00 ASC (NON-DISTINCT PART) C 0 0 0 75.00

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OUTPATIENT SERVICE COST CENTERS

FEDERALLY QUALIFIED HEALTH CENTER

RURAL HEALTH CLINIC

ID PRIM CARE SUPP NETWORK

	Financial Systems CH LLOCATION - STATISTICAL BASIS	ILDREN'S HOSPIT			CCN: 523300	Peri od:	worksheet B-1	2552-10
						From 01/01/2011 To 12/31/2011		
					OTHER GENERAL	-	77272012 2.04	piii
	Cost Center Description	MEDI CAL	SOCI AL SEI	RVI CE	SERVI CE (SPECI FY)	NONPHYSI CI AN	NURSING SCHOOL	
		RECORDS & LI BRARY	(TIME SPI	FNT)	(TIME SPENT)	ANESTHETI STS (ASSI GNED	(ASSI GNED	
		(TIME SPENT)	,		10.00	TIME)	TIME)	
90. 02	PAIN/PALLIATIVE CARE	16. 00 220, 858	17.00	16	18. 00	19. 00 0 C	20.00	90. 02
90. 03 90. 04	DIABETIC CLINIC GI CLINIC	1, 374, 914 2, 365, 469	1	459 0			0	90. 03 90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	344, 123	1	511		0 0	0	90.05
90. 06 90. 07	DIETETICS INFUSION ROOM	665, 781 2, 889, 148	,	0			0	90. 06 90. 07
90. 07	CARDIOLOGY CLINIC	1, 913, 205	1	817		0 0	0	90.07
90. 09 90. 10	PULMONARY CLINIC ENT CLINIC	602, 898		532 87		0 0	0	90.09
90. 10	ORTHOPEDIC CLINIC	1, 378, 947 1, 977, 564	1	0		0 0	0	90. 10 90. 11
90. 12	EYE CLINIC	645, 689		65 224		0 0	0	90. 12
90. 13 90. 14	ONCOLOGY CLINIC SURGICAL SPECIALTIES	3, 992, 578 1, 608, 250	1	234 53		0 0	0	90. 13 90. 14
90. 15	ALLERGY CLINIC	1, 704, 835	1	133		0 0	0	90. 15
90. 16 90. 17	LASER CLINIC DERMATOLOGY CLINIC	1, 259, 232	l .	0 122		0 0	0	90. 16 90. 17
90. 18	CLINIC ADMINISTRATION	20/ 201	)	0		0 0	0	90. 18
90. 19 90. 20	CRANI OFACIAL CENTER HEMATOLOGY CLINIC	386, 201 452, 496	,	29 23		0 0	0 0	90. 19 90. 20
90. 21	SPINA BIFIDA	216, 989	1	0		0 0	0	90. 21
90. 22 90. 23	NEUROSCI ENCES CLINI C RHEUMATOLOGY CLINI C	859, 319 369, 774	1	512 114		0 0	0	90. 22 90. 23
90. 24	ENDOCRINE CLINIC	448, 576	1	28		0 0	0	90. 24
90. 25 90. 26	RENAL CLINIC GREENWAY CLINIC	291, 864 1, 971, 083	1	80 0		0 0	0	90. 25 90. 26
90. 27	NEW BERLIN CLINIC	5, 310, 415		0		0 0	0	90. 27
91. 00 92. 00	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	16, 898, 388		2, 371	'	0	0	91. 00 92. 00
04.00	OTHER REIMBURSABLE COST CENTERS	207 744						04.00
94. 00 95. 00	HOME PROGRAM DI ALYSI S AMBULANCE SERVI CES	296, 644 C	1	0		0 0		94. 00 95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	C		0		0 0	ή	96.00
97. 00 98. 00	DURABLE MEDICAL EQUIP-SOLD PSYCHIATRY - OFFICE BLDG	2, 531, 431	'	0 46		0 0	0	97. 00 98. 00
98. 01	TRANSPORT	6, 710, 044		0		0 0	0	98. 01
98. 02 98. 03	GENETICS CENTER NUCLEAR MEDICINE	636, 962 2, 000, 503	ł	149 0		0 0	0 0	98. 02 98. 03
98. 04	CHILD DEVELOPMENT	482, 502	1	41		0 0	0	98. 04
98. 05 98. 06	CHILD PROTECTION CENTER DENTAL SRVC	1, 242, 869 5, 274, 866	1	2 16		0 0	0 0	98. 05 98. 06
99. 00	CMHC	C		0		0 0	0	99.00
99. 10 100. 00	I&R SERVICES-NOT APPRVD PRGM		)	0		0 0	0 0	99. 10 100. 00
101. 00	HOME HEALTH AGENCY	c		0	ı	0 0	0	101. 00
105.00	SPECIAL PURPOSE COST CENTERS KI DNEY ACQUI SITION	974, 164		267		0 0	0	105. 00
	HEART ACQUISITION	1, 555, 118 186, 862		0		0 0		106. 00 107. 00
	LIVER ACQUISITION LUNG ACQUISITION	180, 862	ł .	0		0 0	l .	107.00
	PANCREAS ACQUISITION	C		0		0 0	l .	109. 00 110. 00
	INTESTINAL ACQUISITION ISLET ACQUISITION		)	0		0 0	1	111.00
	INTEREST EXPENSE							113.00
	UTILIZATION REVIEW-SNF AMBULATORY SURGICAL CENTER (D. P.)	c		0		0 0	0	114. 00 115. 00
	HOSPI CE	C		0		0 0	1	116. 00 117. 00
	OTHER CAPITAL RELATED COSTS SUBTOTALS (SUM OF LINES 1-117)	857, 499, 126	1!	5, 530		0 0	1	117. 00
100.00	NONREI MBURSABLE COST CENTERS							100.00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	25, 781	'	0		0 0	1	190. 00 191. 00
	PHYSICIANS' PRIVATE OFFICES	C		0		0 0	1	192.00
	NONPAID WORKERS DOWNTOWN HEALTH CENTER			0			1	193. 00 194. 00
194. 01	POI SON CENTER			0		0	0	194. 01
	PUBLIC RELATIONS OUTREACH			0			l .	194. 02 194. 03
194. 04	OTHER OFFSITE CLINICS	649, 273		0		0	0	194. 04
	CHILDREN'S SPECIALTY GROUP EAST SIDE SPEECH AND HEARING			0			l .	194. 05 194. 06

					7/2/2012 2:04	_pm
			OTHER GENERAL			
			SERVI CE			
Cost Center Description	MEDI CAL	SOCIAL SERVICE	(SPECI FY)	NONPHYSI CI AN	NURSING SCHOOL	
	RECORDS &		(TIME SPENT)	ANESTHETI STS		
	LI BRARY	(TIME SPENT)		(ASSI GNED	(ASSI GNED	
	(TIME SPENT)			TIME)	TIME)	
	16. 00	17. 00	18. 00	19. 00	20.00	
194. 07 NORTH SHORE CLINIC	0	0	0	0	0	194. 07
194.08 ADOLESCENT MEDICINE	220, 966	124	0	0	0	194. 08
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)	6, 996, 125	3, 526, 738	0	0	0	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 008150	225. 293088	0.000000	0. 000000	0.000000	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)	397, 370	289, 645	0	0	0	204. 00
205.00 Unit cost multiplier (Wkst. B, Part II)	0. 000463	18. 502939	0.000000	0. 000000	0.000000	205. 00

90.00

90.01

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 523300 Period: Worksheet B-1 From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm INTERNS & RESIDENTS SERVI CES-SALAR SERVI CES-OTHER PARAMED ED Cost Center Description Y & FRINGES PRGM COSTS PRGM (ASSI GNED (ASSI GNED (ASSI GNED TIME) TIME) TIME) 21.00 22.00 23.00 GENERAL SERVICE COST CENTERS 1.00 CAP REL COSTS-BLDG & FLXT 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 EMPLOYEE BENEFITS 4.00 5.00 ADMINISTRATIVE & GENERAL 5.00 6.00 MAINTENANCE & REPAIRS 6 00 7.00 OPERATION OF PLANT 7.00 8.00 LAUNDRY & LINEN SERVICE 8.00 HOUSEKEEPI NG 9 00 9 00 10.00 DI ETARY 10.00 11.00 **CAFETERIA** 11.00 MAINTENANCE OF PERSONNEL 12.00 12.00 NURSING ADMINISTRATION 13 00 13 00 14.00 CENTRAL SERVICES & SUPPLY 14.00 15.00 **PHARMACY** 15.00 MEDICAL RECORDS & LIBRARY 16,00 16,00 SOCIAL SERVICE 17.00 17.00 18.00 OTHER GENERAL SERVICE (SPECIFY) 18.00 NONPHYSICIAN ANESTHETISTS 19.00 19.00 NURSING SCHOOL 20.00 20.00 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 418.367 21 00 22. 00 I&R SERVICES-OTHER PRGM COSTS APPRVD 418, 367 22.00 PARAMED ED PRGM-(SPECIFY) 23.00 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 ADULTS & PEDI ATRI CS 108.786 108.786 0 30.00 31.00 INTENSIVE CARE UNIT 54, 256 0 31.00 54, 256 CORONARY CARE UNIT 0 32.00 32.00 BURN INTENSIVE CARE UNIT 0 33.00 0 33.00 C 34.00 SURGICAL INTENSIVE CARE UNIT 34.00 OTHER SPECIAL CARE HOT UNIT 0 35, 00 16, 381 16, 381 35, 00 SUBPROVIDER - I PF SUBPROVIDER - I RF 0 40.00 0 C 40.00 0 41.00 0 C 41 00 42.00 SUBPROVI DER 0 C 42.00 0 0 43.00 NURSERY 0 43.00 0 SKILLED NURSING FACILITY 0 44.00 44.00 C 45.00 NURSING FACILITY 0 C 45.00 OTHER LONG TERM CARE 46.00 0 46,00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 39,002 39,002 0 50.00 0 51.00 RECOVERY ROOM 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 0 ANESTHESI OLOGY 23, 556 23, 556 53.00 53.00 0 RADI OLOGY-DI AGNOSTI C 54.00 5, 433 5, 433 54.00 55.00 RADI OLOGY-THERAPEUTI C 55.00 0 56.00 RADI OI SOTOPE 0 C 56.00 0 0 57 00 57 00 CT SCAN Ω 58.00 MAGNETIC RESONANCE IMAGING (MRI) 0 0 58.00 59.00 CARDI AC CATHETERI ZATI ON 0 0 59.00 C LABORATORY 0 60.00 2,273 2, 273 60.00 0 **BLOOD LABORATORY** 60 01 0 60 01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 0 0 0 63.00 INTRAVENOUS THERAPY 0 64.00 0 C 64 00 65.00 RESPIRATORY THERAPY 65.00 PHYSI CAL THERAPY 0 66.00 2,763 2,763 66.00 OCCUPATIONAL THERAPY 0 67.00 67.00 0 SPEECH PATHOLOGY 68.00 68.00 **ELECTROCARDI OLOGY** 0 69.00 69.00 10, 266 10, 266 70.00 **ELECTROENCEPHALOGRAPHY** 6, 271 6, 271 0 70.00 0 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 C 71.00 72.00 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 72.00 DRUGS CHARGED TO PATIENTS 0 0 73.00 0 73.00 0 74.00 RENAL DIALYSIS 0 0 74.00 75.00 ASC (NON-DISTINCT PART) 0 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88 00 RURAL HEALTH CLINIC 0 0 88.00 0 FEDERALLY QUALIFIED HEALTH CENTER 89.00 89.00 0 C

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189

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0

189

CLINIC

ID PRIM CARE SUPP NETWORK

90.00

90.01

Hool th	Financial Systems CUI	II DDEN' C HOCDIT.	AL OF WISCONSII	N	In Lie	eu of Form CMS-	2552 10
	Financial Systems CHI LLOCATION - STATISTICAL BASIS	ILDREN'S HOSPITA		CCN: 523300	Peri od: From 01/01/2011 To 12/31/2011	Worksheet B-1 Date/Time Pre	pared:
		INTERNS &	RESI DENTS			7/2/2012 2: 04	pm
	Cost Center Description	SERVI CES-SALARS Y & FRI NGES (ASSI GNED TI ME) 21.00	SERVI CES-OTHER PRGM COSTS (ASSI GNED TI ME) 22.00	PARAMED ED PRGM (ASSI GNED TI ME) 23. 00			
90. 02 90. 03	PAIN/PALLIATIVE CARE DIABETIC CLINIC	0	0	•	0		90. 02 90. 03
90. 03 90. 04 90. 05	GI CLINIC CLINIC FOR SPECIAL NEEDS	14, 326	14, 326 0		0		90. 03 90. 04 90. 05
90. 06	DI ETETI CS	0	0		Ö		90. 06
90. 07 90. 08	INFUSION ROOM CARDIOLOGY CLINIC	5, 122	0 5, 122		0		90. 07 90. 08
90. 09 90. 10	PULMONARY CLINIC ENT CLINIC	3, 462 5, 824	3, 462 5, 824		0		90. 09 90. 10
90. 11 90. 12	ORTHOPEDIC CLINIC EYE CLINIC	O	0		0		90. 11 90. 12
90. 13	ONCOLOGY CLINIC	1, 652 0	1, 652 0		0		90. 13
90. 14 90. 15	SURGI CAL SPECIALTI ES ALLERGY CLI NI C	2, 006 7, 006	2, 006 7, 006		0		90. 14 90. 15
90. 16 90. 17	LASER CLINIC DERMATOLOGY CLINIC	0 8, 947	0 8, 947		0		90. 16 90. 17
90. 18	CLINIC ADMINISTRATION	0	0		0		90. 18
90. 19 90. 20	CRANIOFACIAL CENTER HEMATOLOGY CLINIC	0	0		0		90. 19 90. 20
90. 21 90. 22	SPINA BIFIDA NEUROSCIENCES CLINIC	0 0	0	•	0		90. 21 90. 22
90. 23 90. 24	RHEUMATOLOGY CLINIC ENDOCRINE CLINIC	3, 431 5, 841	3, 431 5, 841		0		90. 23 90. 24
90. 25	RENAL CLINIC	7, 879	7, 879	i	0		90. 25
90. 26 90. 27	GREENWAY CLINIC NEW BERLIN CLINIC	0	0	•	0		90. 26 90. 27
91. 00 92. 00	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	36, 931	36, 931		0		91. 00 92. 00
94. 00	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS		0		0		94. 00
95. 00	AMBULANCE SERVICES	0	0		0		95. 00
96. 00 97. 00	DURABLE MEDICAL EQUIP-RENTED DURABLE MEDICAL EQUIP-SOLD	0	0		0		96. 00 97. 00
98. 00 98. 01	PSYCHIATRY - OFFICE BLDG   TRANSPORT	8, 105 0	8, 105 0	1	0		98. 00 98. 01
98. 02 98. 03	GENETICS CENTER NUCLEAR MEDICINE	1, 977	1, 977 0		0		98. 02 98. 03
98. 04	CHILD DEVELOPMENT	5, 460	5, 460		0		98. 04
98. 05 98. 06	CHILD PROTECTION CENTER DENTAL SRVC	9, 285 15, 891	9, 285 15, 891		0		98. 05 98. 06
99. 00 99. 10	CMHC CORF	0 0	0	ł	0		99. 00 99. 10
	I&R SERVICES-NOT APPRVD PRGM HOME HEALTH AGENCY	o	0		0		100. 00 101. 00
	SPECIAL PURPOSE COST CENTERS KI DNEY ACQUISITION		0		0		105. 00
106.00	HEART ACQUISITION	0	0		0		106. 00
	LIVER ACQUISITION LUNG ACQUISITION	0	0		0		107. 00 108. 00
	PANCREAS ACQUISITION INTESTINAL ACQUISITION	0 0	0		0		109. 00 110. 00
111.00	ISLET ACQUISITION INTEREST EXPENSE	0	0		0		111. 00 113. 00
114.00	UTILIZATION REVIEW-SNF						114. 00
116.00	AMBULATORY SURGICAL CENTER (D. P. )   HOSPICE	0	0		0		115. 00 116. 00
	OTHER CAPITAL RELATED COSTS SUBTOTALS (SUM OF LINES 1-117)	0 412, 321	0 412, 321		0		117. 00 118. 00
	MONREI MBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	, 021					190.00
191.00	RESEARCH	0	0		0		191. 00
	PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS	0 0	0		0		192. 00 193. 00
	DOWNTOWN HEALTH CENTER POISON CENTER	5, 027 0	5, 027 0		0		194. 00 194. 01
194. 02	PUBLIC RELATIONS	0	0		Ö		194. 02
194. 04	OUTREACH OTHER OFFSITE CLINICS	0	0		0		194. 03 194. 04
	CHILDREN'S SPECIALTY GROUP EAST SIDE SPEECH AND HEARING	0 0	0		0		194. 05 194. 06
	·	1		•			· · · · · · · · · · · · · · · · · · ·

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10

Provi der CCN: 523300 | Peri od: | Worksheet B-1 | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared:

				7/2/2012 2: 04 pm
	INTERNS &	RESI DENTS		
	050,4,050,044,45	050,41,050,071,50	5454455 55	
Cost Center Description	SERVI CES-SALAR		PARAMED ED	
	Y & FRINGES	PRGM COSTS	PRGM	
	(ASSI GNED	(ASSI GNED	(ASSI GNED	
	TIME)	TIME)	TIME)	
	21. 00	22. 00	23. 00	
194. 07 NORTH SHORE CLINIC	0	0	0	194. 07
194.08 ADOLESCENT MEDICINE	1, 019	1, 019	0	194. 08
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)	20, 097, 834	5, 996, 496	0	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	48. 038765	14. 333100	0.000000	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)	414, 355	103, 011	0	204. 00
205.00 Unit cost multiplier (Wkst. B, Part II)	0. 990410	0. 246222	0.000000	205. 00

Health Financial Systems
POST STEPDOWN ADJUSTMENTS

CHILDREN'S HOSPITAL OF WISCONSIN

In Lieu of Form CMS-2552-10 Worksheet B-2

Provi der CCN: 523300 | Peri od: From 01/01/2011 | To 12/31/2011

Date/Time Prepared: 7/2/2012 2:04 pm

Worksheet Li ne No. 3. 00 Amount 4.00 Description Part 1. 00 2.00 1.00 ADJ FOR EPO COSTS IN RENAL 74.00 0 1. 00 DI ALYSI S ADJ FOR EPO COSTS IN HOME 2.00 94.00 0 2.00 PROGRAM 3.00 ADJ FOR ARANESP COSTS IN 1 74.00 0 3.00 RENAL DIALYSIS
ADJ FOR ARANESP COSTS IN 4.00 94.00 0 4.00 HOME PROGRAM

From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XVIII Tefra Hospi tal Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs (from Wkst. B, Adj Di sal I owance Part I, col. 26) 4. 00 1.00 2.00 3.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 30 00 ADULTS & PEDLATRICS 49, 484, 665 49, 484, 665 0 INTENSIVE CARE UNIT 52, 833, 328 52, 833, 328 0 31.00 31.00 32.00 CORONARY CARE UNIT 0 0 0 32.00 BURN INTENSIVE CARE UNIT 33.00 0 0 33.00 0 34.00 SURGICAL INTENSIVE CARE UNIT 0 0 0 34.00 13, 248, 262 35, 00 OTHER SPECIAL CARE HOT UNIT 13, 248, 262 0 0 0 0 0 0 35.00 SUBPROVIDER - IPF 40.00 40.00 SUBPROVIDER - IRF 41 00 0 0 Λ 41.00 42.00 SUBPROVI DER 0 0 0 42.00 43.00 NURSERY 0 0 0 43.00 0 SKILLED NURSING FACILITY 0 44.00 0 44.00 NURSING FACILITY 0 0 45.00 0 45.00 OTHER LONG TERM CARE 0 46.00 46.00 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 0 50.00 8, 214, 913 8, 214, 913 0 50 00 51.00 RECOVERY ROOM 3, 444, 461 3, 444, 461 0 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 0 53.00 ANESTHESI OLOGY 1, 678, 234 1, 678, 234 53.00 0 RADI OLOGY-DI AGNOSTI C 21, 934, 279 21, 934, 279 54 00 0 54 00 55.00 RADI OLOGY-THERAPEUTI C 0 55.00 56.00 RADI OI SOTOPE 56.00 0 57 00 CT SCAN 1 343 759 1, 343, 759 57 00 0 MAGNETIC RESONANCE IMAGING (MRI) 58.00 2, 577, 788 2, 577, 788 0 58.00 CARDI AC CATHETERI ZATI ON 2, 835, 435 2, 835, 435 0 59.00 59.00 60.00 LABORATORY 28, 518, 631 28, 518, 631 0 60.00 60 01 BLOOD LABORATORY C0 60 01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 0 0 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 8, 468, 523 8, 468, 523 0 63.00 INTRAVENOUS THERAPY 64.00 0 64.00 65.00 RESPIRATORY THERAPY 9, 421, 610 9, 421, 610 0 65.00 PHYSI CAL THERAPY 66.00 5, 108, 221 5, 108, 221 66.00 67.00 OCCUPATIONAL THERAPY 67.00 0 4, 350, 430 4, 350, 430 68.00 SPEECH PATHOLOGY 0 68.00 69.00 **ELECTROCARDI OLOGY** 7, 736, 826 7, 736, 826 0 69.00 70 00 **ELECTROENCEPHALOGRAPHY** 1, 595, 496 1, 595, 496 0 70.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 43, 862, 332 43, 862, 332 71.00 0 72.00 IMPL. DEV. CHARGED TO PATIENTS 12, 869, 170 12, 869, 170 0 72.00 73.00 DRUGS CHARGED TO PATIENTS 37, 159, 015 37, 159, 015 0 73.00 74.00 RENAL DIALYSIS 913, 098 913, 098 0 74.00 0 75.00 ASC (NON-DISTINCT PART) 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 90 00 CLINIC 14.008 14,008 0 90 00 ID PRIM CARE SUPP NETWORK 1, 111, 332 1, 111, 332 90.01 90.01 0 90.02 PAIN/PALLIATIVE CARE 1, 406, 857 1, 406, 857 O 90.02 DIABETIC CLINIC 90.03 1.437.817 1.437.817 0 90.03 90.04 GI CLINIC 3, 682, 564 3, 682, 564 0 90.04 90.05 CLINIC FOR SPECIAL NEEDS 1, 342, 150 1, 342, 150 0 90.05 90.06 90.06 DI ETETI CS 2, 276, 442 2, 276, 442 90 07 INFUSION ROOM 699, 660 699, 660 Λ 90 07 90.08 CARDIOLOGY CLINIC 1,883,719 1,883,719 0 90.08 90.09 PULMONARY CLINIC 887, 350 887, 350 90.09 90.10 90.10 ENT CLINIC 1, 315, 474 1, 315, 474 0 ORTHOPEDIC CLINIC 90.11 1, 770, 519 1, 770, 519 0 90.11 90. 12 EYE CLINIC 456, 146 456, 146 0 90.12 90. 13 ONCOLOGY CLINIC 3, 078, 268 3, 078, 268 0 90.13 90 14 SURGICAL SPECIALTIES 1 788 256 1 788 256 90 14 0 90.15 ALLERGY CLINIC 2, 140, 563 2, 140, 563 0 90.15 LASER CLINIC 90.16 90.16 0 90.17 DERMATOLOGY CLINIC 1, 318, 507 1, 318, 507 0 90.17 CLINIC ADMINISTRATION 90 18 90 18 0 90.19 CRANI OFACIAL CENTER 357, 795 357, 795 0 90.19 HEMATOLOGY CLINIC 90.20 90.20 724,580 724, 580 90. 21 SPINA BIFIDA 544, 703 544.703 0 90. 21 90 22 NEUROSCI ENCES CLINIC 90.22 2.020.841 2, 020, 841 0 0 90. 23 RHEUMATOLOGY CLINIC 654, 166 654, 166 0 90.23 90.24 ENDOCRINE CLINIC 588, 647 588, 647 0 90.24

0 202. 00

From 01/01/2011 Part I 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Title XVIII Hospi tal Tefra Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs Di sal I owance from Wkst. B, Adj Part I, col. 26) 2.00 4. 00 5. 00 1.00 3.00 90. 25 RENAL CLINIC 317, 506 317, 506 90, 25 0 0 GREENWAY CLINIC 1, 422, 711 90. 26 90. 26 1, 422, 711 0 90. 27 NEW BERLIN CLINIC 7, 749, 759 7, 749, 759 0 0 90.27 o 91.00 91.00 **EMERGENCY** 11, 248, 041 11, 248, 041 0 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 0 OTHER REIMBURSABLE COST CENTERS 94.00 HOME PROGRAM DIALYSIS 280, 541 280, 541 0 94.00 95.00 AMBULANCE SERVICES 0 0 0 0 0 0 0 95.00 0 0 DURABLE MEDICAL EQUIP-RENTED 96.00 96.00 0 0 Ω 97.00 DURABLE MEDICAL EQUIP-SOLD 0 0 0 97.00 98.00 PSYCHIATRY - OFFICE BLDG 3, 359, 767 3, 359, 767 98.00 98. 01 TRANSPORT 6, 768, 414 6, 768, 414 98.01 0 GENETICS CENTER 2,041,051 2, 041, 051 98.02 98.02 0 98.03 NUCLEAR MEDICINE 1,021,003 1, 021, 003 0 98.03 0 CHILD DEVELOPMENT 872, 279 872, 279 98.04 98.04 0 CHILD PROTECTION CENTER 98.05 98 05 2 365 596 2 365 596 0 98.06 DENTAL SRVC 4, 795, 220 4, 795, 220 0 98.06 99.00 CMHC 0 0 0 99.00 99. 10 99. 10 CORF 0 0 0 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.00 101.00 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 930, 926 930, 926 0 105, 00 106.00 HEART ACQUISITION 1, 223, 959 0 106.00 1, 223, 959 107.00 LIVER ACQUISITION 188, 181 188, 181 0 107. 00 108.00 LUNG ACQUISITION 0 108. 00 0 0 109.00 PANCREAS ACQUISITION 0 0 0 109.00 110.00 INTESTINAL ACQUISITION 0 0 0 110.00 111.00 ISLET ACQUISITION 0 0 0 111.00 113.00 INTEREST EXPENSE 113. 00 114.00 UTILIZATION REVIEW-SNF 114.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 115.00 116.00 HOSPI CE 0 116.00 0 117.00 OTHER CAPITAL RELATED COSTS 0 0 117. 00 200.00 Subtotal (see instructions) 0 200. 00 393, 683, 794 0 393, 683, 794 201.00 Less Observation Beds 0 201.00

393, 683, 794

Provider CCN: 523300

393, 683, 794

Peri od:

202.00 Total (see instructions)

Provider CCN: 523300

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

From 01/01/2011 Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XVIII Hospi tal Tefra Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 91, 162, 519 91, 162, 519 30.00 30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 128, 487, 116 128, 487, 116 31.00 CORONARY CARE UNIT 32.00 32.00 33.00 BURN INTENSIVE CARE UNIT 0 0 33.00 SURGICAL INTENSIVE CARE UNIT 34.00 C34 00 OTHER SPECIAL CARE HOT UNIT 27, 765, 471 27, 765, 471 35.00 35.00 40.00 SUBPROVIDER - IPF 0 0 40.00 SUBPROVIDER - IRF 41.00 0 0 41.00 0 0 42.00 SUBPROVI DER 42.00 43.00 NURSERY 0 0 43.00 44.00 SKILLED NURSING FACILITY 0 0 44.00 0 0 NURSING FACILITY 45.00 45, 00 46.00 OTHER LONG TERM CARE 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 28, 581, 973 5, 895, 583 34, 477, 556 0. 238268 0. 238268 50.00 OPERATING ROOM RECOVERY ROOM 51.00 3, 011, 781 7, 899, 306 10, 911, 087 0.315684 0.315684 51 00 52.00 DELIVERY ROOM & LABOR ROOM 0.000000 0.000000 52.00 0. 270525 0. 270525 53.00 ANESTHESI OLOGY 2, 740, 135 3, 463, 475 6, 203, 610 53.00 RADI OLOGY-DI AGNOSTI C 0.628964 54.00 11, 782, 156 23, 091, 532 34, 873, 688 0.628964 54.00 55.00 RADI OLOGY-THERAPEUTI C 0.000000 0.000000 55.00 56.00 RADI OI SOTOPE 0.000000 0.000000 56.00 57.00 CT SCAN 3, 445, 296 5, 989, 499 9, 434, 795 0.142426 0.142426 57.00 58 00 MAGNETIC RESONANCE IMAGING (MRI) 5 255 439 12 858 021 18, 113, 460 0 142313 0 142313 58 00 59.00 CARDI AC CATHETERI ZATI ON 1, 925, 550 4, 125, 667 6, 051, 217 0.468573 0.468573 59.00 LABORATORY 56, 023, 956 48, 769, 871 104, 793, 827 0. 272140 0.272140 60.00 60.00 60.01 **BLOOD LABORATORY** 0.000000 0.000000 0 60.01 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 0 C 0 0.000000 0.000000 61.00 62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0.000000 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 8, 983, 624 6, 683, 419 15, 667, 043 0.540531 0.540531 63.00 64 00 INTRAVENOUS THERAPY 0.000000 0 000000 64 00 65.00 RESPIRATORY THERAPY 28, 949, 627 4, 854, 228 33, 803, 855 0.278714 0.278714 65.00 4, 537, 206 PHYSI CAL THERAPY 10, 867, 470 0.470047 0.470047 66.00 6, 330, 264 66.00 67.00 OCCUPATIONAL THERAPY 0.000000 0.000000 67.00 1, 613, 552 4, 579, 810 6, 193, 362 0.702434 68 00 SPEECH PATHOLOGY 0.702434 68 00 69.00 ELECTROCARDI OLOGY 2, 142, 523 5, 132, 301 7, 274, 824 1.063507 1.063507 69.00 4, 370, 319 1, 102, 162 5, 472, 481 0. 291549 0.291549 70.00 **ELECTROENCEPHALOGRAPHY** 70.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 87, 728, 114 34, 511, 243 122, 239, 357 0.358823 0.358823 71.00 IMPL. DEV. CHARGED TO PATIENTS 14, 790, 656 14, 790, 656 0.870088 72 00 0.870088 72 00 73.00 DRUGS CHARGED TO PATIENTS 67, 007, 952 28, 206, 139 95, 214, 091 0. 390268 0.390268 73.00 74.00 RENAL DIALYSIS 698, 406 1, 432, 755 2, 131, 161 0.428451 0.428451 74.00 ASC (NON-DISTINCT PART) 0.000000 0.000000 75.00 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 C 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 O 89.00 90.00 16, 837 0.831977 CLINIC 0 16.837 0.831977 90.00 ID PRIM CARE SUPP NETWORK 90.01 0 29, 920 29, 920 37. 143449 37. 143449 90.01 PAIN/PALLIATIVE CARE 220, 858 220, 858 6.369962 6.369962 90.02 90.02 90.03 DIABETIC CLINIC 1,722 1, 373, 192 1, 374, 914 1.045750 1.045750 90.03 330, 997 2, 034, 472 90.04 GL CLINIC 2, 365, 469 1.556801 1.556801 90.04 90.05 CLINIC FOR SPECIAL NEEDS 668 343, 455 344, 123 3.900204 3.900204 90.05 90.06 DI ETETI CS 459, 786 205, 996 665, 782 3.419200 3.419200 90.06 INFUSION ROOM 0.242168 90.07 9.064 2,880,085 2, 889, 149 0.242168 90.07 90.08 CARDIOLOGY CLINIC 141, 636 1, 771, 570 1, 913, 206 0. 984588 0. 984588 90.08 PULMONARY CLINIC 1.471808 1.471808 90.09 9,575 593, 323 602, 898 90.09 90. 10 ENT CLINIC 1, 373, 263 1, 378, 947 0.953970 0.953970 5.684 90.10 90.11 ORTHOPEDIC CLINIC 6, 272 1, 971, 292 1, 977, 564 0.895303 0.895303 90.11 90.12 EYE CLINIC 511 645, 179 645, 690 0.706447 0.706447 90.12 90.13 ONCOLOGY CLINIC 425, 454 3, 567, 124 3, 992, 578 0.770998 0.770998 90.13 SURGICAL SPECIALTIES 15, 928 1, 592, 321 1, 608, 249 90.14 1.111927 1.111927 90.14 90.15 ALLERGY CLINIC 643 1, 704, 193 1, 704, 836 1. 255583 1. 255583 90 15 90.16 LASER CLINIC 0.000000 0.000000 90.16 90.17 DERMATOLOGY CLINIC 2,019 1, 257, 213 1, 259, 232 1.047072 1.047072 90.17 90.18 CLINIC ADMINISTRATION 0.000000 0.000000 90.18 90.19 CRANIOFACIAL CENTER 2,691 383, 510 386, 201 0.926448 0.926448 90.19 90. 20 HEMATOLOGY CLINIC 1, 308 451, 188 452, 496 1.601296 1.601296 90.20 90. 21 SPINA BIFIDA 996 215, 993 216, 989 2.510279 2.510279 90. 21 90 22 NEUROSCIENCES CLINIC 7 602 851, 718 859, 320 2.351675 90 22 2 351675 1, 952 90.23 RHEUMATOLOGY CLINIC 367, 822 369, 774 1.769097 1.769097 90.23 ENDOCRINE CLINIC 546 448, 030 448, 576 1. 312257 90. 24 90.24 1.312257 90. 25 RENAL CLINIC 1, 454 290, 411 291, 865 1.087852 1.087852 90.25

117. 00

200.00

201. 00

202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 523300 Period: Worksheet C From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XVIII Hospi tal Tefra Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** + col . 7) Ratio I npati ent Ratio 6.00 7.00 8.00 9. 00 10.00 90. 26 GREENWAY CLINIC 1, 970, 986 1, 971, 082 0. 721792 96 0.721792 90.27 NEW BERLIN CLINIC 4, 356 5, 306, 058 5, 310, 414 1.459351 1. 459351 90. 27 91.00 **EMERGENCY** 2, 206, 483 14, 691, 906 16, 898, 389 0.665628 0.665628 91.00 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 0.000000 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 0. 945716 94.00 HOME PROGRAM DIALYSIS 0.945716 94.00 0 296, 644 296, 644 95.00 AMBULANCE SERVICES 0 0.000000 0.000000 95.00 96.00 DURABLE MEDICAL EQUIP-RENTED 0 0 0.000000 0.000000 96.00 DURABLE MEDICAL EQUIP-SOLD 97.00 0.000000 0.000000 97.00 0 0 PSYCHIATRY - OFFICE BLDG 2, 340, 985 2, 531, 431 98.00 190, 446 1.327220 1.327220 98 00 98.01 TRANSPORT 5, 630, 792 1,079,252 6, 710, 044 1.008699 1.008699 98.01 98. 02 GENETICS CENTER 35, 202 601, 761 636, 963 3. 204348 3.204348 98.02 318, 788 1, 681, 715 NUCLEAR MEDICINE 2,000,503 0.510373 98.03 0.510373 98.03 98.04 CHILD DEVELOPMENT 305 482, 197 482, 502 1.807825 1.807825 98.04 CHILD PROTECTION CENTER 1, 242, 869 1, 242, 869 1. 903335 1.903335 98. 05 98.05 0 98.06 DENTAL SRVC 5, 274, 866 5, 274, 866 0. 909070 0.909070 98.06 0 99 00 CMHC 99.00  $\cap$ 99. 10 CORF 0 C 0 99. 10 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 100.00 C 101.00 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 968, 782 7, 984 976, 766 105.00 106.00 HEART ACQUISITION 1, 547, 105 8, 013 1, 555, 118 106.00 185, 729 107.00 LIVER ACQUISITION 186, 863 107.00 1.134 108.00 LUNG ACQUISITION 0 C 0 108.00 109.00 PANCREAS ACQUISITION 0 0 109. 00 0 110.00 INTESTINAL ACQUISITION 0 0 110.00 111.00 ISLET ACQUISITION 0 0 C 111.00 113.00 INTEREST EXPENSE 113. 00 114.00 UTILIZATION REVIEW-SNF 114.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 Ω O 115 00 116.00 HOSPI CE 0 0 C 116. 00

593, 517, 963

593, 517, 963

264, 500, 610

264, 500, 610

0

858, 018, 573

858, 018, 573

117.00 OTHER CAPITAL RELATED COSTS

200.00 Subtotal (see instructions)

201.00 Less Observation Beds

202.00 Total (see instructions)

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

			Title XVIII	Hospi tal	7/2/2012 2:04 pm Tefra	11
	Cost Center Description	PPS Inpatient	THE AVIII	поэрт сат	Terra	
		Ratio				
		11. 00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDI ATRI CS					0.00
31.00	INTENSIVE CARE UNIT					1.00
32. 00 33. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT					2. 00 3. 00
34. 00	SURGICAL INTENSIVE CARE UNIT					4. 00
35. 00	OTHER SPECIAL CARE HOT UNIT					5. 00
40.00	SUBPROVIDER - IPF					0.00
41.00	SUBPROVI DER - I RF				41	1.00
42. 00	SUBPROVI DER					2. 00
43. 00	NURSERY					3.00
44. 00	SKILLED NURSING FACILITY					4. 00
45. 00 46. 00	NURSING FACILITY OTHER LONG TERM CARE					5. 00 6. 00
40.00	ANCILLARY SERVICE COST CENTERS				40	0.00
50.00	OPERATING ROOM	0. 000000			50	0. 00
51.00	RECOVERY ROOM	0. 000000				1.00
52.00	DELIVERY ROOM & LABOR ROOM	0. 000000			52	2.00
53.00	ANESTHESI OLOGY	0. 000000				3.00
54. 00	RADI OLOGY-DI AGNOSTI C	0. 000000				4. 00
55. 00	RADI OLOGY-THERAPEUTI C	0.000000				5.00
56. 00 57. 00	RADI OI SOTOPE CT SCAN	0. 000000 0. 000000				6. 00 7. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0. 000000				8. 00
59. 00	CARDI AC CATHETERI ZATI ON	0. 000000				9. 00
60.00	LABORATORY	0. 000000				0. 00
60. 01	BLOOD LABORATORY	0. 000000			60	0. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000				1. 00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000				2. 00
63.00	BLOOD STORING, PROCESSING & TRANS.	0. 000000				3. 00
64. 00 65. 00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	0. 000000 0. 000000				4. 00 5. 00
66. 00	PHYSICAL THERAPY	0. 000000				6. 00
67. 00	OCCUPATI ONAL THERAPY	0. 000000				7. 00
68. 00	SPEECH PATHOLOGY	0. 000000				8. 00
69. 00	ELECTROCARDI OLOGY	0. 000000				9. 00
70.00	ELECTROENCEPHALOGRAPHY	0. 000000			70	0.00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000				1.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	0. 000000				2.00
73. 00 74. 00	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0. 000000 0. 000000				3. 00 4. 00
75. 00	ASC (NON-DISTINCT PART)	0. 000000				5. 00
73.00	OUTPATIENT SERVICE COST CENTERS	0.000000			/3	5. 00
88. 00	RURAL HEALTH CLINIC				88	8. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER				89	9.00
90.00	CLINIC	0. 000000				0.00
90. 01	I D PRIM CARE SUPP NETWORK	0. 000000				0. 01
	PAIN/PALLIATIVE CARE	0.000000				0. 02
90. 03	DIABETIC CLINIC GI CLINIC	0. 000000 0. 000000				0. 03
90. 05	CLINIC FOR SPECIAL NEEDS	0. 000000				0. 05
90. 06	DI ETETI CS	0. 000000				0. 06
90. 07	INFUSION ROOM	0. 000000				0. 07
90. 08	CARDI OLOGY CLI NI C	0. 000000			90	0.08
90. 09	PULMONARY CLINIC	0. 000000				0. 09
90. 10	ENT CLINIC	0. 000000				0. 10
90. 11	ORTHOPEDIC CLINIC	0.000000				0. 11
90. 12 90. 13	EYE CLINIC ONCOLOGY CLINIC	0. 000000 0. 000000				0. 12 0. 13
90. 13	SURGICAL SPECIALTIES	0. 000000				0. 13
90. 15	ALLERGY CLINIC	0. 000000				0. 14
90. 16	LASER CLINIC	0. 000000				0. 16
90. 17	DERMATOLOGY CLINIC	0. 000000				0. 17
90. 18	CLINIC ADMINISTRATION	0. 000000				0. 18
90. 19	CRANI OFACI AL CENTER	0. 000000				0. 19
90. 20	HEMATOLOGY CLINIC	0.000000				0. 20
90. 21	SPINA BIFIDA	0. 000000				0. 21
90. 22 90. 23	NEUROSCIENCES CLINIC   RHEUMATOLOGY CLINIC	0. 000000 0. 000000				0. 22 0. 23
90. 23	ENDOCRINE CLINIC	0. 000000				0. 23
90. 25	RENAL CLINIC	0. 000000				0. 25
90. 26	GREENWAY CLINIC	0. 000000			90	0. 26
90. 27	NEW BERLIN CLINIC	0. 000000			90	0. 27

Provider CCN: 523300 | Period: | Worksheet C | Part | | Date/Time Prepared: | 7/2/2012 2:04 pm

Cost Center Description PPS Inpatient Title XVIII Hospital Tefra					T C	
			litle XVIII	Hospi tal	letra .	
	Center Description	PPS Inpatient				
Ratio		Ratio				
11.00		11.00				
91. 00 EMERGENCY 0. 000000 91.		0. 000000			9.	91. 00
92. 00   OBSERVATI ON BEDS (NON-DISTINCT PART)   0. 000000   92.	ON BEDS (NON-DISTINCT PART)	0. 000000			92	92. 00
OTHER REIMBURSABLE COST CENTERS	BURSABLE COST CENTERS					
94. 00 HOME PROGRAM DI ALYSI S 0. 000000 94.	RAM DIALYSIS	0. 000000			94	94. 00
95. 00 AMBULANCE SERVICES 0. 000000 95.	SERVI CES	0. 000000			9!	95. 00
96. 00   DURABLE MEDI CAL EQUI P-RENTED   0. 000000   96.	DICAL EQUIP-RENTED	0. 000000			90	96. 00
97. 00 DURABLE MEDICAL EQUIP-SOLD 0. 000000 97.	DICAL EQUIP-SOLD	0. 000000			9	97. 00
98. 00   PSYCHIATRY - OFFICE BLDG   0.000000   98.	′ - OFFICE BLDG	0. 000000			98	98. 00
98. 01 TRANSPORT 0. 000000 98.		0. 000000			98	98. 01
98. 02 GENETICS CENTER 0. 000000 98.	CENTER	0. 000000			98	98. 02
	DICINE				98	98. 03
	LOPMENT					98. 04
	FCTION CENTER					98. 05
						98. 06
						99. 00
						99. 10
	CES-NOT APPRVD PRGM				100	00.00
101. 00 HOME HEALTH AGENCY	TH AGENCY				10	01. 00
SPECIAL PURPOSE COST CENTERS						
105, 00 KLDNEY ACQUISITION 105.	DUISITION				10!	05. 00
106. 00 HEART ACQUISITION 106.	JI SI TI ON				100	06. 00
					10	07. 00
						08. 00
						09. 00
						10.00
111. 00 ISLET ACQUISITION 111.	JI SI TI ON				111	11.00
						13. 00
						14.00
						15. 00
						16. 00
	TAL RELATED COSTS					17. 00
						00.00
	,					01. 00
	e instructions)					02.00

Provider CCN: 523300

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

From 01/01/2011 Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XIX Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs (from Wkst. B, Adj Di sal I owance Part I, col 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 30 00 ADULTS & PEDLATRICS 49, 484, 665 49, 484, 665 0 INTENSIVE CARE UNIT 52, 833, 328 52, 833, 328 0 31.00 31.00 32.00 CORONARY CARE UNIT 0 0 0 32.00 BURN INTENSIVE CARE UNIT 33.00 0 0 33.00 0 34.00 SURGICAL INTENSIVE CARE UNIT 0 0 0 34.00 13, 248, 262 35, 00 OTHER SPECIAL CARE HOT UNIT 13, 248, 262 0 0 0 0 0 0 35.00 SUBPROVIDER - IPF 40.00 40.00 SUBPROVIDER - IRF 41 00 0 0 Λ 41.00 42.00 SUBPROVI DER 0 0 0 42.00 43.00 NURSERY 0 0 0 43.00 0 SKILLED NURSING FACILITY 0 44.00 0 44.00 NURSING FACILITY 0 0 45.00 0 45.00 OTHER LONG TERM CARE 0 46.00 46.00 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 50.00 8, 214, 913 8, 214, 913 0 0 50 00 51.00 RECOVERY ROOM 3, 444, 461 3, 444, 461 0 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 0 53.00 ANESTHESI OLOGY 1, 678, 234 1, 678, 234 53.00 0 RADI OLOGY-DI AGNOSTI C 21, 934, 279 21, 934, 279 54 00 0 54 00 55.00 RADI OLOGY-THERAPEUTI C 0 55.00 56.00 RADI OI SOTOPE 56.00 0 57 00 CT SCAN 1 343 759 1, 343, 759 57 00 0 MAGNETIC RESONANCE IMAGING (MRI) 58.00 2, 577, 788 2, 577, 788 0 58.00 CARDI AC CATHETERI ZATI ON 2, 835, 435 2, 835, 435 0 59.00 59.00 60.00 LABORATORY 28, 518, 631 28, 518, 631 0 60.00 60 01 BLOOD LABORATORY C0 60 01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 0 0 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 0 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 8, 468, 523 8, 468, 523 0 63.00 INTRAVENOUS THERAPY 64.00 0 64.00 65.00 RESPIRATORY THERAPY 9, 421, 610 9, 421, 610 0 65.00 PHYSI CAL THERAPY 66.00 5, 108, 221 5, 108, 221 66.00 67.00 OCCUPATIONAL THERAPY 67.00 0 4, 350, 430 4, 350, 430 68.00 SPEECH PATHOLOGY 0 68.00 69.00 **ELECTROCARDI OLOGY** 7, 736, 826 7, 736, 826 0 69.00 70 00 **ELECTROENCEPHALOGRAPHY** 1, 595, 496 1, 595, 496 0 70.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 43, 862, 332 43, 862, 332 71.00 0 72.00 IMPL. DEV. CHARGED TO PATIENTS 12, 869, 170 12, 869, 170 0 72.00 73.00 DRUGS CHARGED TO PATIENTS 37, 159, 015 37, 159, 015 0 73.00 74.00 RENAL DIALYSIS 913, 098 913, 098 0 74.00 0 75.00 ASC (NON-DISTINCT PART) 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 90 00 CLINIC 14.008 14,008 0 90 00 ID PRIM CARE SUPP NETWORK 1, 111, 332 1, 111, 332 90.01 90.01 0 90.02 PAIN/PALLIATIVE CARE 1, 406, 857 1, 406, 857 O 90.02 IDIABETIC CLINIC 90.03 1.437.817 1.437.817 0 90.03 90.04 GI CLINIC 3, 682, 564 3, 682, 564 0 90.04 90.05 CLINIC FOR SPECIAL NEEDS 1, 342, 150 1, 342, 150 0 90.05 90.06 90.06 DI ETETI CS 2, 276, 442 2, 276, 442 90 07 INFUSION ROOM 699, 660 699, 660 Λ 90 07 90.08 CARDIOLOGY CLINIC 1,883,719 1,883,719 0 90.08 90.09 PULMONARY CLINIC 887, 350 887, 350 90.09 90.10 90.10 ENT CLINIC 1, 315, 474 1, 315, 474 0 ORTHOPEDIC CLINIC 90.11 1, 770, 519 1, 770, 519 0 90.11 90. 12 EYE CLINIC 456, 146 456, 146 0 90.12 90. 13 ONCOLOGY CLINIC 3, 078, 268 3, 078, 268 0 90.13 90 14 SURGICAL SPECIALTIES 1 788 256 1 788 256 90 14 0 90.15 ALLERGY CLINIC 2, 140, 563 2, 140, 563 0 90.15 LASER CLINIC 90.16 90.16 0 90.17 DERMATOLOGY CLINIC 1, 318, 507 1, 318, 507 0 90.17 CLINIC ADMINISTRATION 90 18 90 18 0 90.19 CRANI OFACIAL CENTER 357, 795 357, 795 0 90.19 HEMATOLOGY CLINIC 90.20 90.20 724,580 724, 580 90. 21 SPINA BIFIDA 544, 703 544.703 0 90. 21 90 22 NEUROSCI ENCES CLINIC 90.22 2.020.841 2, 020, 841 0 0 90. 23 RHEUMATOLOGY CLINIC 654, 166 654, 166 0 90.23 90.24 ENDOCRINE CLINIC 588, 647 588, 647 0 90.24

0 115.00

0 116.00

0 117. 00

0 200. 00

0 201.00

0 202. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10 COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 523300 Peri od: Worksheet C From 01/01/2011 Part I 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Title XIX Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs Di sal I owance from Wkst. B, Adj Part I, col. 26) 2.00 4. 00 5. 00 1.00 3.00 90. 25 RENAL CLINIC 317, 506 317, 506 90, 25 0 0 90. 26 GREENWAY CLINIC 1, 422, 711 90. 26 1, 422, 711 0 90. 27 NEW BERLIN CLINIC 7, 749, 759 7, 749, 759 0 0 90.27 o 91.00 91.00 **EMERGENCY** 11, 248, 041 11, 248, 041 0 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 0 OTHER REIMBURSABLE COST CENTERS 94.00 HOME PROGRAM DIALYSIS 280, 541 280, 541 0 94.00 95.00 AMBULANCE SERVICES 0 0 0 0 0 0 0 95.00 0 0 DURABLE MEDICAL EQUIP-RENTED 96.00 96.00 0 0 Ω 97.00 DURABLE MEDICAL EQUIP-SOLD 0 0 0 97.00 98.00 PSYCHIATRY - OFFICE BLDG 3, 359, 767 3, 359, 767 98.00 98. 01 **TRANSPORT** 6, 768, 414 6, 768, 414 98.01 0 GENETICS CENTER 2,041,051 2, 041, 051 98.02 98.02 0 98.03 NUCLEAR MEDICINE 1,021,003 1, 021, 003 0 98.03 0 CHILD DEVELOPMENT 872, 279 872, 279 98.04 98.04 0 CHILD PROTECTION CENTER 98.05 98 05 2 365 596 2 365 596 0 98.06 DENTAL SRVC 4, 795, 220 4, 795, 220 0 98.06 99.00 CMHC 0 0 0 99.00 99. 10 99. 10 CORF 0 0 0 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.00 101.00 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 930, 926 930, 926 0 105, 00 106.00 HEART ACQUISITION 1, 223, 959 0 106.00 1, 223, 959 107.00 LIVER ACQUISITION 188, 181 188, 181 0 107. 00 108.00 LUNG ACQUISITION 0 108. 00 0 0 109.00 PANCREAS ACQUISITION 0 0 0 109.00 110.00 INTESTINAL ACQUISITION 0 0 0 110.00 111.00 ISLET ACQUISITION 0 0 0 111.00 113.00 INTEREST EXPENSE 113. 00 114.00 UTILIZATION REVIEW-SNF 114.00

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393, 683, 794

393, 683, 794

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0

0

393, 683, 794

393, 683, 794

0

115.00 AMBULATORY SURGICAL CENTER (D. P.)

117.00 OTHER CAPITAL RELATED COSTS

200.00 Subtotal (see instructions)

201.00 Less Observation Beds

202.00 Total (see instructions)

116.00 HOSPI CE

Provider CCN: 523300

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XIX Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 91, 162, 519 91, 162, 519 30.00 30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 128, 487, 116 128, 487, 116 31.00 CORONARY CARE UNIT 32.00 32.00 33.00 BURN INTENSIVE CARE UNIT 0 0 33.00 SURGICAL INTENSIVE CARE UNIT 34.00 C34 00 OTHER SPECIAL CARE HOT UNIT 27, 765, 471 27, 765, 471 35.00 35.00 40.00 SUBPROVIDER - IPF 0 0 40.00 SUBPROVIDER - IRF 41.00 0 0 41.00 0 0 42.00 SUBPROVI DER 42.00 43.00 NURSERY 0 0 43.00 44.00 SKILLED NURSING FACILITY 0 0 44.00 0 0 NURSING FACILITY 45.00 45, 00 46.00 OTHER LONG TERM CARE 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 28, 581, 973 5, 895, 583 34, 477, 556 0. 238268 0.000000 50.00 OPERATING ROOM RECOVERY ROOM 51.00 3, 011, 781 7, 899, 306 10, 911, 087 0.315684 0 000000 51 00 52.00 DELIVERY ROOM & LABOR ROOM 0.000000 0.000000 52.00 0. 270525 53.00 ANESTHESI OLOGY 2, 740, 135 3, 463, 475 6, 203, 610 0.000000 53.00 RADI OLOGY-DI AGNOSTI C 0.628964 54.00 11, 782, 156 23, 091, 532 34, 873, 688 0.000000 54.00 55.00 RADI OLOGY-THERAPEUTI C 0.000000 0.000000 55.00 56.00 56.00 RADI OI SOTOPE 0.000000 0.000000 57.00 CT SCAN 3, 445, 296 5, 989, 499 9, 434, 795 0.142426 0.000000 57.00 58 00 MAGNETIC RESONANCE IMAGING (MRI) 5 255 439 12 858 021 18, 113, 460 0 000000 58 00 0 142313 6, 051, 217 59.00 CARDI AC CATHETERI ZATI ON 1, 925, 550 4, 125, 667 0.468573 0.000000 59.00 LABORATORY 56, 023, 956 48, 769, 871 104, 793, 827 0. 272140 0.000000 60.00 60.00 60.01 **BLOOD LABORATORY** 0.000000 0.000000 0 60.01 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 0 C 0 0.000000 0.000000 61.00 62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0.000000 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 8, 983, 624 6, 683, 419 15, 667, 043 0.540531 0.000000 63.00 64 00 INTRAVENOUS THERAPY 0.000000 0 000000 64 00 65.00 RESPIRATORY THERAPY 28, 949, 627 4, 854, 228 33, 803, 855 0.278714 0.000000 65.00 4, 537, 206 PHYSI CAL THERAPY 10, 867, 470 0.470047 0.000000 66.00 6, 330, 264 66.00 67.00 OCCUPATIONAL THERAPY 0.000000 0.000000 67.00 1, 613, 552 4, 579, 810 6, 193, 362 0.702434 68 00 SPEECH PATHOLOGY 0.000000 68 00 69.00 ELECTROCARDI OLOGY 2, 142, 523 5, 132, 301 7, 274, 824 1.063507 0.000000 69.00 4, 370, 319 1, 102, 162 5, 472, 481 0. 291549 0.000000 70.00 **ELECTROENCEPHALOGRAPHY** 70.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 87, 728, 114 34, 511, 243 122, 239, 357 0.358823 0.000000 71.00 IMPL. DEV. CHARGED TO PATIENTS 14, 790, 656 14, 790, 656 72 00 0.870088 0.000000 72 00 73.00 DRUGS CHARGED TO PATIENTS 67, 007, 952 28, 206, 139 95, 214, 091 0. 390268 0.000000 73.00 74.00 RENAL DIALYSIS 698, 406 1, 432, 755 2, 131, 161 0.428451 0.000000 74.00 ASC (NON-DISTINCT PART) 0.000000 0.000000 75.00 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 0 0.000000 0.000000 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0.000000 0.000000 89 00 0.831977 90.00 16, 837 0.000000 CLINIC 0 16.837 90.00 ID PRIM CARE SUPP NETWORK 90.01 0 29, 920 29, 920 37. 143449 0.000000 90 01 PAIN/PALLIATIVE CARE 220, 858 220, 858 6. 369962 0.000000 90.02 90.02 90.03 DIABETIC CLINIC 1,722 1, 373, 192 1, 374, 914 1.045750 0.000000 90.03 330, 997 2, 034, 472 90.04 GL CLINIC 2, 365, 469 1.556801 0.000000 90.04 90.05 CLINIC FOR SPECIAL NEEDS 668 343, 455 344, 123 3.900204 0.000000 90.05 90.06 DI ETETI CS 459, 786 205, 996 665, 782 3.419200 0.000000 90.06 INFUSION ROOM 0.242168 90.07 9.064 2,880,085 2, 889, 149 0.000000 90.07 90.08 CARDIOLOGY CLINIC 141, 636 1, 771, 570 1, 913, 206 0. 984588 0.000000 90.08 PULMONARY CLINIC 1.471808 0.000000 90.09 9,575 593, 323 602, 898 90.09 90. 10 ENT CLINIC 1, 373, 263 1, 378, 947 0.953970 0.000000 5.684 90.10 90.11 ORTHOPEDIC CLINIC 6, 272 1, 971, 292 1, 977, 564 0.895303 0.000000 90.11 90.12 EYE CLINIC 511 645, 179 645, 690 0.706447 0.000000 90.12 90.13 ONCOLOGY CLINIC 425, 454 3, 567, 124 3, 992, 578 0.770998 0.000000 90.13 90. 14 SURGICAL SPECIALTIES 15, 928 1, 592, 321 1, 608, 249 0.000000 1.111927 90.14 90.15 ALLERGY CLINIC 643 1, 704, 193 1, 704, 836 1. 255583 0.000000 90 15 90. 16 90.16 LASER CLINIC 0.000000 0.000000 90.17 DERMATOLOGY CLINIC 2,019 1, 257, 213 1, 259, 232 1.047072 0.000000 90.17 90.18 CLINIC ADMINISTRATION 0.000000 0.000000 90.18 90.19 CRANIOFACIAL CENTER 2,691 383, 510 386, 201 0.926448 0.000000 90.19 90. 20 HEMATOLOGY CLINIC 1, 308 451, 188 452, 496 1.601296 0.000000 90.20 90. 21 SPINA BIFIDA 996 215, 993 216, 989 2.510279 0.000000 90. 21 90 22 NEUROSCIENCES CLINIC 7 602 851, 718 859, 320 2.351675 0 000000 90 22 1, 952 90.23 RHEUMATOLOGY CLINIC 367, 822 369, 774 1.769097 0.000000 90.23 ENDOCRINE CLINIC 546 448, 030 448, 576 1. 312257 0.000000 90. 24 90.24 90. 25 RENAL CLINIC 1, 454 290, 411 291, 865 0.000000 90.25 1.087852

115 00

116. 00

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201. 00

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Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 523300 Period: Worksheet C From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XIX Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** I npati ent + col . 7) Ratio Ratio 6.00 7.00 8.00 9. 00 10.00 90. 26 GREENWAY CLINIC 1, 970, 986 1, 971, 082 0. 721792 96 0.000000 90.27 NEW BERLIN CLINIC 4, 356 5, 306, 058 5, 310, 414 1.459351 0.000000 90. 27 91.00 **EMERGENCY** 2, 206, 483 14, 691, 906 16, 898, 389 0.665628 0.000000 91.00 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 0.000000 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 0. 945716 94.00 HOME PROGRAM DIALYSIS 0.000000 94.00 0 296, 644 296, 644 95.00 AMBULANCE SERVICES 0 0.000000 0.000000 95.00 96.00 DURABLE MEDICAL EQUIP-RENTED 0 0 0.000000 0.000000 96.00 DURABLE MEDICAL EQUIP-SOLD 97.00 0.000000 0.000000 97.00 0 0 PSYCHIATRY - OFFICE BLDG 2, 340, 985 2, 531, 431 0.000000 98.00 190, 446 1.327220 98 00 98.01 TRANSPORT 5, 630, 792 1,079,252 6, 710, 044 1.008699 0.000000 98.01 98. 02 GENETICS CENTER 35, 202 601, 761 636, 963 3. 204348 0.000000 98.02 318, 788 1, 681, 715 NUCLEAR MEDICINE 2,000,503 0.000000 98.03 0.510373 98.03 98.04 CHILD DEVELOPMENT 305 482, 197 482, 502 1.807825 0.000000 98.04 CHILD PROTECTION CENTER 1, 242, 869 1, 242, 869 1. 903335 0.000000 98.05 98.05 0 98.06 DENTAL SRVC 5, 274, 866 5, 274, 866 0. 909070 0.000000 98.06 0 99 00 CMHC 99.00  $\cap$ 99. 10 CORF 0 C 0 99. 10 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 100.00 C 101.00 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 968, 782 7, 984 976, 766 105.00 106.00 HEART ACQUISITION 1, 547, 105 8, 013 1, 555, 118 106.00 185, 729 107.00 LIVER ACQUISITION 186, 863 107.00 1.134 108.00 LUNG ACQUISITION 0 C 0 108.00 109.00 PANCREAS ACQUISITION 0 0 109. 00 0 110.00 INTESTINAL ACQUISITION 0 0 110.00 111.00 ISLET ACQUISITION 0 0 C 111.00 113.00 INTEREST EXPENSE 113. 00 114.00 UTILIZATION REVIEW-SNF 114.00

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858, 018, 573

115.00 AMBULATORY SURGICAL CENTER (D. P.)

117.00 OTHER CAPITAL RELATED COSTS

200.00 Subtotal (see instructions)

201.00 Less Observation Beds

202.00 Total (see instructions)

116.00 HOSPI CE

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

			Title XIX	Hospi tal	7/2/2012 2: 02 Cost	ı pm
	Cost Center Description	PPS Inpatient	THE XIX	поэрт сат	0031	
	, , , , , , , , , , , , , , , , , , ,	Ratio				
	T	11. 00				
30. 00	ADULTS & PEDIATRICS					30.00
31. 00	INTENSIVE CARE UNIT					31.00
32. 00	CORONARY CARE UNIT					32.00
33.00	BURN INTENSIVE CARE UNIT					33. 00
34.00	SURGICAL INTENSIVE CARE UNIT					34. 00
35. 00	OTHER SPECIAL CARE HOT UNIT					35. 00
40.00	SUBPROVIDER - I PF					40.00
41. 00 42. 00	SUBPROVI DER - I RF SUBPROVI DER					41. 00 42. 00
43. 00	NURSERY					43. 00
44. 00	SKILLED NURSING FACILITY					44. 00
45.00	NURSING FACILITY					45. 00
46. 00	OTHER LONG TERM CARE					46. 00
<b>50.00</b>	ANCILLARY SERVICE COST CENTERS	0.00000				
50.00	OPERATING ROOM	0.000000				50.00
51. 00 52. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	0. 000000 0. 000000				51. 00 52. 00
53. 00	ANESTHESI OLOGY	0. 000000				53.00
54. 00	RADI OLOGY-DI AGNOSTI C	0. 000000				54. 00
55.00	RADI OLOGY-THERAPEUTI C	0. 000000				55. 00
56.00	RADI OI SOTOPE	0. 000000				56. 00
57. 00	CT SCAN	0. 000000				57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000				58. 00
59. 00 60. 00	CARDI AC CATHETERI ZATI ON LABORATORY	0.000000				59.00
60. 00	BLOOD LABORATORY	0. 000000 0. 000000				60. 00 60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000				61.00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000				62. 00
63. 00	BLOOD STORING, PROCESSING & TRANS.	0. 000000				63. 00
64.00	I NTRAVENOUS THERAPY	0. 000000				64. 00
65.00	RESPI RATORY THERAPY	0. 000000				65. 00
66. 00	PHYSI CAL THERAPY	0. 000000				66. 00
67. 00	OCCUPATIONAL THERAPY	0.000000				67. 00
68. 00 69. 00	SPEECH PATHOLOGY ELECTROCARDI OLOGY	0. 000000				68. 00 69. 00
70.00	ELECTROENCEPHALOGRAPHY	0. 000000 0. 000000				70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000				71.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	0. 000000				72. 00
73. 00	DRUGS CHARGED TO PATIENTS	0. 000000				73. 00
74.00	RENAL DIALYSIS	0. 000000				74. 00
75. 00	ASC (NON-DISTINCT PART)	0. 000000				75. 00
00.00	OUTPATIENT SERVICE COST CENTERS	0.000000				00.00
88. 00 89. 00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	0. 000000 0. 000000				88. 00 89. 00
90.00	CLINIC	0. 000000				90.00
90. 01	ID PRIM CARE SUPP NETWORK	0. 000000				90. 01
	PAIN/PALLIATIVE CARE	0. 000000				90. 02
	DIABETIC CLINIC	0. 000000				90. 03
90. 04		0. 000000				90. 04
90.05	CLINIC FOR SPECIAL NEEDS	0. 000000				90.05
90.06	DI ETETI CS	0.000000				90.06
90. 07 90. 08	INFUSION ROOM CARDIOLOGY CLINIC	0. 000000 0. 000000				90. 07 90. 08
90. 08	PULMONARY CLINIC	0. 000000				90.08
90. 10	ENT CLINIC	0. 000000				90. 10
90. 11	ORTHOPEDIC CLINIC	0. 000000				90. 11
90. 12	EYE CLINIC	0. 000000				90. 12
90. 13	ONCOLOGY CLINIC	0. 000000				90. 13
90. 14	SURGI CAL SPECIALTI ES	0. 000000				90. 14
90. 15	ALLERGY CLINIC	0. 000000				90. 15
90. 16	LASER CLINIC	0.000000				90. 16
90. 17 90. 18	DERMATOLOGY CLINIC	0. 000000 0. 000000				90. 17 90. 18
90. 18	CLINIC ADMINISTRATION CRANIOFACIAL CENTER	0. 000000				90. 18
90. 19	HEMATOLOGY CLINIC	0. 000000				90. 19
90. 21	SPINA BIFIDA	0. 000000				90. 21
90. 22	NEUROSCI ENCES CLI NI C	0. 000000				90. 22
90. 23	RHEUMATOLOGY CLINIC	0. 000000				90. 23
90. 24	ENDOCRI NE CLI NI C	0. 000000				90. 24
90. 25	RENAL CLINIC	0.000000				90. 25
90. 26 90. 27	GREENWAY CLINIC NEW BERLIN CLINIC	0. 000000 0. 000000				90. 26 90. 27
70. 21	INCH DENETH CETHIC	0.00000				1 70. 21

Provider CCN: 523300 | Period: | Worksheet C | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

					7/2/2012 2:04 pm
			Title XIX	Hospi tal	Cost
	Cost Center Description	PPS Inpatient			
		Ratio			
		11. 00			
91.00	EMERGENCY	0. 000000	·		91. 00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92. 00
	OTHER REIMBURSABLE COST CENTERS	•			
94.00	HOME PROGRAM DIALYSIS	0. 000000			94. 00
95.00	AMBULANCE SERVICES	0. 000000			95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	0. 000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0. 000000			97.00
98. 00	PSYCHIATRY - OFFICE BLDG	0. 000000			98. 00
98. 01	TRANSPORT	0. 000000			98. 01
98. 02	GENETICS CENTER	0. 000000			98. 02
98. 03	NUCLEAR MEDICINE	0. 000000			98. 03
98. 04	CHILD DEVELOPMENT	0. 000000			98. 04
98. 05	CHILD PROTECTION CENTER	0. 000000			98. 05
98. 06	DENTAL SRVC	0. 000000			98. 06
99. 00	CMHC	0.00000			99.00
99. 10					99. 10
	I&R SERVICES-NOT APPRVD PRGM				100.00
	HOME HEALTH AGENCY				101. 00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION				105. 00
	HEART ACQUISITION				106. 00
	LIVER ACQUISITION				107. 00
	LUNG ACQUISITION				108. 00
	PANCREAS ACQUISITION				109. 00
	INTESTINAL ACQUISITION				110.00
	ISLET ACQUISITION				111.00
	INTEREST EXPENSE				113. 00
	UTILIZATION REVIEW-SNF				114. 00
	AMBULATORY SURGICAL CENTER (D. P. )				115. 00
	HOSPI CE				116.00
	OTHER CAPITAL RELATED COSTS				117. 00
	Subtotal (see instructions)				200.00
	Less Observation Beds				201. 00
	Total (see instructions)				202. 00
_000	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1			1-32.00

		Ti t	le XIX	Hospi tal	Cost	piii	
·		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part	Operating Cost Net of Capital Cost (col. 1 -		Operating Cost Reduction Amount	
		1.00	2.00	col . 2) 3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATI NG ROOM	10, 647, 541			294, 046	l e	
51.00	RECOVERY ROOM	3, 444, 461	270, 147	1	27, 015	l e	
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	0 3, 147, 466	1		0 37, 795	1	52. 00 53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	22, 273, 146			511, 993		54. 00
55. 00	RADI OLOGY-THERAPEUTI C	0	0	1	0	0	55. 00
56. 00	RADI OI SOTOPE	0	0		0	0	56. 00
57. 00 58. 00	CT SCAN	1, 343, 759			3, 866	0	57. 00
59.00	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	2, 577, 788 2, 835, 435			26, 834 31, 775		58. 00 59. 00
60. 00	LABORATORY	28, 660, 402			205, 555	l e	60.00
60. 01	BLOOD LABORATORY	0	0	.1	0	0	60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0 440 522	0 0 0 0 0 0	0 202 574	0	0	62. 00 63. 00
63. 00 64. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	8, 468, 523	265, 949	1	26, 595 0		64. 00
65. 00	RESPIRATORY THERAPY	9, 421, 610	1	1	70, 557	Ö	65. 00
66. 00	PHYSI CAL THERAPY	5, 280, 554			86, 150	0	66. 00
67. 00	OCCUPATI ONAL THERAPY	0	0	1	0	0	67. 00
68. 00	SPEECH PATHOLOGY	4, 350, 430			44, 988	0	68. 00
69. 00 70. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	8, 377, 136 1, 986, 630			112, 685 22, 134		69. 00 70. 00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	43, 862, 332			203, 023		71.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	12, 869, 170			21, 950	0	72. 00
73. 00	DRUGS CHARGED TO PATIENTS	37, 159, 015			124, 213	l	73. 00
74. 00 75. 00	RENAL DIALYSIS	913, 098			11, 307 0	0	74. 00 75. 00
75.00	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS	0		ıj U	0	<u> </u>	75.00
88. 00	RURAL HEALTH CLINIC	0	C	0	0	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89. 00
90.00	CLINIC	14,008			47	0	90.00
90. 01 90. 02	ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE	1, 123, 120 1, 406, 857			18, 958 23, 645	l e	90. 01 90. 02
90. 03	DI ABETI C CLINI C	1, 437, 817			21, 879		90. 03
90. 04	GI CLINIC	4, 576, 103			59, 262	l e	90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	1, 342, 150			15, 740	l e	90.05
90. 06 90. 07	DIETETICS INFUSION ROOM	2, 276, 442 699, 660			5, 137 6, 473	0	90. 06 90. 07
90. 08	CARDI OLOGY CLINI C	2, 203, 188			11, 412	Ö	90. 08
90. 09	PULMONARY CLINIC	1, 103, 281	85, 811		8, 581	0	90. 09
90. 10	ENT CLINIC	1, 678, 728			15, 171	0	90. 10
90. 11 90. 12	ORTHOPEDIC CLINIC EYE CLINIC	1, 770, 519 559, 184			36, 535 6, 462	0	90. 11 90. 12
	ONCOLOGY CLINIC	3, 078, 268			44, 316	1	•
	SURGI CAL SPECIALTIES	1, 913, 374			16, 904		1
90. 15	ALLERGY CLINIC	2, 577, 541	372, 800	2, 204, 741	37, 280	l	1
90. 16	LASER CLINIC	1 07/ 540	127 (74	0	10.7/7	0	90. 16
90. 17 90. 18	DERMATOLOGY CLINIC CLINIC ADMINISTRATION	1, 876, 548	127, 674	1, 748, 874	12, 767 0	0	90. 17 90. 18
90. 19	CRANI OFACI AL CENTER	357, 795	64, 019	293, 776	6, 402	Ö	90. 19
90. 20	HEMATOLOGY CLINIC	724, 580			10, 710	0	90. 20
90. 21	SPINA BIFIDA	544, 703			7, 958	l e	90. 21
90. 22 90. 23	NEUROSCI ENCES CLI NI C	2, 020, 841	147, 550		14, 755	0	90. 22 90. 23
90. 23	RHEUMATOLOGY CLINIC ENDOCRINE CLINIC	868, 164 952, 961	113, 524 99, 949		11, 352 9, 995		90. 23
90. 25	RENAL CLINIC	808, 933			3, 297	Ö	90. 25
90. 26	GREENWAY CLINIC	1, 422, 711			36, 719	0	90. 26
90. 27	NEW BERLIN CLINIC	7, 749, 759			312, 202	0	90. 27
91. 00 92. 00	EMERGENCY   OBSERVATION BEDS (NON-DISTINCT PART)	13, 551, 497 0			82, 463 0	0	91. 00 92. 00
7Z. UU	OTHER REIMBURSABLE COST CENTERS			η U	0	<u> </u>	72.00
94. 00	HOME PROGRAM DI ALYSI S	280, 541	22, 311	258, 230	2, 231	0	1
95. 00	AMBULANCE SERVICES	0	0	0	0	0	95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	0			0	0	96.00
97. 00 98. 00	DURABLE MEDICAL EQUIP-SOLD PSYCHIATRY - OFFICE BLDG	3, 865, 291	289, 831	3, 575, 460	28, 983		97. 00 98. 00
98. 01	TRANSPORT	6, 768, 414			28, 756	l	98. 01
98. 02	GENETI CS CENTER	2, 164, 361	400, 589	1, 763, 772	40, 059	0	98. 02
98. 03	NUCLEAR MEDICINE	1, 021, 003			9, 241	0	•
98. 04	CHILD DEVELOPMENT	1, 212, 830	379, 566	833, 264	37, 957	0	98. 04

Health Financial Systems CHILDREN'S HOST CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY Provi der CCN: 523300 | Peri od: | Worksheet C | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared:

					7/2/2012 2:04	pm
		Ti t	le XIX	Hospi tal	Cost	
Cost Center Description	Total Cost		Operating Cost	Capi tal	Operating Cost	
	(Wkst. B, Part	(Wkst. B, Part	Net of Capital	Reducti on	Reducti on	
	I, col. 26)	II col. 26)	Cost (col. 1 -		Amount	
			col . 2)			
	1.00	2. 00	3. 00	4. 00	5. 00	
98. 05 CHILD PROTECTION CENTER	2, 944, 719			24, 012	0	98. 05
98. 06 DENTAL SRVC	5, 786, 371	530, 365	5, 256, 006	53, 037	0	98. 06
99. 00 CMHC	0	0	0	0	0	99. 00
99. 10 CORF	0	0	0	0	0	99. 10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100. 00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	930, 926		909, 553			105. 00
106.00 HEART ACQUISITION	1, 223, 959	30, 019	1, 193, 940	·		106. 00
107.00 LIVER ACQUISITION	188, 181	3, 271	184, 910	327		107. 00
108.00 LUNG ACQUISITION	0	0	0	0	0	108. 00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109. 00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110. 00
111.00 ISLET ACQUISITION	0	0	0	0	0	111. 00
113.00 INTEREST EXPENSE						113. 00
114.00 UTILIZATION REVIEW-SNF						114. 00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115. 00
116. 00 HOSPI CE	0	0	0	0	0	116. 00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117. 00
200.00 Subtotal (sum of lines 50 thru 199)	292, 643, 824	29, 286, 415	263, 357, 409	2, 928, 645	0	200. 00
201.00 Less Observation Beds	0	0	0	0	0	201. 00
202.00 Total (line 200 minus line 201)	292, 643, 824	29, 286, 415	263, 357, 409	2, 928, 645	0	202. 00

Heal th Financial Systems CHILDREN'S HOS CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY | In Lieu of Form CMS-2552-10 | Worksheet C | Part II | B1/2011 | Date/Time Prepared: | 7/2/2012 2:04 pm | tal. | | Cost Provi der CCN: 523300 | Peri od: | From 01/01/2011 | To 12/31/2011

			Ti t	ile XIX	Hospi tal	Cost	. рііі
	Cost Center Description	Cost Net of	Total Charges		<u>'</u>		
		Capital and		Cost to Charge			
				Ratio (col. 6			
		Reduction	8)	/ col . 7)			
	ANOLLI ADV. CEDVI CE. COCT. CENTEDO	6. 00	7. 00	8.00		-	
50. 00	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	10, 353, 495	34, 477, 556	0. 300297			50.00
51. 00	RECOVERY ROOM	3, 417, 446					51.00
52. 00	DELIVERY ROOM & LABOR ROOM	3, 417, 440	1				52. 00
53. 00	ANESTHESI OLOGY	3, 109, 671	1	1			53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	21, 761, 153					54. 00
55.00	RADI OLOGY-THERAPEUTI C	C	l .	1			55. 00
56.00	RADI OI SOTOPE	C	) (	0. 000000			56. 00
57.00	CT SCAN	1, 339, 893	9, 434, 795	0. 142016			57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	2, 550, 954	18, 113, 460				58. 00
59. 00	CARDI AC CATHETERI ZATI ON	2, 803, 660					59. 00
60. 00	LABORATORY	28, 454, 847	1				60. 00
60. 01	BLOOD LABORATORY	C	1	0.000000			60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	C		0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0 444 000	( (7.046	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8, 441, 928	15, 667, 043				63.00
64. 00	I NTRAVENOUS THERAPY	0.351.053	22 002 055	0.000000			64. 00
65. 00 66. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	9, 351, 053 5, 194, 404					65. 00 66. 00
67. 00	OCCUPATIONAL THERAPY	3, 194, 404		0.000000			67. 00
68. 00	SPEECH PATHOLOGY	4, 305, 442	1	1			68. 00
69. 00	ELECTROCARDI OLOGY	8, 264, 451	1	1			69. 00
70. 00	ELECTROENCEPHALOGRAPHY	1, 964, 496					70.00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	43, 659, 309		1			71.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	12, 847, 220					72.00
73. 00	DRUGS CHARGED TO PATIENTS	37, 034, 802					73. 00
74. 00	RENAL DIALYSIS	901, 791		1			74. 00
75. 00	ASC (NON-DISTINCT PART)			1			75. 00
	OUTPATIENT SERVICE COST CENTERS			1			
88. 00	RURAL HEALTH CLINIC	C	)	0.000000			88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	C	) (	0. 000000			89. 00
90.00	CLINIC	13, 961	16, 837	0. 829186			90. 00
90. 01	ID PRIM CARE SUPP NETWORK	1, 104, 162		1			90. 01
90. 02	PAIN/PALLIATIVE CARE	1, 383, 212	l	1			90. 02
90. 03	DI ABETI C CLI NI C	1, 415, 938					90. 03
90. 04	GI CLINIC	4, 516, 841		1			90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	1, 326, 410		1			90. 05
90.06	DI ETETI CS	2, 271, 305		1			90.06
90. 07 90. 08	INFUSION ROOM CARDIOLOGY CLINIC	693, 187 2, 191, 776		1			90. 07 90. 08
90.08	PULMONARY CLINIC	1, 094, 700		1			90.08
90. 10	ENT CLINIC	1, 663, 557	•				90. 10
90. 11	ORTHOPEDIC CLINIC	1, 733, 984					90. 11
90. 12	EYE CLINIC	552, 722					90. 12
90. 13	ONCOLOGY CLINIC	3, 033, 952	•				90. 13
90. 14	I and the second	1, 896, 470		1			90. 14
90. 15	ALLERGY CLINIC	2, 540, 261	1	1			90. 15
90. 16	LASER CLINIC	C		0.000000			90. 16
90. 17	DERMATOLOGY CLINIC	1, 863, 781	1, 259, 232	1. 480093			90. 17
90. 18	CLINIC ADMINISTRATION	C	) (	0.000000			90. 18
90. 19	CRANI OFACI AL CENTER	351, 393	386, 201	0. 909871			90. 19
90. 20	HEMATOLOGY CLINIC	713, 870					90. 20
90. 21	SPINA BIFIDA	536, 745		1			90. 21
90. 22	NEUROSCI ENCES CLI NI C	2, 006, 086					90. 22
90. 23	RHEUMATOLOGY CLINIC	856, 812	1				90. 23
90. 24	ENDOCRI NE CLI NI C	942, 966	1	1			90. 24
90. 25	RENAL CLINIC	805, 636	1	1			90. 25
90. 26	GREENWAY CLINIC	1, 385, 992		1			90. 26
90. 27	NEW BERLIN CLINIC	7, 437, 557					90. 27
91.00	EMERGENCY OBSERVATION DEDS (NON DISTINCT DART)	13, 469, 034		1			91.00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS		1	0. 000000			92. 00
94. 00	HOME PROGRAM DIALYSIS	278, 310	296, 644	0. 938195			94. 00
95. 00	AMBULANCE SERVICES	270,310	270,044	0. 000000			95. 00
96. 00	DURABLE MEDICAL EQUIP-RENTED			0.000000			96.00
97. 00	DURABLE MEDICAL EQUIP-SOLD			0. 000000			97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	3, 836, 308	2, 531, 431				98. 00
98. 01	TRANSPORT	6, 739, 658					98. 01
98. 02	GENETI CS CENTER	2, 124, 302					98. 02
98. 03	NUCLEAR MEDICINE	1, 011, 762	•				98. 03
98. 04	CHILD DEVELOPMENT	1, 174, 873					98. 04
-							

 
 Heal th Financial
 Systems
 CHILDREN'S HOST

 CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
 CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10

Provider CCN: 523300 | Period: | Worksheet C | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: | 7/2/2012 2:04 pm REDUCTIONS FOR MEDICALD ONLY

						1/2/2012 2.04	Pili
				le XIX	Hospi tal	Cost	
Cost Center Description	Cost Net of	Total	Charges	Outpati ent			
	Capital and			Cost to Charge			
	Operating Cost	Part I	, column	Ratio (col. 6			
	Reducti on		8)	/ col. 7)			
	6.00	7	7. 00	8.00			
98. 05 CHILD PROTECTION CENTER	2, 920, 707	' 1	I, 242, 869	2. 349972	2		98. 05
98. 06   DENTAL SRVC	5, 733, 334	. 5	5, 274, 866	1. 086916	b		98. 06
99. 00 CMHC	0	)	0	0.000000			99. 00
99. 10   CORF	0	)	0	0.000000			99. 10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	)	0	0. 000000			100.00
101.00 HOME HEALTH AGENCY	0	)	O	0. 000000			101.00
SPECIAL PURPOSE COST CENTERS		•					
105.00 KIDNEY ACQUISITION	928, 789		976, 766	0. 950882	2		105. 00
106.00 HEART ACQUISITION	1, 220, 957	' 1	I, 555, 118	0. 785122	2		106.00
107.00 LIVER ACQUISITION	187, 854	ļ[	186, 863	1. 005303	3		107.00
108.00 LUNG ACQUISITION	0	)	0	0.000000			108. 00
109.00 PANCREAS ACQUISITION	0		0	0.000000			109. 00
110.00 INTESTINAL ACQUISITION	0	)	0	0. 000000			110.00
111.00 ISLET ACQUISITION	0		0	0. 000000			111. 00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114. 00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0		0	0.000000			115. 00
116. 00 HOSPI CE	0		0	0. 000000			116.00
117.00 OTHER CAPITAL RELATED COSTS	0		0	0. 000000			117. 00
200.00 Subtotal (sum of lines 50 thru 199)	289, 715, 179		0				200.00
201.00 Less Observation Beds	0		0				201.00
202.00 Total (line 200 minus line 201)	289, 715, 179	610	0, 603, 467				202. 00

Provider CCN: 523300

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

Part I

From 01/01/2011 Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title V Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs (from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 30 00 ADULTS & PEDLATRICS 49, 484, 665 49, 484, 665 0 INTENSIVE CARE UNIT 52, 833, 328 52, 833, 328 0 31.00 31.00 32.00 CORONARY CARE UNIT 0 0 0 32.00 BURN INTENSIVE CARE UNIT 33.00 0 0 33.00 0 34.00 SURGICAL INTENSIVE CARE UNIT 0 0 0 34.00 13, 248, 262 35, 00 OTHER SPECIAL CARE HOT UNIT 13, 248, 262 0 0 0 0 0 0 35.00 SUBPROVIDER - IPF 40.00 40.00 SUBPROVIDER - IRF 41 00 0 0 Λ 41.00 42.00 SUBPROVI DER 0 0 0 42.00 43.00 NURSERY 0 0 0 43.00 0 SKILLED NURSING FACILITY 0 44.00 0 44.00 NURSING FACILITY 0 0 45.00 0 45.00 OTHER LONG TERM CARE 0 46.00 46.00 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 0 50.00 8, 214, 913 8, 214, 913 0 50 00 51.00 RECOVERY ROOM 3, 444, 461 3, 444, 461 0 51.00 52.00 DELIVERY ROOM & LABOR ROOM 0 52.00 0 53.00 ANESTHESI OLOGY 1, 678, 234 1, 678, 234 53.00 0 RADI OLOGY-DI AGNOSTI C 21, 934, 279 21, 934, 279 54 00 0 54 00 55.00 RADI OLOGY-THERAPEUTI C 0 55.00 56.00 RADI OI SOTOPE 56.00 0 57 00 CT SCAN 1 343 759 1, 343, 759 57 00 0 MAGNETIC RESONANCE IMAGING (MRI) 58.00 2, 577, 788 2, 577, 788 0 58.00 CARDI AC CATHETERI ZATI ON 2, 835, 435 2, 835, 435 0 59.00 59.00 60.00 LABORATORY 28, 518, 631 28, 518, 631 0 60.00 60 01 BLOOD LABORATORY C0 60 01 61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 0 0 61.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 0 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 8, 468, 523 8, 468, 523 0 63.00 INTRAVENOUS THERAPY 64.00 0 64.00 65.00 RESPIRATORY THERAPY 9, 421, 610 9, 421, 610 0 65.00 PHYSI CAL THERAPY 66.00 5, 108, 221 5, 108, 221 66.00 67.00 OCCUPATIONAL THERAPY 67.00 0 4, 350, 430 4, 350, 430 68.00 SPEECH PATHOLOGY 0 68.00 69.00 **ELECTROCARDI OLOGY** 7, 736, 826 7, 736, 826 0 69.00 70 00 **ELECTROENCEPHALOGRAPHY** 1, 595, 496 1, 595, 496 0 70.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 43, 862, 332 43, 862, 332 71.00 0 72.00 IMPL. DEV. CHARGED TO PATIENTS 12, 869, 170 12, 869, 170 0 72.00 73.00 DRUGS CHARGED TO PATIENTS 37, 159, 015 37, 159, 015 0 73.00 74.00 RENAL DIALYSIS 913, 098 913, 098 0 74.00 0 75.00 ASC (NON-DISTINCT PART) 0 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 90 00 CLINIC 14.008 14,008 0 90 00 ID PRIM CARE SUPP NETWORK 1, 111, 332 1, 111, 332 90.01 90.01 0 90.02 PAIN/PALLIATIVE CARE 1, 406, 857 1, 406, 857 O 90.02 IDIABETIC CLINIC 1, 437, 817 90.03 1.437.817 0 90.03 90.04 GI CLINIC 3, 682, 564 3, 682, 564 0 90.04 90.05 CLINIC FOR SPECIAL NEEDS 1, 342, 150 1, 342, 150 0 90.05 90.06 90.06 DI ETETI CS 2, 276, 442 2, 276, 442 90 07 INFUSION ROOM 699, 660 699, 660 Λ 90 07 90.08 CARDIOLOGY CLINIC 1,883,719 1, 883, 719 0 90.08 90.09 PULMONARY CLINIC 887, 350 887, 350 90.09 90.10 90.10 ENT CLINIC 1, 315, 474 1, 315, 474 0 ORTHOPEDIC CLINIC 90.11 1, 770, 519 1, 770, 519 0 90.11 90. 12 EYE CLINIC 456, 146 456, 146 0 90.12 90. 13 ONCOLOGY CLINIC 3, 078, 268 3, 078, 268 0 90.13 90 14 SURGICAL SPECIALTIES 1 788 256 1 788 256 90 14 0 90.15 ALLERGY CLINIC 2, 140, 563 2, 140, 563 0 90.15 LASER CLINIC 90.16 90.16 0 90.17 DERMATOLOGY CLINIC 1, 318, 507 1, 318, 507 0 90.17 CLINIC ADMINISTRATION 90 18 90 18 0 90.19 CRANI OFACIAL CENTER 357, 795 357, 795 0 90.19 HEMATOLOGY CLINIC 90.20 90.20 724,580 724, 580 90. 21 SPINA BIFIDA 544, 703 544.703 0 90. 21 90 22 NEUROSCI ENCES CLINIC 90.22 2.020.841 2, 020, 841 0 0 90. 23 RHEUMATOLOGY CLINIC 654, 166 654, 166 0 90.23 90.24 ENDOCRINE CLINIC 588, 647 588, 647 0 90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

0 201.00

0 202. 00

From 01/01/2011 Part I 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Title V Hospi tal Cost Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs Di sal I owance from Wkst. B, Adj Part I, col. 26) 2.00 4. 00 5. 00 1.00 3.00 90. 25 RENAL CLINIC 317, 506 317, 506 90, 25 0 0 90. 26 GREENWAY CLINIC 1, 422, 711 90. 26 1, 422, 711 0 90. 27 NEW BERLIN CLINIC 7, 749, 759 7, 749, 759 0 0 90.27 o 91.00 91.00 **EMERGENCY** 11, 248, 041 11, 248, 041 0 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 0 OTHER REIMBURSABLE COST CENTERS 94.00 HOME PROGRAM DIALYSIS 280, 541 280, 541 0 94.00 95.00 AMBULANCE SERVICES 0 0 0 0 0 0 0 95.00 0 0 DURABLE MEDICAL EQUIP-RENTED 96.00 96.00 0 0 Λ 97.00 DURABLE MEDICAL EQUIP-SOLD 0 0 0 97.00 98.00 PSYCHIATRY - OFFICE BLDG 3, 359, 767 3, 359, 767 98.00 98. 01 TRANSPORT 6, 768, 414 6, 768, 414 98.01 0 GENETICS CENTER 2,041,051 2, 041, 051 98.02 98.02 0 98.03 NUCLEAR MEDICINE 1,021,003 1, 021, 003 0 98.03 0 CHILD DEVELOPMENT 872, 279 872, 279 98.04 98.04 0 CHILD PROTECTION CENTER 98.05 98 05 2 365 596 2 365 596 0 98.06 DENTAL SRVC 4, 795, 220 4, 795, 220 0 98.06 99.00 CMHC 0 0 0 99.00 99. 10 99. 10 CORF 0 0 0 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 0 100.00 101.00 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 930, 926 930, 926 0 105, 00 106.00 HEART ACQUISITION 1, 223, 959 0 106.00 1, 223, 959 107.00 LIVER ACQUISITION 188, 181 188, 181 0 107. 00 108.00 LUNG ACQUISITION 0 108. 00 0 0 109.00 PANCREAS ACQUISITION 0 0 0 109.00 110.00 INTESTINAL ACQUISITION 0 0 0 110.00 111.00 ISLET ACQUISITION 0 0 0 111.00 113.00 INTEREST EXPENSE 113. 00 114.00 UTILIZATION REVIEW-SNF 114.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 115.00 116.00 HOSPI CE 0 116.00 0 117.00 OTHER CAPITAL RELATED COSTS 0 0 117. 00 200.00 Subtotal (see instructions) 0 200. 00 393, 683, 794 0 393, 683, 794

393, 683, 794

Provider CCN: 523300

393, 683, 794

Peri od:

201.00 Less Observation Beds

202.00 Total (see instructions)

Provider CCN: 523300

Peri od:

COMPUTATION OF RATIO OF COSTS TO CHARGES

From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title V Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 91, 162, 519 91, 162, 519 30.00 30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 128, 487, 116 128, 487, 116 31.00 CORONARY CARE UNIT 32.00 32.00 33.00 BURN INTENSIVE CARE UNIT 0 0 33.00 SURGICAL INTENSIVE CARE UNIT 34.00 C34 00 OTHER SPECIAL CARE HOT UNIT 27, 765, 471 27, 765, 471 35.00 35.00 40.00 SUBPROVIDER - IPF 0 0 40.00 SUBPROVIDER - IRF 41.00 0 0 41.00 0 0 42.00 SUBPROVI DER 42.00 43.00 NURSERY 0 0 43.00 44.00 SKILLED NURSING FACILITY 0 0 44.00 0 0 NURSING FACILITY 45.00 45, 00 46.00 OTHER LONG TERM CARE 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 28, 581, 973 5, 895, 583 34, 477, 556 0. 238268 0.000000 50.00 OPERATING ROOM RECOVERY ROOM 51.00 3, 011, 781 7, 899, 306 10, 911, 087 0.315684 0 000000 51 00 52.00 DELIVERY ROOM & LABOR ROOM 0.000000 0.000000 52.00 0. 270525 53.00 ANESTHESI OLOGY 2, 740, 135 3, 463, 475 6, 203, 610 0.000000 53.00 RADI OLOGY-DI AGNOSTI C 0.628964 54.00 11, 782, 156 23, 091, 532 34, 873, 688 0.000000 54.00 55.00 RADI OLOGY-THERAPEUTI C 0.000000 0.000000 55.00 56.00 56.00 RADI OI SOTOPE 0.000000 0.000000 57.00 CT SCAN 3, 445, 296 5, 989, 499 9, 434, 795 0.142426 0.000000 57.00 58 00 MAGNETIC RESONANCE IMAGING (MRI) 5 255 439 12 858 021 18, 113, 460 0 000000 58 00 0 142313 6, 051, 217 59.00 CARDI AC CATHETERI ZATI ON 1, 925, 550 4, 125, 667 0.468573 0.000000 59.00 LABORATORY 56, 023, 956 48, 769, 871 104, 793, 827 0. 272140 0.000000 60.00 60.00 60.01 **BLOOD LABORATORY** 0.000000 0.000000 0 60.01 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 0 C 0 0.000000 0.000000 61.00 62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0.000000 62.00 63.00 BLOOD STORING, PROCESSING & TRANS. 8, 983, 624 6, 683, 419 15, 667, 043 0.540531 0.000000 63.00 64 00 INTRAVENOUS THERAPY 0.000000 0 000000 64 00 65.00 RESPIRATORY THERAPY 28, 949, 627 4, 854, 228 33, 803, 855 0.278714 0.000000 65.00 4, 537, 206 PHYSI CAL THERAPY 10, 867, 470 0.470047 0.000000 66.00 6, 330, 264 66.00 67.00 OCCUPATIONAL THERAPY 0.000000 0.000000 67.00 1, 613, 552 4, 579, 810 6, 193, 362 0.702434 68 00 SPEECH PATHOLOGY 0.000000 68 00 69.00 ELECTROCARDI OLOGY 2, 142, 523 5, 132, 301 7, 274, 824 1.063507 0.000000 69.00 4, 370, 319 1, 102, 162 5, 472, 481 0. 291549 0.000000 70.00 **ELECTROENCEPHALOGRAPHY** 70.00 71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 87, 728, 114 34, 511, 243 122, 239, 357 0.358823 0.000000 71.00 IMPL. DEV. CHARGED TO PATIENTS 14, 790, 656 14, 790, 656 72 00 0.870088 0.000000 72 00 73.00 DRUGS CHARGED TO PATIENTS 67, 007, 952 28, 206, 139 95, 214, 091 0. 390268 0.000000 73.00 74.00 RENAL DIALYSIS 698, 406 1, 432, 755 2, 131, 161 0.428451 0.000000 74.00 ASC (NON-DISTINCT PART) 0.000000 0.000000 75.00 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0 0 0.000000 0.000000 88.00 89.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0.000000 0.000000 89 00 0.831977 90.00 16, 837 0.000000 CLINIC 0 16.837 90.00 ID PRIM CARE SUPP NETWORK 90.01 0 29, 920 29, 920 37. 143449 0.000000 90 01 PAIN/PALLIATIVE CARE 220, 858 220, 858 6. 369962 0.000000 90.02 90.02 90.03 DIABETIC CLINIC 1,722 1, 373, 192 1, 374, 914 1.045750 0.000000 90.03 330, 997 2, 034, 472 90.04 GL CLINIC 2, 365, 469 1.556801 0.000000 90.04 90.05 CLINIC FOR SPECIAL NEEDS 668 343, 455 344, 123 3.900204 0.000000 90.05 90.06 DI ETETI CS 459, 786 205, 996 665, 782 3.419200 0.000000 90.06 INFUSION ROOM 0.242168 90.07 9.064 2,880,085 2, 889, 149 0.000000 90.07 90.08 CARDIOLOGY CLINIC 141, 636 1, 771, 570 1, 913, 206 0. 984588 0.000000 90.08 PULMONARY CLINIC 1.471808 0.000000 90.09 9,575 593, 323 602, 898 90.09 90. 10 ENT CLINIC 1, 373, 263 1, 378, 947 0.953970 0.000000 5.684 90.10 90.11 ORTHOPEDIC CLINIC 6, 272 1, 971, 292 1, 977, 564 0.895303 0.000000 90.11 90.12 EYE CLINIC 511 645, 179 645, 690 0.706447 0.000000 90.12 90.13 ONCOLOGY CLINIC 425, 454 3, 567, 124 3, 992, 578 0.770998 0.000000 90.13 90. 14 SURGICAL SPECIALTIES 15, 928 1, 592, 321 1, 608, 249 0.000000 1.111927 90.14 90.15 ALLERGY CLINIC 643 1, 704, 193 1, 704, 836 1. 255583 0.000000 90 15 90. 16 90.16 LASER CLINIC 0.000000 0.000000 90.17 DERMATOLOGY CLINIC 2,019 1, 257, 213 1, 259, 232 1.047072 0.000000 90.17 90.18 CLINIC ADMINISTRATION 0.000000 0.000000 90.18 90.19 CRANIOFACIAL CENTER 2,691 383, 510 386, 201 0.926448 0.000000 90.19 90. 20 HEMATOLOGY CLINIC 1, 308 451, 188 452, 496 1.601296 0.000000 90.20 90. 21 SPINA BIFIDA 996 215, 993 216, 989 2.510279 0.000000 90. 21 90 22 NEUROSCIENCES CLINIC 7 602 851, 718 859, 320 2.351675 0 000000 90 22 1, 952 90.23 RHEUMATOLOGY CLINIC 367, 822 369, 774 1.769097 0.000000 90.23 ENDOCRINE CLINIC 546 448, 030 448, 576 1.312257 0.000000 90. 24 90.24 90. 25 RENAL CLINIC 1, 454 290, 411 291, 865 0.000000 90.25 1.087852

202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 523300 Period: Worksheet C From 01/01/2011 Part I Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title V Hospi tal Cost Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other **TFFRA** I npati ent + col . 7) Ratio Ratio 6.00 7.00 8.00 9. 00 10.00 90. 26 GREENWAY CLINIC 1, 970, 986 1, 971, 082 0. 721792 96 0.000000 90.27 NEW BERLIN CLINIC 4, 356 5, 306, 058 5, 310, 414 1.459351 0.000000 90. 27 91.00 **EMERGENCY** 2, 206, 483 14, 691, 906 16, 898, 389 0.665628 0.000000 91.00 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 0.000000 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 0. 945716 94.00 HOME PROGRAM DIALYSIS 0.000000 94.00 0 296, 644 296, 644 95.00 AMBULANCE SERVICES 0 0.000000 0.000000 95.00 96.00 DURABLE MEDICAL EQUIP-RENTED 0 0 0.000000 0.000000 96.00 DURABLE MEDICAL EQUIP-SOLD 97.00 0.000000 0.000000 97.00 0 0 PSYCHIATRY - OFFICE BLDG 2, 340, 985 2, 531, 431 0.000000 98.00 190, 446 1.327220 98 00 98.01 TRANSPORT 5, 630, 792 1,079,252 6, 710, 044 1.008699 0.000000 98.01 98. 02 GENETICS CENTER 35, 202 601, 761 636, 963 3. 204348 0.000000 98.02 318, 788 1, 681, 715 NUCLEAR MEDICINE 2,000,503 0.000000 98.03 0.510373 98.03 98.04 CHILD DEVELOPMENT 305 482, 197 482, 502 1.807825 0.000000 98.04 CHILD PROTECTION CENTER 1, 242, 869 1, 242, 869 1. 903335 0.000000 98.05 98.05 0 98.06 DENTAL SRVC 5, 274, 866 5, 274, 866 0. 909070 0.000000 98.06 0 99 00 CMHC 99.00  $\cap$ 99. 10 CORF 0 C 0 99. 10 100.00 I&R SERVICES-NOT APPRVD PRGM 0 0 100.00 C 101.00 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 KIDNEY ACQUISITION 968, 782 7, 984 976, 766 105.00 106.00 HEART ACQUISITION 1, 547, 105 8, 013 1, 555, 118 106.00 185, 729 107.00 LIVER ACQUISITION 186, 863 107.00 1.134 108.00 LUNG ACQUISITION 0 C 0 108.00 109.00 PANCREAS ACQUISITION 0 0 109. 00 0 110.00 INTESTINAL ACQUISITION 0 0 110.00 111.00 ISLET ACQUISITION 0 0 C 111.00 113.00 INTEREST EXPENSE 113. 00 114.00 UTILIZATION REVIEW-SNF 114.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 0 Ω O 115 00 116.00 HOSPI CE 0 0 C 116. 00 117.00 OTHER CAPITAL RELATED COSTS 0 117. 00 200.00 Subtotal (see instructions) 593, 517, 963 264, 500, 610 858, 018, 573 200.00 201.00 Less Observation Beds 201. 00

593, 517, 963

858, 018, 573

264, 500, 610

202.00 Total (see instructions)

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES

			Title V	Hospi tal	Cost	
	Cost Center Description	PPS Inpatient		<u> </u>		
		Ratio				
		11. 00				
	INDATIENT DOUTINE CEDVICE COCT CENTEDS	11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS	T				
30. 00	ADULTS & PEDI ATRI CS					30. 00
31. 00	INTENSIVE CARE UNIT					31. 00
32.00	CORONARY CARE UNIT					32. 00
33.00	BURN INTENSIVE CARE UNIT					33.00
34. 00	SURGICAL INTENSIVE CARE UNIT					34.00
35. 00	OTHER SPECIAL CARE HOT UNIT					35. 00
						1
40. 00	SUBPROVI DER - I PF					40.00
41. 00	SUBPROVI DER - I RF					41. 00
42.00	SUBPROVI DER					42.00
43.00	NURSERY					43.00
44. 00	SKILLED NURSING FACILITY					44. 00
45. 00	NURSING FACILITY					45. 00
46. 00	OTHER LONG TERM CARE					46. 00
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0. 000000				50.00
51.00	RECOVERY ROOM	0. 000000				51.00
52.00	DELIVERY ROOM & LABOR ROOM	0. 000000				52.00
53. 00	ANESTHESI OLOGY	0. 000000				53. 00
	1	1				
54.00	RADI OLOGY - DI AGNOSTI C	0.000000				54.00
55. 00	RADI OLOGY-THERAPEUTI C	0. 000000				55. 00
56. 00	RADI OI SOTOPE	0. 000000				56. 00
57.00	CT SCAN	0. 000000				57.00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0. 000000				58. 00
59. 00	CARDI AC CATHETERI ZATI ON	0. 000000				59.00
60. 00	LABORATORY	0. 000000				60.00
		1				
60. 01	BLOOD LABORATORY	0. 000000				60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000				62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0. 000000				63.00
64. 00	I NTRAVENOUS THERAPY	0. 000000				64. 00
		1				
65. 00	RESPI RATORY THERAPY	0. 000000				65. 00
66. 00	PHYSI CAL THERAPY	0. 000000				66. 00
67. 00	OCCUPATI ONAL THERAPY	0. 000000				67.00
68.00	SPEECH PATHOLOGY	0. 000000				68. 00
69. 00	ELECTROCARDI OLOGY	0. 000000				69.00
70. 00	ELECTROENCEPHALOGRAPHY	0. 000000				70.00
		1				1
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000				71.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	0. 000000				72. 00
73. 00	DRUGS CHARGED TO PATIENTS	0. 000000				73. 00
74.00	RENAL DIALYSIS	0. 000000				74.00
75. 00	ASC (NON-DISTINCT PART)	0. 000000				75. 00
	OUTPATIENT SERVICE COST CENTERS					1
88. 00	RURAL HEALTH CLINIC	0. 000000				88. 00
	1	1				
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				89. 00
90. 00	CLINIC	0. 000000				90.00
90. 01	ID PRIM CARE SUPP NETWORK	0. 000000				90. 01
90. 02	PAIN/PALLIATIVE CARE	0. 000000				90. 02
90. 03	DI ABETIC CLINIC	0. 000000				90. 03
90. 04	GI CLINIC	0. 000000				90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	0. 000000				90.04
		1				
90.06	DI ETETI CS	0.000000				90.06
90. 07	INFUSION ROOM	0. 000000				90. 07
90.08	CARDIOLOGY CLINIC	0. 000000				90. 08
90. 09	PULMONARY CLINIC	0. 000000				90. 09
90. 10	ENT CLINIC	0. 000000				90. 10
90. 11	ORTHOPEDIC CLINIC	0. 000000				90. 11
		1				
90. 12	EYE CLINIC	0. 000000				90. 12
90. 13	ONCOLOGY CLINIC	0. 000000				90. 13
90. 14	SURGI CAL SPECIALTI ES	0. 000000				90. 14
90. 15	ALLERGY CLINIC	0. 000000				90. 15
90. 16	LASER CLINIC	0. 000000				90. 16
90. 10		1				90. 17
	DERMATOLOGY CLINIC	0.000000				
90. 18	CLINIC ADMINISTRATION	0. 000000				90. 18
90. 19	CRANI OFACI AL CENTER	0. 000000				90. 19
90. 20	HEMATOLOGY CLINIC	0. 000000				90. 20
90. 21	SPINA BIFIDA	0. 000000				90. 21
90. 22	NEUROSCI ENCES CLI NI C	0. 000000				90. 22
	1	1				
90. 23	RHEUMATOLOGY CLINIC	0.000000				90. 23
90. 24	ENDOCRI NE CLI NI C	0. 000000				90. 24
90. 25	RENAL CLINIC	0. 000000				90. 25
90. 26	GREENWAY CLINIC	0. 000000				90. 26
00 07	NEW BERLIN CLINIC	0. 000000				90. 27
90. 27	HEN BENEFIN GETTING					

Provider CCN: 523300 | Period: | Worksheet C | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

					1/2/2012 2:04	⊦ pm
			Title V	Hospi tal	Cost	
	Cost Center Description	PPS Inpatient				
	·	Ratio				
		11.00				
91.00	EMERGENCY	0. 000000	•			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000				92.00
	OTHER REIMBURSABLE COST CENTERS					1
94.00	HOME PROGRAM DIALYSIS	0. 000000				94. 00
95.00	AMBULANCE SERVICES	0. 000000				95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	0. 000000				96. 00
97.00	DURABLE MEDICAL EQUIP-SOLD	0. 000000				97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	0. 000000				98. 00
98. 01	TRANSPORT	0. 000000				98. 01
98. 02	GENETICS CENTER	0. 000000				98. 02
98. 03	NUCLEAR MEDICINE	0. 000000				98. 03
98. 04	CHILD DEVELOPMENT	0. 000000				98. 04
98. 05	CHILD PROTECTION CENTER	0. 000000				98. 05
98. 06	DENTAL SRVC	0. 000000				98. 06
99. 00	СМНС					99. 00
99. 10	CORF					99. 10
100.00	I&R SERVICES-NOT APPRVD PRGM					100.00
101.00	HOME HEALTH AGENCY					101.00
	SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION					105. 00
106.00	HEART ACQUISITION	1				106.00
107.00	LIVER ACQUISITION	1				107.00
108.00	LUNG ACQUISITION	1				108.00
109.00	PANCREAS ACQUISITION	1				109.00
110.00	INTESTINAL ACQUISITION	1				110.00
111.00	ISLET ACQUISITION	1				111. 00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)					115.00
	HOSPI CE					116.00
	OTHER CAPITAL RELATED COSTS					117. 00
200.00	Subtotal (see instructions)					200.00
	Less Observation Beds					201.00
	Total (see instructions)					202.00
	1					1

Health Financial System	ns	CHILDREN'S HOSPITAL OF WISCONSIN						2552-10
APPORTIONMENT OF INPAT	IENT ROUTINE SERVICE C	APITAL COSTS		Provi der	CCN: 523300	From 01/01/2011	Worksheet D Part I Date/Time Pre 7/2/2012 2:04	
				Ti tl	e XVIII	Hospi tal	Tefra	
Cost Cente	r Description	Capi tal	Sw	ing Bed	Reduced	Total Patient	Per Diem (col.	

							7/2/2012 2:04	pm
				Ti tl	e XVIII	Hospi tal	Tefra	
	Cost Center Description	Capi tal	Swi	ng Bed	Reduced	Total Patient	Per Diem (col.	
		Related Cost	Adj	ustment	Capi tal	Days	3 / col . 4)	
		(from Wkst. B,			Related Cost			
		Part II, col.			(col. 1 - col.			
		26)			2)			
		1.00		2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDI ATRI CS	7, 062, 877		0	7, 062, 877	34, 766	203. 15	30.00
31.00	INTENSIVE CARE UNIT	5, 135, 744			5, 135, 744	30, 798	166. 76	31.00
32.00	CORONARY CARE UNIT	0			0	0	0.00	32. 00
33.00	BURN INTENSIVE CARE UNIT	0			0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0			0	0	0.00	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	1, 015, 906			1, 015, 906	6, 780	149.84	35. 00
40.00	SUBPROVIDER - IPF	0		0	0	0	0.00	40.00
41.00	SUBPROVI DER - I RF	0		0	0	0	0. 00	41. 00
42.00	SUBPROVI DER	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	l		1 0	0	0.00	45. 00
	Total (lines 30-199)	13, 214, 527			13, 214, 527	72, 344		200. 00

				10 12/01/2011	7/2/2012 2:04	
		Ti ·	tle XVIII	Hospi tal	Tefra	
Cost Center Description	I npati ent	Inpatient				
	Program days	Program				
		Capital Cos				
		(col. 5 x col				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						_
30. 00 ADULTS & PEDIATRICS	158		•			30. 00
31.00   INTENSIVE CARE UNIT	93	15, 50	)9			31. 00
32. 00 CORONARY CARE UNIT	0		0			32. 00
33.00 BURN INTENSIVE CARE UNIT	0		0			33. 00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00 OTHER SPECIAL CARE HOT UNIT	11	1, 6	18			35. 00
40. 00   SUBPROVI DER - I PF	0		0			40.00
41. 00   SUBPROVI DER - I RF	0		0			41. 00
42. 00 SUBPROVI DER	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 30-199)	262	49, 2	55			200. 00

	IONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS		CCN: 523300	Period: From 01/01/2011	Worksheet D	
					To 12/31/2011	Date/Time Pre 7/2/2012 2:04	pared: _pm
	Cook Cooking Dancel at lan	0: +-1		e XVIII	Hospi tal	Tefra	
	Cost Center Description	Capital Related Cost	(from Wkst. C,	Ratio of Cost to Charges	Inpatient Program	Capital Costs (column 3 x	
		(from Wkst. B,		(col . 1 ÷ col		col umn 4)	
		Part II, col.	8)	2)			
		26) 1. 00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50.00	OPERATI NG ROOM	2, 940, 459	34, 477, 556	0. 08528	6 149, 397	12, 741	50.00
51. 00	RECOVERY ROOM	270, 147				485	51.00
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	377, 954	1			0 2, 784	52. 00 53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	5, 119, 928		1		14, 807	54.00
55. 00	RADI OLOGY-THERAPEUTI C	C C	0	0.00000		0	55. 00
56. 00	RADI OI SOTOPE	C	0	0.00000		0	56. 00
57. 00 58. 00	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)	38, 658 268, 343		1		0 99	57. 00 58. 00
59. 00	CARDI AC CATHETERI ZATI ON	317, 753		1		0	59.00
60.00	LABORATORY	2, 055, 549		1		8, 547	60.00
60. 01	BLOOD LABORATORY	C	0	0. 00000	0	0	60. 01
61. 00 62. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS			0. 00000	0	0	61. 00 62. 00
63. 00	BLOOD STORING, PROCESSING & TRANS.	265, 949	15, 667, 043	1		2, 549	63.00
64. 00	INTRAVENOUS THERAPY	C	0	0.00000		0	64.00
65. 00	RESPI RATORY THERAPY	705, 566				2, 131	•
66.00	PHYSI CAL THERAPY	861, 496				1, 980	66.00
67. 00 68. 00	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	449, 876	1	0. 00000 0. 07263		0 304	67. 00 68. 00
69. 00	ELECTROCARDI OLOGY	1, 126, 845				17, 728	69.00
70. 00	ELECTROENCEPHALOGRAPHY	221, 341				205	70. 00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2, 030, 231				7, 540	71.00
72. 00 73. 00	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	219, 501 1, 242, 127				0 3, 004	72. 00 73. 00
74. 00	RENAL DIALYSIS	113, 067		1		22, 110	74.00
75. 00	ASC (NON-DISTINCT PART)	c				0	75. 00
00.00	OUTPATIENT SERVICE COST CENTERS			0.00000		0	00.00
88. 00 89. 00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	C	1	0.00000		0	88. 00 89. 00
90.00	CLINIC	473				Ö	90.00
90. 01	ID PRIM CARE SUPP NETWORK	189, 581				0	90. 01
90. 02	PAIN/PALLIATIVE CARE	236, 446		1		0	90. 02
90. 03 90. 04	DIABETIC CLINIC GI CLINIC	218, 786 592, 623				15 222	90. 03 90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	157, 398		1		0	90.05
90. 06	DI ETETI CS	51, 370				0	90. 06
90. 07	INFUSION ROOM	64, 725		1		0	90. 07
90. 08 90. 09	CARDIOLOGY CLINIC PULMONARY CLINIC	114, 123 85, 811		1		20 19	90. 08 90. 09
90. 10	ENT CLINIC	151, 712				0	90. 10
90. 11	ORTHOPEDIC CLINIC	365, 348	1, 977, 564	0. 18474		0	90. 11
90. 12	EYE CLINIC	64, 621		1		0	90. 12
90. 13 90. 14	ONCOLOGY CLINIC SURGICAL SPECIALTIES	443, 160 169, 036		1		132 0	90. 13 90. 14
90. 15	ALLERGY CLINIC	372, 800		1		Ö	90. 15
90. 16	LASER CLINIC	C	0	0.00000		0	90. 16
90. 17	DERMATOLOGY CLINIC	127, 674	1, 259, 232	1		11	90. 17
90. 18 90. 19	CLINIC ADMINISTRATION CRANIOFACIAL CENTER	64, 019	386, 201	0. 00000 0. 16576		0	90. 18 90. 19
90. 20	HEMATOLOGY CLINIC	107, 101	1	1		Ö	90. 20
90. 21	SPINA BIFIDA	79, 584		1		0	90. 21
90. 22	NEUROSCI ENCES CLI NI C	147, 550		1		0	90. 22
90. 23 90. 24	RHEUMATOLOGY CLINIC ENDOCRINE CLINIC	113, 524 99, 949				0	90. 23 90. 24
90. 25	RENAL CLINIC	32, 972				41	90. 25
90. 26	GREENWAY CLINIC	367, 185				0	90. 26
90. 27	NEW BERLIN CLINIC	3, 122, 020		1		0	90. 27
91. 00 92. 00	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	824, 628		1		757 0	91. 00 92. 00
92.00	OTHER REIMBURSABLE COST CENTERS		<u>,                                    </u>	0.00000	0	0	92.00
94. 00	HOME PROGRAM DI ALYSI S	22, 311	296, 644	0. 07521	1 0	0	94. 00
95. 00	AMBULANCE SERVICES						95. 00
96.00	DURABLE MEDICAL EQUIP-RENTED	C				0	96.00
97. 00 98. 00	DURABLE MEDICAL EQUIP-SOLD PSYCHIATRY - OFFICE BLDG	289, 831	2, 531, 431	0. 00000 0. 11449		0 61	97. 00 98. 00
						327	98. 01
98. 01	TRANSPORT	287, 559	6, 710, 044	0.04203	7,024	327	
	GENETICS CENTER NUCLEAR MEDICINE	287, 559 400, 589 92, 407	636, 963	0. 62890	5 0	0	98. 02

Health Financial Systems CHI	LDREN'S HOSPIT	AL OF	WI SCONSI	N	In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS		Provi der	CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Pre 7/2/2012 2:04	
			Ti tl	e XVIII	Hospi tal	Tefra	
Cost Center Description	Capi tal	Total	Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from	Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part	I, col.	(col . 1 + col	. Charges	column 4)	
	Part II, col.		8)	2)			
	26)						
	1.00		2. 00	3. 00	4. 00	5. 00	
98. 04 CHILD DEVELOPMENT	379, 566		482, 502	0. 7866	52 0	0	98. 04
98.05 CHILD PROTECTION CENTER	240, 115		1, 242, 869	0. 1931	94 0	0	98. 05
98.06 DENTAL SRVC	530, 365		5, 274, 866	0. 1005	16 0	0	98. 06
200.00 Total (lines 50-199)	29, 231, 752	60	7, 884, 720		2, 286, 701	98, 619	200. 00

Hearth Frhancial Systems	CHILDREN 3 HUSPI	TAL OF WISCONSI	IN .	In Lie	eu or Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS	TS Provi der	F	Period: From 01/01/2011 To 12/31/2011		
		Ti tl	e XVIII	Hospi tal	Tefra	
Cost Center Description	Nursing School	Allied Health	All Other	Swi ng-Bed	Total Costs	
	ŭ .	Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cost	Amount (see	1 through 3,	
				instructions)	minus col. 4)	
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		•				
30. 00 ADULTS & PEDI ATRI CS	C	0	) (	0	0	30.00
31.00 INTENSIVE CARE UNIT			) (		0	31.00
32.00 CORONARY CARE UNIT		0	) (		0	32.00
33.00 BURN INTENSIVE CARE UNIT		0	) (		0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT			ol c		0	34.00
35. 00 OTHER SPECIAL CARE HOT UNIT	d				0	35.00
40. 00 SUBPROVI DER - I PF	d			ol o	o o	40.00
41. 00 SUBPROVI DER - I RF					o o	41.00
42. 00 SUBPROVI DER					0	42.00
43. 00 NURSERY					0	43. 00
44.00 SKILLED NURSING FACILITY					0	44. 00
45. 00 NURSING FACILITY					0	45. 00
200. 00 Total (lines 30-199)				á	٥	200.00
200.00 10141 (111103 00 177)	1	′1	1	1	1	1200.00

Heal th	Financial Systems CH	ILDREN'S HOSPIT	AL OF	WISCONSI	N	In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COST	ΓS	Provi der	CCN: 523300	Peri od: From 01/01/2011 To 12/31/2011		
					e XVIII	Hospi tal	Tefra	
	Cost Center Description	Total Patient	Per [	Diem (col.	Inpatient	Inpati ent	PSA Adj.	
		Days	5 ÷	col . 6)	Program Days		Nursing School	
						Pass-Through		
						Cost (col. 7 x		
						col . 8)		
		6. 00		7. 00	8. 00	9. 00	11. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	ADULTS & PEDIATRICS	34, 766		0. 00		58 0	0	30. 00
31. 00	INTENSIVE CARE UNIT	30, 798		0. 00		93 0	0	31. 00
32.00	CORONARY CARE UNIT	0		0. 00		0	0	32. 00
33.00	BURN INTENSIVE CARE UNIT	0		0. 00		0	0	33. 00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0. 00		0	0	34. 00
35.00	OTHER SPECIAL CARE HOT UNIT	6, 780		0.00		11 0	0	35. 00
40.00	SUBPROVI DER - I PF	0		0.00		0	0	40. 00
41.00	SUBPROVI DER - I RF	0		0.00		0 0	0	41.00
42.00	SUBPROVI DER	0		0.00		0 0	0	42.00
43.00	NURSERY	0		0.00		0 0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0.00		0 0	0	44. 00
45.00	NURSING FACILITY	0		0.00		0	0	45. 00
200. 00	Total (lines 30-199)	72, 344			20	52 0	0	200. 00

					1/2/2012 2.04	piii
		Ti t	le XVIII	Hospi tal	Tefra	
Cost Center Description	PSA Adj.	PSA Adj. All				
	Allied Health	Other Medical				
	Cost	Education Cos	t			
	12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDI ATRI CS	0		0			30.00
31.00 INTENSIVE CARE UNIT	0		o			31.00
32. 00 CORONARY CARE UNIT	0		o			32.00
33.00 BURN INTENSIVE CARE UNIT	0		o			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		o			34.00
35.00 OTHER SPECIAL CARE HOT UNIT	0		o			35.00
40. 00 SUBPROVI DER - I PF	0		o			40.00
41. 00 SUBPROVI DER - I RF	0		ol			41.00
42. 00 SUBPROVI DER	0		o			42.00
43. 00 NURSERY	0		o			43.00
44.00 SKILLED NURSING FACILITY	0		o			44.00
45. 00 NURSING FACILITY	0		0			45. 00
200. 00 Total (lines 30-199)	0		ol			200. 00
200.00 .010. (00 00 .//)	1	I	٦١		ı	200.00

-			Ti +I	e XVIII	Hospi tal	7/2/2012 2:04 Tefra	pm
	Cost Center Description	Non Physician	Nursing School			Total Cost	
	<u>'</u>	Anesthetist	3		Medi cal	(sum of col 1	
		Cost			Education Cost	through col. 4)	
		1.00	2.00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	_		1	_	_	
50. 00 51. 00	OPERATING ROOM RECOVERY ROOM	0	0				50. 00 51. 00
52. 00	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53. 00	ANESTHESI OLOGY	0	0	d		0	53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	0	0	(	-	0	54. 00
55. 00 56. 00	RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	0	0			0 0	55. 00 56. 00
57. 00	CT SCAN	0	0			0	57.00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	58. 00
59. 00	CARDI AC CATHETERI ZATI ON	0	0	(		0	59.00
60. 00 60. 01	LABORATORY BLOOD LABORATORY	0	0	(			60. 00 60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY				,		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	(	0	0	62. 00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	(		0	63.00
64. 00 65. 00	I NTRAVENOUS THERAPY RESPIRATORY THERAPY	0	0			0	64. 00 65. 00
66. 00	PHYSI CAL THERAPY	0	0				66.00
67. 00	OCCUPATI ONAL THERAPY	0	0	(	0	0	67. 00
68. 00	SPEECH PATHOLOGY	0	0	(			68. 00
69. 00 70. 00	ELECTROCARDI OLOGY	0	0	(		0	69. 00 70. 00
70.00	ELECTROENCEPHALOGRAPHY   MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	70.00
72. 00	IMPL. DEV. CHARGED TO PATIENTS	Ö	Ö	d		Ö	72. 00
73. 00	DRUGS CHARGED TO PATIENTS	0	0	(		0	73. 00
74. 00	RENAL DIALYSIS	0	0	1			74. 00
75. 00	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS	0	0	(	0	0	75. 00
88. 00	RURAL HEALTH CLINIC	0	0	(	0	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89. 00
90.00	CLINIC	0	0			0 0	90.00
90. 01 90. 02	ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE	0	0			0	90. 01 90. 02
90. 03	DI ABETI C CLINI C	Ö	Ö			-	90. 03
90. 04	GI CLINIC	0	0	(		0	90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	0	0	(			90.05
90. 06 90. 07	DIETETICS INFUSION ROOM	0	0	(		0	90. 06 90. 07
90. 08	CARDI OLOGY CLINI C	Ö	Ö			0	90. 08
90. 09	PULMONARY CLINIC	0	0	(	1	0	90. 09
90. 10 90. 11	ENT CLINIC ORTHOPEDIC CLINIC	0	0	(	0	0	90. 10
90. 11	EYE CLINIC	0	0			0	90. 11 90. 12
	ONCOLOGY CLINIC	Ö	Ö	d			90. 13
90. 14	SURGI CAL SPECI ALTI ES	0	0	(	0	0	90. 14
90. 15	ALLERGY CLINIC	0	0	(	0		90. 15
90. 16 90. 17	LASER CLINIC DERMATOLOGY CLINIC	0	0			0	90. 16 90. 17
90. 18		0	Ö		o o	Ö	90. 18
90. 19	CRANI OFACI AL CENTER	0	0	(	0	0	90. 19
90. 20	HEMATOLOGY CLINIC	0	0	(	0	0	90. 20
90. 21 90. 22	SPINA BIFIDA NEUROSCIENCES CLINIC	0	0		1	0	90. 21 90. 22
90. 23	RHEUMATOLOGY CLINIC	0	Ö		,	Ö	90. 23
90. 24	ENDOCRI NE CLI NI C	0	0	(	0	0	90. 24
90. 25	RENAL CLINIC	0	0	(	0	0	90. 25
90. 26 90. 27	GREENWAY CLINIC NEW BERLIN CLINIC	0	0			0 0	90. 26 90. 27
91. 00	EMERGENCY	0	0			0	91.00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	•			92. 00
04.00	OTHER REIMBURSABLE COST CENTERS				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		04.00
94. 00 95. 00	HOME PROGRAM DI ALYSIS AMBULANCE SERVI CES	0	0	(	0	0	94. 00 95. 00
96. 00	DURABLE MEDICAL EQUIP-RENTED	0	О		o	0	96.00
97. 00	DURABLE MEDICAL EQUIP-SOLD	0	0		o o	0	97. 00
98.00	PSYCHIATRY - OFFICE BLDG	0	0	(	0	0	98. 00
98. 01 98. 02	TRANSPORT GENETICS CENTER	0	0		0	0	98. 01 98. 02
98. 03	NUCLEAR MEDICINE					0	98. 03
98. 04		0	0		0		98. 04

Health Financial Systems CH	IILDREN'S HOSPIT	AL O	F WISCONSI	N	In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	RVICE OTHER PASS	3	Provi der	CCN: 523300		Worksheet D	
THROUGH COSTS					From 01/01/2011 To 12/31/2011		pared:
						7/2/2012 2:04	pm
			Ti tl	e XVIII	Hospi tal	Tefra	
Cost Center Description	Non Physician	Nursi	ing School	Allied Healt	h All Other	Total Cost	
	Anestheti st				Medi cal	(sum of col 1	
	Cost				Education Cost	through col.	
						4)	
	1.00		2.00	3.00	4. 00	5. 00	
98. 05 CHILD PROTECTION CENTER	0		0		0 0	0	98. 05
98. 06 DENTAL SRVC	0		0		0 0	0	98. 06
200.00 Total (lines 50-199)	0		0		0 0	0	200. 00

						10 12/31/201	7/2/2012 2:04	
					e XVIII	Hospi tal	Tefra	
	Cost Center Description	Total			Ratio of Cos		Inpati ent	
		Outpati ent		Wkst. C,		Ratio of Cost		
		Cost (sum of col. 2, 3 and		l, col. 8)	(col. 5 ÷ co 7)	to Charges (col. 6 ÷ col	Charges	
		4)		0)	')	7)		
		6.00	7	. 00	8. 00	9. 00	10.00	
	ANCILLARY SERVICE COST CENTERS		•		•			
50.00	OPERATI NG ROOM	0	1	, 477, 556				50. 00
51. 00	RECOVERY ROOM	0	10	, 911, 087	1			
52. 00	DELIVERY ROOM & LABOR ROOM	0		0				52.00
53. 00 54. 00	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	0	1	, 203, 610 , 873, 688	1		1	53. 00 54. 00
55. 00	RADI OLOGY-THERAPEUTI C	0	34	, 073, 000 0	1			55.00
56. 00	RADI OI SOTOPE	0		0				56. 00
57.00	CT SCAN	0	9	, 434, 795				57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0	1	, 113, 460				58. 00
59.00	CARDI AC CATHETERI ZATI ON	0	1	, 051, 217				59. 00
60. 00 60. 01	LABORATORY BLOOD LABORATORY	0	104	, 793, 827 0				60. 00 60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY			U	0.0000	0.00000	5	61.00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0.0000	0. 00000	0 0	62. 00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	15	, 667, 043	0.0000			63. 00
64. 00	I NTRAVENOUS THERAPY	0		0	0.0000			64. 00
65. 00	RESPI RATORY THERAPY	0	1	, 803, 855				65. 00
66.00	PHYSI CAL THERAPY	0	10	, 867, 470 0	1			66.00
67. 00 68. 00	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	0	6	ں 193, 362 ,	0.0000		1	67. 00 68. 00
69. 00	ELECTROCARDI OLOGY	0		, 173, 302 , 274, 824				
70. 00	ELECTROENCEPHALOGRAPHY	0		, 472, 481			1	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	122	, 239, 357	0.0000	0. 00000	454, 000	71. 00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1	, 790, 656			1	72. 00
73.00	DRUGS CHARGED TO PATIENTS	0	1	, 214, 091	0.0000		1	73.00
74. 00 75. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)	0	1	, 131, 161 0	1			74. 00 75. 00
73.00	OUTPATIENT SERVICE COST CENTERS		1		0.0000	0.0000	<u> </u>	73.00
88. 00	RURAL HEALTH CLINIC	0		0	0.0000	0.00000	0 0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0		0			1	89. 00
90.00	CLINIC	0		16, 837				90.00
90. 01 90. 02	ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE	0		29, 920	1			90. 01 90. 02
90. 02	DI ABETI C CLINI C	0	1	220, 858 374, 914 ,	1			90.02
90. 04	GI CLINIC	0	1	, 365, 469	l .			90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	0		344, 123	0.0000	0. 00000	0	90. 05
90. 06	DIETETICS	0		665, 782				90. 06
90. 07	INFUSION ROOM	0	1	, 889, 149				90. 07
90. 08 90. 09	CARDIOLOGY CLINIC PULMONARY CLINIC	0	1	913, 206, 602, 898	1			90. 08 90. 09
90. 10	ENT CLINIC		1	, 378, 947	1			90. 10
90. 11		0	1	, 977, 564	1			90. 11
90. 12	EYE CLINIC	0		645, 690		0. 00000	0 0	90. 12
90. 13	ONCOLOGY CLINIC	0	1	, 992, 578	1			
90. 14	SURGICAL SPECIALTIES	0		, 608, 249				90. 14
90. 15 90. 16	ALLERGY CLINIC LASER CLINIC	0	] '	, 704, 836 0				90. 15 90. 16
90. 10	DERMATOLOGY CLINIC	0	1	259, 232 ,	1			
90. 18	CLINIC ADMINISTRATION	0		0	0.0000			90. 18
90. 19	CRANI OFACI AL CENTER	0		386, 201	0.0000	0. 00000	0	90. 19
90. 20	HEMATOLOGY CLINIC	0		452, 496	1		1	90. 20
90. 21	SPINA BIFIDA	0		216, 989	1			90. 21
90. 22 90. 23	NEUROSCI ENCES CLI NI C RHEUMATOLOGY CLI NI C	0		859, 320	1			90. 22 90. 23
90. 23	ENDOCRI NE CLI NI C	0		369, 774 448, 576	l .			90. 23
90. 25	RENAL CLINIC	0		291, 865				90. 25
90. 26	GREENWAY CLINIC	0	1	, 971, 082				90. 26
90. 27	NEW BERLIN CLINIC	0	1	, 310, 414			1	90. 27
91.00	EMERGENCY	0	16	, 898, 389	l .			91.00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	ή	0	0.0000	0.00000	0 0	92.00
94. 00	HOME PROGRAM DIALYSIS	0		296, 644	0.0000	0.00000	0 0	94. 00
95. 00	AMBULANCE SERVICES			-1-11		112300		95. 00
96. 00	DURABLE MEDICAL EQUIP-RENTED	0		0				96. 00
97. 00	DURABLE MEDICAL EQUIP-SOLD	0	] _	0	0.0000			97. 00
98. 00 98. 01	PSYCHIATRY - OFFICE BLDG TRANSPORT		1	, 531, 431 710, 044	1			98. 00 98. 01
98. 01	GENETICS CENTER	0	) °	, 710, 044 636, 963	1			98.01
	NUCLEAR MEDICINE	0	2	, 000, 503	1			
							•	

Health Financial Systems CHI	u of Form CMS-	2552-10					
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	VICE OTHER PASS	3	Provi der	CCN: 523300		Worksheet D	
THROUGH COSTS					From 01/01/2011 To 12/31/2011	Part IV Date/Time Pre	pared:
						7/2/2012 2:04	pm
			Ti tl	e XVIII	Hospi tal	Tefra	
Cost Center Description	Total	Total	Charges	Ratio of Cos	Outpati ent	I npati ent	
	Outpati ent		Wkst. C,		Ratio of Cost	Program	
	Cost (sum of	Part	I, col.	(col. 5 ÷ col	. to Charges	Charges	
	col. 2, 3 and		8)	7)	(col. 6 ÷ col.		
	4)				7)		
	6.00		7. 00	8.00	9. 00	10.00	
98. 04 CHILD DEVELOPMENT	0		482, 502	0.00000	0. 000000	0	98. 04
98. 05 CHILD PROTECTION CENTER	0		1, 242, 869	0.00000	0. 000000	0	98. 05
98. 06   DENTAL SRVC	0	!	5, 274, 866	0.00000	0. 000000	0	98. 06
200.00 Total (lines 50-199)	0	60	7, 884, 720			2, 286, 701	200. 00

				'	12/31/2011	7/2/2012 2: 04	
	Cook Cooks December 1	1 + : +		e XVIII	Hospi tal	Tefra	
	Cost Center Description	Inpatient Program	Outpatient Program	Outpatient Program	PSA Adj. Non Physician	PSA Adj. Nursing School	
		Pass-Through	Charges	Pass-Through	Anesthetist	livar string scribbin	
		Costs (col. 8	, and the second	Costs (col. 9	Cost		
		x col . 10)	12.00	x col. 12)	21 00	22.00	
	ANCI LLARY SERVI CE COST CENTERS	11. 00	12. 00	13. 00	21. 00	22. 00	
50.00	OPERATING ROOM	0	19, 578	3 0	C	0	50. 00
51. 00	RECOVERY ROOM	0	13, 554	· O	C	_	51.00
52. 00	DELIVERY ROOM & LABOR ROOM	0	0	1	C	0	52. 00
53. 00 54. 00	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	0	11, 201 140, 386	1	C	0	53. 00 54. 00
55. 00	RADI OLOGY-THERAPEUTI C		140, 360		C	0	55. 00
56. 00	RADI OI SOTOPE	O	0	o o	C	Ö	56. 00
57. 00	CT SCAN	0	0	0	C	0	57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0	34, 898		C	0	58. 00
59. 00 60. 00	CARDI AC CATHETERI ZATI ON LABORATORY	0	52, 515	0		0	59. 00 60. 00
60. 01	BLOOD LABORATORY	O	02,010	o o	C	Ö	60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61. 00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	C	_	62.00
63. 00 64. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	0	108, 946	0		0	63. 00 64. 00
65. 00	RESPIRATORY THERAPY	0	28, 559	1	C	0	65. 00
66. 00	PHYSI CAL THERAPY	o	64	1	C		66. 00
67. 00	OCCUPATIONAL THERAPY	0	0	0	C	0	67. 00
68. 00	SPEECH PATHOLOGY	0	3, 575	1	C	0	68. 00
69. 00 70. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	0	114, 988	) O	C	0	69. 00 70. 00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS		65, 831		C	ő	71. 00
72.00	IMPL. DEV. CHARGED TO PATIENTS	O	0	0	C	0	72. 00
73. 00	DRUGS CHARGED TO PATIENTS	0	645, 254		C	0	73. 00
74. 00 75. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)	0	0	1	C	_	74. 00 75. 00
75.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>		)  0	C	0	75.00
88. 00	RURAL HEALTH CLINIC	0	0	0	C	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		C		89. 00
90. 00 90. 01	CLINIC   ID PRIM CARE SUPP NETWORK	0	0	0	C	0	90. 00 90. 01
90.01	PAIN/PALLIATIVE CARE	0	923	1	C	0	90.01
90. 03	DI ABETI C CLINI C	O	486		C	Ö	90. 03
90. 04	GI CLINIC	0	2, 861	1	C	0	90. 04
90. 05	CLINIC FOR SPECIAL NEEDS	0	1, 898		C	0	90.05
90. 06 90. 07	DI ETETI CS I NFUSI ON ROOM	0	119, 406	0	C		90. 06 90. 07
90. 08	CARDI OLOGY CLI NI C	O	23, 488		C	ő	90. 08
90. 09	PULMONARY CLINIC	0	17, 037	0	C	0	90. 09
90. 10	ENT CLINIC	0	650		C	0	90. 10
90. 11 90. 12	ORTHOPEDIC CLINIC EYE CLINIC	0	33, 125 34, 464		0	0	90. 11 90. 12
90. 13	ONCOLOGY CLINIC		66, 215		C	ő	90. 13
90. 14	SURGI CAL SPECIALTI ES	O	1, 701	1	C	0	90. 14
90. 15	ALLERGY CLINIC	0	104, 705	1	C	0	90. 15
90. 16 90. 17	LASER CLINIC DERMATOLOGY CLINIC	0	780	1		0	90. 16 90. 17
90. 17	CLINIC ADMINISTRATION		700		C	0	90. 17
90. 19	CRANI OFACI AL CENTER	O	0	0	C	0	90. 19
90. 20	HEMATOLOGY CLINIC	0	22, 745	0	C	0	90. 20
90. 21 90. 22	SPINA BIFIDA NEUROSCIENCES CLINIC	0	0	0	C	0	90. 21 90. 22
90. 22	RHEUMATOLOGY CLINIC	0	1, 411		C	0	90. 22
90. 24	ENDOCRI NE CLI NI C	O	13, 506	1	C	Ö	90. 24
90. 25	RENAL CLINIC	0	12, 693	0	C	0	90. 25
90. 26	GREENWAY CLINIC	0	0	0	C	0	90. 26
90. 27 91. 00	NEW BERLIN CLINIC EMERGENCY	0	6, 430			0	90. 27 91. 00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0, 430		C		92. 00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DI ALYSI S	0	0	0	C	0	94.00
95. 00 96. 00	AMBULANCE SERVICES DURABLE MEDICAL EQUIP-RENTED		0		_	0	95. 00 96. 00
97. 00	DURABLE MEDICAL EQUIP-SOLD		0		C	0	97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	0	6, 193	s  0	C	0	98. 00
98. 01	TRANSPORT	0		0	C	0	98. 01
98. 02 98. 03	GENETICS CENTER NUCLEAR MEDICINE	0	4, 473 2, 426	1	C	0	98. 02 98. 03
-0.03	THE SEEVIN MEDITORINE	<u>,                                    </u>	2, 420	, 0		1 0	75.05

Health Financial Systems CH	ILDREN'S HOSPITA	AL OF WISCONS	I N	In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS		- CCN: 523300	Period: From 01/01/2011 To 12/31/2011		pared:
		Ti t	le XVIII	Hospi tal	Tefra	
Cost Center Description	I npati ent	Outpati ent	Outpati ent	PSA Adj. Non		
	Program	Program	Program	Physi ci an	Nursing School	
	Pass-Through	Charges	Pass-Through	n Anesthetist		
	Costs (col. 8		Costs (col.	9 Cost		
	x col. 10)		x col. 12)			
	11.00	12.00	13.00	21. 00	22. 00	
98. 04 CHILD DEVELOPMENT	0		0	0 0	0	98. 04
98.05 CHILD PROTECTION CENTER	0		0	0 0	0	98. 05
98.06 DENTAL SRVC	0		0	0	0	98. 06
200.00 Total (lines 50-199)	0	1, 716, 96	5	0 0	0	200. 00

			Title XVIII	Hospi tal	7/2/2012 2:04 Tefra	рш
	Cost Center Description	PSA Adj. PSA	A Adj. All	поэрт саг	10114	
			er Medical			
		23. 00	cation Cost 24.00			
	ANCI LLARY SERVI CE COST CENTERS	23.00	24.00			
50.00	OPERATI NG ROOM	0	0			50. 00
51. 00	RECOVERY ROOM	0	0			51.00
52. 00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53. 00 54. 00	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C		0			53. 00 54. 00
55. 00	RADI OLOGY-THERAPEUTI C		Ö			55.00
56.00	RADI OI SOTOPE	o	o			56. 00
57. 00	CT SCAN	0	0			57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58. 00
59. 00 60. 00	CARDI AC CATHETERI ZATI ON LABORATORY	0	0			59. 00 60. 00
60. 01	BLOOD LABORATORY		ol			60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62. 00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64. 00 65. 00	I NTRAVENOUS THERAPY RESPIRATORY THERAPY	0 0	0			64. 00 65. 00
66. 00	PHYSI CAL THERAPY		o			66.00
67.00	OCCUPATI ONAL THERAPY	o	o			67. 00
68. 00	SPEECH PATHOLOGY	0	0			68. 00
69. 00	ELECTROCARDI OLOGY	0	0			69.00
70. 00 71. 00	ELECTROENCEPHALOGRAPHY   MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			70. 00 71. 00
72. 00	IMPL. DEV. CHARGED TO PATIENTS		O			72.00
73.00	DRUGS CHARGED TO PATIENTS	o	O			73. 00
74.00	RENAL DIALYSIS	O	0			74. 00
75. 00	ASC (NON-DISTINCT PART)	0	0			75. 00
88. 00	OUTPATIENT SERVICE COST CENTERS RURAL HEALTH CLINIC	O	0			88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	Ö			89. 00
90.00	CLINIC	o	o			90.00
90. 01	ID PRIM CARE SUPP NETWORK	0	0			90. 01
90. 02	PAIN/PALLIATIVE CARE	0	0			90. 02
90. 03 90. 04	DIABETIC CLINIC GI CLINIC	0 0	0			90. 03 90. 04
90. 05	CLINIC FOR SPECIAL NEEDS		Ö			90.05
90.06	DI ETETI CS	o	o			90. 06
90. 07	INFUSION ROOM	0	0			90. 07
90. 08	CARDI OLOGY CLINI C	0	0			90.08
90. 09 90. 10	PULMONARY CLINIC ENT CLINIC	0	0			90. 09 90. 10
90. 11	ORTHOPEDIC CLINIC	o	o			90. 11
90. 12	EYE CLINIC	o	O			90. 12
90. 13	ONCOLOGY CLINIC	0	0			90. 13
90. 14	SURGI CAL SPECIALTI ES	0	0			90. 14
90. 15	ALLERGY CLINIC LASER CLINIC	0	0			90. 15 90. 16
90. 17	DERMATOLOGY CLINIC	o	o			90. 17
90. 18	CLINIC ADMINISTRATION	O	0			90. 18
90. 19	CRANI OFACI AL CENTER	0	0			90. 19
90. 20 90. 21	HEMATOLOGY CLINIC SPINA BIFIDA	0	O			90. 20 90. 21
90. 21	NEUROSCI ENCES CLI NI C		0			90. 21
90. 23	RHEUMATOLOGY CLINIC	l ŏl	ŏ			90. 23
90. 24	ENDOCRI NE CLI NI C	0	0			90. 24
90. 25	RENAL CLINIC	0	0			90. 25
90. 26 90. 27	GREENWAY CLINIC	0	O			90. 26
90. 27	NEW BERLIN CLINIC EMERGENCY	0	0			90. 27 91. 00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	o	o			92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DI ALYSI S	0	0			94.00
95. 00 96. 00	AMBULANCE SERVICES					95.00
96. 00 97. 00	DURABLE MEDICAL EQUIP-RENTED DURABLE MEDICAL EQUIP-SOLD		0			96. 00 97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	l ől	Ö			98.00
98. 01	TRANSPORT	o	0			98. 01
98. 02	GENETICS CENTER	0	0			98. 02
98. 03 98. 04	NUCLEAR MEDICINE CHILD DEVELOPMENT	0	0			98. 03 98. 04
98. 04 98. 05	CHILD DEVELOPMENT	0	0			98. 04 98. 05
	1	<u> </u>	-1			1

Health Financial Systems CH	CHILDREN'S HOSPITAL OF WISCONSIN				In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER	RVICE OTHER PASS	S P	Provi der	CCN:	523300	Peri od:	Worksheet D	
THROUGH COSTS						From 01/01/2011	Part IV	
						To 12/31/2011	Date/Time Pre	
							7/2/2012 2:04	pm
			Ti tl	e XVI	П	Hospi tal	Tefra	
Cost Center Description	PSA Adj.	PSA A	dj. All					
	Allied Health	0ther	Medi cal					
		Educati	ion Cost					
	23.00	24	1. 00					
98. 06 DENTAL SRVC	0		0					98. 06
200.00 Total (lines 50-199)	0		0					200. 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 523300 Peri od: Worksheet D From 01/01/2011 Part V Date/Time Prepared: 12/31/2011 7/2/2012 2:04 pm Title XVIII Hospi tal Tefra Charges Cost to Charge PPS Reimbursed Cost Center Description Cost Cost Services (see Ratio From Rei mbursed Rei mbursed Worksheet C, instructions) Servi ces Services Not Subject To Part I, col. Subject To Ded. & Coins. Ded. & Coins (see (see instructions) instructions) 1.00 2.00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 OPERATING ROOM 0. 238268 19, 578 50.00 0 0 51 00 RECOVERY ROOM 0.315684 51 00 13, 554 0 DELIVERY ROOM & LABOR ROOM 52.00 0.000000 0 52.00 53.00 ANESTHESI OLOGY 0. 270525 11, 201 0 53.00 0 54.00 RADI OLOGY-DI AGNOSTI C 0.628964 140, 386 0 0 54.00 RADI OLOGY-THERAPEUTI C 0 55 00 0.000000 55 00 56.00 RADI OI SOTOPE 0.000000 56.00 0 57.00 CT SCAN 0. 142426 0 0 57.00 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 0.142313 34, 898 58.00 0 59 00 CARDI AC CATHETERI ZATI ON 0.468573 59 00 60.00 LABORATORY 0. 272140 52, 515 0 0 0 0 60.00 **BLOOD LABORATORY** 60.01 0.000000 60.01 PBP CLINICAL LAB SERVICES-PRGM ONLY 0 61.00 0.000000 61.00 0 62 00 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 62 00 0 BLOOD STORING, PROCESSING & TRANS. 0.540531 108, 946 63.00 63.00 64.00 INTRAVENOUS THERAPY 0.000000 0 64.00 0 0 RESPIRATORY THERAPY 0 65.00 0.278714 28, 559 65, 00 66.00 PHYSI CAL THERAPY 0.470047 66.00 64 OCCUPATIONAL THERAPY 0.000000 0 67.00 0 0 0 67.00 0 68.00 SPEECH PATHOLOGY 0.702434 3, 575 68.00 69 00 **ELECTROCARDI OLOGY** 0 1.063507 114, 988 69.00 0 70.00 ELECTROENCEPHALOGRAPHY 0. 291549 70.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 0.358823 65, 831 0 0 71.00 0 72.00 IMPL. DEV. CHARGED TO PATIENTS 0.870088 72.00 DRUGS CHARGED TO PATIENTS 0 73.00 0.390268 645, 254 73.00 RENAL DIALYSIS 0 0 74.00 0.428451 74.00 75.00 ASC (NON-DISTINCT PART) 0.000000 0 75.00 OUTPATIENT SERVICE COST CENTERS 88.00 RURAL HEALTH CLINIC 0.000000 88.00 0.000000 89.00 FEDERALLY QUALIFIED HEALTH CENTER 89.00 90.00 0.831977 0 0 0 90.00 CLINIC ID PRIM CARE SUPP NETWORK 0 0 90.01 37. 143449 90.01 0 90.02 PAIN/PALLIATIVE CARE 6.369962 923 0 90.02 90.03 DIABETIC CLINIC 1.045750 486 0 0 0 0 90.03 0 1 556801 90 04 GL CLINIC 2 861 90 04 0 CLINIC FOR SPECIAL NEEDS 90.05 3.900204 1, 898 90.05 90.06 DI ETETI CS 3. 419200 0 90.06 0 90.07 INFUSION ROOM 0. 242168 119, 406 0 0 90.07 90 08 CARDIOLOGY CLINIC 0 984588 0 23 488 90.08 90.09 PULMONARY CLINIC 1.471808 17,037 90.09 ENT CLINIC 0.953970 0 90.10 90.10 650 0 0 0 0 0 0 0 90.11 ORTHOPEDIC CLINIC 0.895303 33, 125 0 90.11 0 0.706447 90 12 EYE CLINIC 34, 464 90 12 90.13 ONCOLOGY CLINIC 0.770998 66, 215 0 90.13 SURGICAL SPECIALTIES 90.14 1.111927 1, 701 90.14 0 90. 15 90. 15 ALLERGY CLINIC 104, 705 1.255583 0 90.16 LASER CLINIC 0.000000 90.16 0 90.17 DERMATOLOGY CLINIC 1.047072 780 90.17 CLINIC ADMINISTRATION 0 90 18 0.000000 0 0 90 18 90 19 CRANI OFACIAL CENTER 0.926448 0 90 19 90. 20 HEMATOLOGY CLINIC 1.601296 22, 745 90.20 SPINA BIFIDA 0 90.21 2.510279 0 0 90.21 NEUROSCI ENCES CLINIC 0 90.22 2. 351675 90.22 οl RHEUMATOLOGY CLINIC 90.23 1.769097 1, 411 90.23 90. 24 ENDOCRINE CLINIC 1. 312257 13, 506 0 0 0 0 90. 24 0 90 25 RENAL CLINIC 1.087852 12, 693 90 25 90. 26 GREENWAY CLINIC 0.721792 0 90. 26 0 90.27 NEW BERLIN CLINIC 1.459351 90 27 0 0 91.00 91.00 0.665628 6, 430 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0.000000 0 92.00 OTHER REIMBURSABLE COST CENTERS 0. 945716 94.00 HOME PROGRAM DIALYSIS 0 94.00 95.00 AMBULANCE SERVICES 0.000000 0 95.00 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 96.00 96.00 0 DURABLE MEDICAL EQUIP-SOLD 0.000000 0 97.00 97 00 98.00 PSYCHIATRY - OFFICE BLDG 1. 327220 6, 193 0 98.00

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	) VACCINE COST		CCN: 523300	From 01/01/2011 To 12/31/2011	7/2/2012 2:04	
		Ti tl	e XVIII	Hospi tal	Tefra	
			Charges			
Cost Center Description	Cost to Charge			Cost		
		Services (see		Rei mbursed		
		instructions)		Servi ces Not		
	Part I, col. 9		Subject To	Subj ect To		
				Ded. & Coins.		
			(see	(see		
				) instructions)		
	1.00	2. 00	3. 00	4. 00		
98. 01 TRANSPORT	1. 008699	0		0		98. 01
98. 02 GENETICS CENTER	3. 204348	4, 473		0		98. 02
98.03 NUCLEAR MEDICINE	0. 510373	2, 426		0 0		98. 03
98. 04 CHILD DEVELOPMENT	1. 807825	0		0 0		98. 04
98.05 CHILD PROTECTION CENTER	1. 903335	0		0 0		98. 05
98. 06 DENTAL SRVC	0. 909070	0		0 0		98. 06
200.00 Subtotal (see instructions)		1, 716, 965		0 0		200. 00
201.00 Less PBP Clinic Lab. Services-Program Only				0 0		201.00
Charges						
202.00 Net Charges (line 200 +/- line 201)		1, 716, 965		0 0		202. 00

 
 Heal th Financial
 Systems
 CHILDREN'S HOSPITAL

 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST
 In Lieu of Form CMS-2552-10 Provider CCN: 523300 | Period: | Worksheet D | Part V | Date/Time Prepared: 7/2/2012 2:04 pm

			Ti tI	e XVIII	Hospi tal	7/2/2012 2:04 Tefra	pm
			Costs				
	Cost Center Description	PPS Services		Cost Services			
		(see instructions)	Subject To Ded. & Coins.	Not Subject To Ded. & Coins.			
		,	(see	(see			
		F 00		instructions)			
	ANCILLARY SERVICE COST CENTERS	5. 00	6. 00	7.00			
50.00	OPERATI NG ROOM	4, 665	C	0			50.00
51. 00	RECOVERY ROOM	4, 279	l .				51.00
52. 00 53. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	3, 030					52. 00 53. 00
54. 00	RADI OLOGY-DI AGNOSTI C	88, 298					54.00
55. 00	RADI OLOGY-THERAPEUTI C	0	C	0			55. 00
56.00	RADI OI SOTOPE CT SCAN	0					56.00
57. 00 58. 00	MAGNETIC RESONANCE IMAGING (MRI)	4, 966					57. 00 58. 00
59. 00	CARDI AC CATHETERI ZATI ON	0	d	o o			59. 00
60.00	LABORATORY	14, 291	C	0			60.00
60. 01 61. 00	BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY	0					60. 01 61. 00
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		ol ol			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	58, 889	C	o			63. 00
64.00	I NTRAVENOUS THERAPY	7 0/0	1				64.00
65. 00 66. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	7, 960 30	l .	1			65. 00 66. 00
67. 00	OCCUPATI ONAL THERAPY	0	Ċ				67. 00
68. 00	SPEECH PATHOLOGY	2, 511	C	0			68. 00
69. 00 70. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	122, 291					69. 00 70. 00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23, 622					71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	C	o			72. 00
73.00	DRUGS CHARGED TO PATIENTS	251, 822	l	0			73.00
74. 00 75. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)	0	l .				74. 00 75. 00
70.00	OUTPATIENT SERVICE COST CENTERS			,			70.00
88. 00	RURAL HEALTH CLINIC	0					88. 00
89. 00 90. 00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0					89. 00 90. 00
90. 00	ID PRIM CARE SUPP NETWORK	0					90. 01
90. 02	PAIN/PALLIATIVE CARE	5, 879		0			90. 02
90. 03	DI ABETI C CLI NI C	508	C	0			90. 03
90. 04 90. 05	GI CLINIC CLINIC FOR SPECIAL NEEDS	4, 454 7, 403					90. 04 90. 05
90. 06	DI ETETI CS	0	C				90.06
90. 07	INFUSION ROOM	28, 916		0			90. 07
90. 08 90. 09	CARDIOLOGY CLINIC PULMONARY CLINIC	23, 126 25, 075					90. 08 90. 09
90. 10	ENT CLINIC	620	l .				90. 10
90. 11	ORTHOPEDIC CLINIC	29, 657	C	0			90. 11
90. 12		24, 347					90. 12
90. 13 90. 14	ONCOLOGY CLINIC SURGICAL SPECIALTIES	51, 052 1, 891					90. 13 90. 14
90. 15	ALLERGY CLINIC	131, 466	d				90. 15
90. 16		0	C	0			90. 16
90. 17 90. 18	DERMATOLOGY CLINIC CLINIC ADMINISTRATION	817					90. 17 90. 18
90. 19	CRANI OFACI AL CENTER	0					90. 19
90. 20	HEMATOLOGY CLINIC	36, 421	C	0			90. 20
90. 21	SPINA BIFIDA	0					90. 21 90. 22
90. 22 90. 23	NEUROSCIENCES CLINIC RHEUMATOLOGY CLINIC	2, 496					90. 22
90. 24	ENDOCRI NE CLI NI C	17, 723					90. 24
90. 25	RENAL CLINIC	13, 808		0			90. 25
90. 26 90. 27	GREENWAY CLINIC NEW BERLIN CLINIC	0					90. 26 90. 27
91. 00	EMERGENCY	4, 280	_				91.00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92. 00
04.00	OTHER REIMBURSABLE COST CENTERS			J 2			04.00
94. 00 95. 00	HOME PROGRAM DIALYSIS AMBULANCE SERVICES			0			94. 00 95. 00
96. 00	DURABLE MEDICAL EQUIP-RENTED	0		o o			96.00
97. 00	DURABLE MEDICAL EQUIP-SOLD	0	C	0			97. 00
98. 00 98. 01	PSYCHIATRY - OFFICE BLDG TRANSPORT	8, 219					98. 00 98. 01
98. 01		14, 333					98.01
				1			· · · · · ·

Health Financial Systems CH	ILDREN'S HOSPITA	L OF WISCONSIN	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider CCN: 523300	Peri od: From 01/01/2011	Worksheet D Part V
				Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospi tal	Tefra
		Costs		

			11 11	e xviii	Hospi tai	тегга	
			Costs				
	Cost Center Description	PPS Services	Cost Services	Cost Services			
		(see	Subject To	Not Subject To			
		instructions)	Ded. & Coins.	Ded. & Coins.			
			(see	(see			
			instructions)	instructions)			
		5.00	6.00	7. 00			
98. 03	NUCLEAR MEDICINE	1, 238	0	0			98. 03
98. 04	CHILD DEVELOPMENT	0	0	0			98. 04
98. 05	CHILD PROTECTION CENTER	0	0	0			98. 05
98. 06	DENTAL SRVC	0	0	0			98. 06
200.00	Subtotal (see instructions)	1, 020, 383	0	0			200.00
201.00	Less PBP Clinic Lab. Services-Program Only		0				201. 00
	Charges						
202.00	Net Charges (line 200 +/- line 201)	1, 020, 383	0	0			202. 00

				1	0 12/31/2011	Date/lime Pre 7/2/2012 2:04	
			Ti t	le XIX	Hospi tal	Cost	
			DD0 D I I	Charges			
	Cost Center Description	Cost to Charge Ratio From	PPS Reimbursed Services (see	Cost Reimbursed	Cost Reimbursed		
		Worksheet C,	instructions)	Servi ces	Services Not		
		Part I, col. 9	· /	Subject To	Subject To		
		1 41 1 7 661 . 7		Ded. & Coins.	Ded. & Coins.		
				(see	(see		
					instructions)		
	ANCILLARY SERVICE COST CENTERS	1. 00	2. 00	3. 00	4. 00		
50. 00	OPERATING ROOM	0. 300297	0		1, 688, 807		50. 00
51. 00	RECOVERY ROOM	0. 313209					51. 00
52.00	DELIVERY ROOM & LABOR ROOM	0. 000000	l .	c	0		52. 00
53.00	ANESTHESI OLOGY	0. 501268	0	C	562, 986		53.00
54.00	RADI OLOGY-DI AGNOSTI C	0. 623999		1			54.00
55. 00	RADI OLOGY-THERAPEUTI C	0. 000000		1	٦		55. 00
56. 00 57. 00	RADI OI SOTOPE CT SCAN	0. 000000 0. 142016	0	C			56. 00 57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0. 140832					58. 00
59. 00	CARDI AC CATHETERI ZATI ON	0. 463322					59. 00
60.00	LABORATORY	0. 271532	0	d	9, 458, 177		60.00
60. 01	BLOOD LABORATORY	0. 000000		C	0		60. 01
61. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000	l .	C	0		61. 00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000	0				62.00
63. 00 64. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY	0. 538834	0	C	1, 619, 276		63. 00 64. 00
65. 00	RESPIRATORY THERAPY	0. 000000 0. 276627			1, 115, 146		65. 00
66. 00	PHYSI CAL THERAPY	0. 477977	0		751, 236		66. 00
67. 00	OCCUPATI ONAL THERAPY	0. 000000	0	d			67. 00
68.00	SPEECH PATHOLOGY	0. 695170	0	C	1, 044, 837		68. 00
69. 00	ELECTROCARDI OLOGY	1. 136034	0	C			69. 00
70. 00	ELECTROENCEPHALOGRAPHY	0. 358977	0	C	000,0.0		70. 00
71. 00	MEDI CAL SUPPLI ES CHARGED TO PATIENTS	0. 357162	0	C	5, 413, 413		71.00
72. 00 73. 00	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0. 868604 0. 388963	0		U E 972 440		72. 00 73. 00
74.00	RENAL DIALYSIS	0. 423145			0,0,2,100		74.00
75. 00	ASC (NON-DISTINCT PART)	0. 000000	l .				75. 00
	OUTPATIENT SERVICE COST CENTERS						
88. 00	RURAL HEALTH CLINIC	0. 000000	l .				88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	l .				89. 00
90.00	CLINIC	0. 829186	l e				90.00
90. 01 90. 02	ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE	36. 903810 6. 262902	0	C			90. 01 90. 02
90. 03	DI ABETI C CLINI C	1. 029838	0				90. 03
90. 04	GI CLINIC	1. 909491	0	d			90. 04
90.05	CLINIC FOR SPECIAL NEEDS	3. 854465	0	C	20, 254		90. 05
90. 06	DI ETETI CS	3. 411485	l .	C			90. 06
90. 07	INFUSION ROOM	0. 239928	l .	C	712, 925		90. 07
90. 08 90. 09	CARDIOLOGY CLINIC PULMONARY CLINIC	1. 145604 1. 815730	0				90. 08 90. 09
90. 10	ENT CLINIC	1. 206397	l .		247, 795		90. 09
90. 11	ORTHOPEDIC CLINIC	0. 876828			313, 017		90. 11
90. 12	EYE CLINIC	0. 856018	l .	C	114, 045		90. 12
90. 13	ONCOLOGY CLINIC	0. 759898	0	C	734, 858		90. 13
90. 14	SURGI CAL SPECI ALTI ES	1. 179214	0	C	262, 019		90. 14
90. 15	ALLERGY CLINIC	1. 490032		C	167, 917		90. 15
90. 16 90. 17	LASER CLINIC DERMATOLOGY CLINIC	0. 000000 1. 480093			93, 313		90. 16 90. 17
90. 17	CLINIC ADMINISTRATION	0. 000000			93, 313		90. 17
90. 19	CRANI OFACI AL CENTER	0. 909871			55, 708		90. 19
90. 20	HEMATOLOGY CLINIC	1. 577627	0	d	107, 713		90. 20
90. 21	SPINA BIFIDA	2. 473605	0	C	148, 592		90. 21
90. 22	NEUROSCI ENCES CLI NI C	2. 334504		C	274, 407		90. 22
90. 23	RHEUMATOLOGY CLINIC	2. 317123		J	115, 418		90. 23
90. 24 90. 25	ENDOCRINE CLINIC	2. 102132	0		0 4E E33		90. 24
90. 25	RENAL CLINIC GREENWAY CLINIC	2. 760304 0. 703163			65, 533 1, 000		90. 25 90. 26
90. 27	NEW BERLIN CLINIC	1. 400561	0				90. 27
91. 00	EMERGENCY	0. 797060	Ö	Č			91. 00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	l e	C			92. 00
0	OTHER REIMBURSABLE COST CENTERS	0.5==:	T	I	I		04.5-
94.00	HOME PROGRAM DIALYSIS	0. 938195	l .	C			94.00
95. 00 96. 00	AMBULANCE SERVICES DURABLE MEDICAL EQUIP-RENTED	0. 000000 0. 000000	l .				95. 00 96. 00
97. 00	DURABLE MEDICAL EQUIP-NENTED	0. 000000	l .				97. 00
98. 00	PSYCHIATRY - OFFICE BLDG	1. 515470	l .				98. 00
					<u>'</u>		

Health Financial Systems CH	ILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	) VACCINE COST			Period: From 01/01/2011 To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
		Ti t	le XIX	Hospi tal	Cost	
			Charges			
Cost Center Description		PPS Reimbursed		Cost		
		Services (see		Rei mbursed		
	· ·	instructions)		Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins	. Ded. & Coins.		
			(see	(see		
			instructions	) instructions)		
	1.00	2. 00	3. 00	4. 00		
98. 01 TRANSPORT	1. 004413	0		0 20, 490		98. 01
98. 02 GENETICS CENTER	3. 335048	0		0 118, 303		98. 02
98. 03 NUCLEAR MEDICINE	0. 505754	0		0 191, 955		98. 03
98. 04 CHILD DEVELOPMENT	2. 434960	0		0 156, 641		98. 04
98. 05 CHILD PROTECTION CENTER	2. 349972	0		0 160, 981		98. 05
98. 06 DENTAL SRVC	1. 086916	0		0 1, 446, 012		98. 06
200.00 Subtotal (see instructions)		0		0 45, 981, 388		200. 00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0 0		201. 00
202.00 Net Charges (line 200 +/- line 201)		0		0 45, 981, 388		202. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 523300 Period: From 01/01/2011 To 12/31/2011 Part V Date/Time Prepared: 7/2/2012 2:04 pm

Title XIX Hospital Cost

PRS Services   Des				Ti t	le XIX	Hospi tal	Cost	Pili
See   Instructions   See   S						,		
Instructions   Deck   A Course   Court   Cou		Cost Center Description						
MINISTRUCTURES   INSTRUCTURES   1								
MARILLARY SERVICE COST CENTERS   5.00   5.			instructions)					
MARTHEW CERROLOF COIST CENTRES   5.00   6.00   7.00								
50.00   GERATING RODIN   0   0   507, 144   50.00			5. 00					
51.00   RECOVERY ROUN   LABOR ROOM   0   0   380,877   51.00   52.00				T		T		
DEL VERY PROBLEM LABOR ROOM		1	0					1
53.00   ARESTHESI QUOCY   0   0   282.207   53.00		1	0		1,			1
54.00   ABDIO (DOY-) THEARPEUTIC   0   0   1,161.089   5-6.00   ABDIO (SOT) THEARPEUTIC   0   0   0   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   0   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   0   142.555   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   142.555   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   340.278   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   340.278   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   340.278   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   0   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   0   5-5.00   ABDIO (SOT) THEARPEUTIC   0   0   0   6-0.00   ABDIO (SOT) THEARPEUTIC   0   0   0   6-0.00   ABDIO (SOT) THEARPEUTIC   0   0   0   6-0.00   ABDIO (SOT) THEARPEUTIC   0   0   0   0   0   0   0   0   0			0					•
56.00   ABOU ISSTOPE   0 0 0 0 55.00	54.00		0	C	1, 161, 089			54. 00
0.75   0.0   CT SCAN   0.0   142,525   57,00   50.0   6.0			0	1	1			1
MANNETIC DESONANCE HINGLING (MR)			0	· ·	ή			•
59.00   CARDIAC CATHEREN ZATION   0   0   0   0   0   0   0   0   0			0	1	1			1
0.000   0.00			0					1
61.00   PROCEINICAL LAB SERVICES-PROBLOBINY   0   62.00   63	60.00	LABORATORY	0	C	2, 568, 198			60. 00
0.00   0.00			0	C	0			l
63.00   BLOOD STORING, PROCESSING & TRANS.   0   0   872,521   63.00   64.00   1   1   1   1   1   1   1   1   1				C				•
A-0.00   NTEACHOUST PHEAPY   0   0   0   0   0   0   0   0   0			0		N 872 521			1
65.00   RESPIRATORY THERAPY   0   0   308,479   66.50			0	1	1			1
67.00   CCUPATIONAL THERAPY   O   O   O   O   O   O			0	ď	308, 479			•
0.9. 0.0   SPECIA PATHOLOGY   0   0   7.56, 339   0.89, 00			0	C	359, 074			1
69 00   ELECTROCARDIOLOGY			0	1	1			1
10.00		1	0	1				1
71.00   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   1,933,465   71.00   72.00   MPL. DEV. CHARGED TO PATIENTS   0   0   0   2,284,170   73.00   75.00   0   0   0   286,818   74.00   75.00   0   0   0   0   0   0   0   0   0		1	0	· ·	1			
73. 00 PRUSS CHARGED TO PATIENTS 0 0 0 2, 284, 170 75. 00 75. 00 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0 75. 00  OUTPATIENT SERVICE COST CENTERS  88. 00 RURAL HEALTH CLINIC 0 0 0 0 0 0 90  00 0 0 0 90  00 0 0 0 0		1	0	1	1			1
74. 00   REMAL DIALYSIS   0   0   286.818   74. 00   75. 00   88. 00   00   00   00   00   00			0					1
75. 00   ASC (NON_DISTINCT PART)   0   0   0   0   0   88. 00		1	0	1				•
OUTPATEENT SERVICE COST CENTERS		1	0	<b>l</b>				
88.00   RURAL HEALTH CLINIC	75.00		U		η			75.00
90. 00 CLI NI C 90. 01 ID PRIM CARE SUPP NETWORK 0 0 0 3.29, 18.2 90. 01 90. 02 PAI N/PALLIATIVE CARE 0 0 0 146, 389 90. 02 90. 03 DI ABETIC CLINIC 0 0 0 0, 327, 18.2 90. 04 01 CILINIC FOR SPECIAL NEEDS 0 0 0 78, 10.68 90. 05 90. 06 DIETRICS 0 0 0 78, 10.68 90. 05 90. 07 90. 08 CARDON ROM 0 0 171, 051 90. 07 90. 08 CARDON ROM 0 0 171, 051 90. 07 90. 09 90.	88. 00		0	C	0			88. 00
0.0   10 PRIM CARE SUPP NETWORK			0	1	1			•
90. 02   PAIN/PALLIATIVE CARE			0	1				1
90. 03   DI ABETIC CLINIC   0   0   90, 347   90. 03   90. 04   GI CLINIC   0   0   852, 825   90. 04   90. 05   CLINIC FOR SPECIAL NEEDS   0   0   0   78, 068   90. 05   90. 06   DIETETICS   0   0   0   46, 819   90. 05   90. 07   INFUSION ROOM   0   171, 051   90. 07   90. 08   CARDIOLOGY CLINIC   0   0   334, 536   90. 09   90. 09   PUINDMARY CLINIC   0   0   0   334, 536   90. 09   90. 10   ENT CLINIC   0   0   0   274, 462   90. 11   90. 11   ORTHOPEDIC CLINIC   0   0   0   274, 462   90. 11   90. 12   EYE CLINIC   0   0   0   558, 417   90. 13   90. 14   SURGICAL SPECIALTIES   0   0   0   558, 417   90. 13   90. 15   ALLERGY CLINIC   0   0   250, 202   90. 15   90. 16   LALERGY CLINIC   0   0   0   308, 976   90. 14   90. 17   DERMATOLOGY CLINIC   0   0   0   0   0   0   90. 18   CLINIC   0   0   0   138, 112   90. 15   90. 19   CRANIOFACIAL CENTER   0   0   0   100, 18   90. 19   CRANIOFACIAL CENTER   0   0   0   100, 18   90. 19   CRANIOFACIAL CENTER   0   0   0   100, 18   90. 21   SPINA BIFIDA   0   0   0   169, 931   90. 21   90. 22   NEINAGOLOGY CLINIC   0   0   0   169, 931   90. 22   90. 23   RHEUMATOLOGY CLINIC   0   0   0   169, 931   90. 22   90. 24   ENDOCRINE CLINIC   0   0   0   169, 931   90. 25   90. 25   CREAT CLINIC   0   0   0   169, 931   90. 25   90. 26   GREENWAY CLINIC   0   0   0   169, 931   90. 25   90. 27   ROW SERVAL CLINIC   0   0   0   169, 931   90. 26   90. 28   REPUMATOLOGY CLINIC   0   0   0   0   0   90. 20   ORDIORATOR CLINIC   0   0   0   0   0   90. 20   ORDIORATOR CLINIC   0   0   0   0   0   90. 20   ORDIORATOR CLINIC   0   0   0   0   0   90. 20   ORDIORATOR CLINIC   0   0   0   0   90. 21   90. 25   0   0   0   0   90. 27   0   0   0   0   0   0   90. 28   0   0   0   0   0   0   90. 29   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0   90. 20   0   0   0   0   0			0	1	1			•
90. 04 GI CLINIC 0 0 0 885, 825 90. 05 90. 05 CLINIC FOR SPECIAL NEEDS 0 0 78, 068 90. 05 90. 06 DIETETICS 0 0 0 78, 068 90. 05 90. 07 INFUSION ROOM 0 0 0 171, 051 90. 07 90. 08 CARDOLOGY CLINIC 0 0 383, 644 90. 08 90. 09 PULMONARY CLINIC 0 0 0 334, 536 90. 09 90. 10 ENT CLINIC 0 0 0 274, 462 90. 11 07. 10 EVENTOR CLINIC 0 0 0 274, 462 90. 11 07. 11 ORTHOPEDIC CLINIC 0 0 0 274, 462 90. 11 07. 12 EVE CLINIC 0 0 0 558, 417 90. 12 90. 13 ONCOLOGY CLINIC 0 0 0 558, 417 90. 13 90. 14 SURGICAL SPECIALTIES 0 0 0 308, 976 90. 14 90. 15 ALERGY CLINIC 0 0 250, 202 90. 15 90. 16 LASER CLINIC 0 0 0 250, 202 90. 15 90. 17 DERMATOLOGY CLINIC 0 0 0 188, 112 90. 17 90. 18 CLINIC ADMINISTRATION 0 0 0 188, 112 90. 17 90. 18 CLINIC ADMINISTRATION 0 0 0 188, 112 90. 17 90. 19 CRANNI DERMATOLOGY CLINIC 0 0 0 169, 931 90. 20 90. 21 SPINA BIFIDA 0 0 0 367, 558 90. 21 90. 22 NEROMO FORCE CLINIC 0 0 0 476, 193 90. 22 90. 23 REGUMATOLOGY CLINIC 0 0 0 476, 191 90. 22 90. 23 REGUMATOLOGY CLINIC 0 0 0 476, 191 90. 22 90. 23 REGUMATOLOGY CLINIC 0 0 0 70 90. 25 90. 24 ENDOCRINE CLINIC 0 0 0 476, 191 90. 25 90. 25 RENAL CLINIC 0 0 0 476, 191 90. 25 90. 26 RESERWAY CLINIC 0 0 0 476, 191 90. 25 90. 26 RESERWAY CLINIC 0 0 0 476, 191 90. 25 90. 26 RESERWAY CLINIC 0 0 0 70 90. 25 90. 27 NEW BERLIN CLINIC 0 0 0 476, 191 90. 25 90. 26 OND DERMATOLOGY CLINIC 0 0 0 180, 891 90. 27 91. 00 EMERGENCY 0 0 0 160, 891 90. 27 91. 00 DITHER REIMBURSABLE COST CENTERS 90. 01 TRANSPORT 0 0 0 0 0 0 96. 00 97. 00 DIVABLE MEDICAL EQUIP-SOLD 0 0 0 0 96. 00 97. 00 DIVABLE MEDICAL EQUIP-SOLD 0 0 0 0 97. 00 98. 00 PSYCHIATRY - OFFICE BLDG 0 0 85, 661 98. 00			0	1	1			•
90.06   0   ETETICS	90. 04	GI CLINIC	0	c	852, 825			1
90. 07   NFUSION ROOM   0   0   171, 051   90. 07			0	C				•
90. 08   CARDIOLOGY CLINIC   0   0   383, 644   90. 08     90. 09   PULMONARY CLINIC   0   0   334, 536   90. 09     90. 10   ENT CLINIC   0   0   298, 939   90. 10     90. 11   ORTHOPEDIC CLINIC   0   0   274, 462   90. 11     90. 12   EYE CLINIC   0   0   97, 625   90. 12     90. 13   ONCOLOGY CLINIC   0   0   558, 417   90. 13     90. 14   SURGICAL SPECIALTIES   0   0   308, 976   90. 14     90. 15   ALLERGY CLINIC   0   0   250, 202   90. 15     90. 16   LASER CLINIC   0   0   0   0   90. 16     90. 17   DERMATOLOGY CLINIC   0   0   0   0   90. 16     90. 18   CLINIC ADMINISTRATION   0   0   138, 112   90. 17     90. 19   CRANIOFACIAL CENTER   0   0   50, 687   90. 19     90. 20   HEMATOLOGY CLINIC   0   0   169, 931   90. 20     90. 21   SPINA BIFIDA   0   0   367, 558   90. 21     90. 22   VARIOSCIENCES CLINIC   0   0   0   640, 604   90. 22     90. 23   RELUMATOLOGY CLINIC   0   0   0   640, 604   90. 22     90. 24   ENDOCRINE CLINIC   0   0   0   0   0   90. 26     90. 25   RENAL CLINIC   0   0   0   0   0   90. 26     90. 26   GREENWAY CLINIC   0   0   0   70.3   90. 26     90. 27   NEW BERLIN CLINIC   0   0   476, 191   90. 27     90. 28   ORENIAL CLINIC   0   0   476, 191   90. 25     90. 29   ORENIAL CLINIC   0   0   0   0   90. 00     90. 20   ORENIAL CLINIC   0   0   0   0   90. 26     90. 27   NEW BERLIN CLINIC   0   0   0   0   90. 26     90. 28   ORENIAL CLINIC   0   0   0   0   90. 26     90. 29   ORENIAL CLINIC   0   0   0   0   90. 26     90. 20   ORENIAL CLINIC   0   0   0   0   90. 90. 90. 90. 90. 90. 90. 90. 90. 90.			0					l
90. 09   PULMONARY CLINIC			0	1	1			•
90. 11   ORTHOPEDIC CLINIC   0   0   274, 462   90. 11   90. 12   EYE CLINIC   0   0   0   97, 625   90. 12   90. 13   ONCOLOGY CLINIC   0   0   558, 417   90. 13   90. 14   SURGI CAL SPECIALTIES   0   0   0   308, 976   90. 14   90. 15   ALLERGY CLINIC   0   0   0   250, 202   90. 15   90. 16   LASER CLINIC   0   0   0   0   0   90. 17   DERMATOLOGY CLINIC   0   0   0   138, 112   90. 17   90. 18   CLINIC ADMINISTRATION   0   0   0   0   90. 19   CRANIOFACIAL GENTER   0   0   50, 687   90. 19   90. 20   HEMATOLOGY CLINIC   0   0   169, 931   90. 20   90. 21   SPINA BIFIDA   0   0   367, 558   90. 21   90. 22   NEUROSCIENCES CLINIC   0   0   367, 558   90. 21   90. 24   REDOCRINE CLINIC   0   0   640, 604   90. 22   90. 25   RENAL CLINIC   0   0   0   267, 438   90. 23   90. 26   GREENWAY CLINIC   0   0   0   703   90. 26   90. 27   RENAL CLINIC   0   0   0   703   90. 26   90. 28   CREENWAY CLINIC   0   0   0   703   90. 26   90. 29   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   91. 00   OTHER REIMBURSABLE COST CENTERS   0   0   0   95. 00   OURABLE MEDICAL EQUIP -SOLD   0   0   95. 00   98. 00   PSYCHIATRY - OFFICE BLDG   0   0   851, 661   98. 01			Ö	1				•
90. 12   SYE CLINIC	90. 10		0	c	298, 939			90. 10
90.13   ONCOLOGY CLINIC   0   0   558, 417   90.13     90.14   SURGI CAL SPECIALTIES   0   0   0   308, 976   90.14     90.15   ALLERGY CLINIC   0   0   0   250, 202   90.15     90.16   LASER CLINIC   0   0   0   0   0     90.17   DERMATOLOGY CLINIC   0   0   0   0   0     90.18   CLINIC CANNIN ISTRATION   0   0   0   0   0     90.19   CRANIOFACIAL CENTER   0   0   50, 687   90.19     90.20   HEMATOLOGY CLINIC   0   0   50, 687   90.19     90.21   SPINA BIFIDA   0   367, 558   90.21     90.22   NEUROSCI ENCES CLINIC   0   0   640, 604   90.22     90.23   RHEUMATOLOGY CLINIC   0   0   640, 604   90.23     90.24   ENDOCRI NE CLINIC   0   0   640, 604   90.23     90.25   RENAL CLINIC   0   0   703   90.26     90.26   GREENWAY CLINIC   0   0   703   90.26     90.27   NEW BERLIN CLINIC   0   0   476, 191   90.27     90.08   GREENWAY CLINIC   0   0   476, 191   90.27     90.09   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0     90.10   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0     90.10   OUHRABLE MEDI CAL EQUI P-SOLD   0   0   0     90.00   DURABLE MEDI CAL EQUI P-SOLD   0   0   0     90.00   PSYCHIATRY - OFFICE BLDG   0   0   851, 661   98.00     90.01   TRANSPORT   0   0   0   0     90.01   TRANSPORT   0   0   0   0     90.15   10.10   10.10   10.10   10.10   10.10     90.16   10.10   10.10   10.10   10.10     90.16   10.10   10.10   10.10     90.17   10.10   10.10   10.10     90.18   10.10   10.10   10.10     90.18   10.10   10.10   10.10     90.18   10.10   10.10   10.10     90.18   10.10   10.10     90.19   10.10   10.10     90.18   10.10   10.10     90.16   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.18   10.10   10.10     90.19   10.10     90.10   10.10   10.10     90.10   10.10   10.10     90.10   10.10   10.10     90.10   10.10   10.10     90.10   10.10     90.10   10.10     90.10   10.10     90.10   10.10		1	0	<b>l</b>	1			•
90. 14   SURGI CAL SPECIALTIES   0 0 0 308, 976   90. 14   90. 15   ALLERCY CLINIC   0 0 0 250, 202   90. 15   90. 16   LASER CLINIC   0 0 0 0 0   90. 17   DERMATOLOGY CLINIC   0 0 0 0 0 0 0   90. 18   CLINIC ADMINISTRATION   0 0 0 0 0 0   90. 19   CRANIO FACIAL CENTER   0 0 0 50, 687   90. 18   90. 20   HEMATOLOGY CLINIC   0 0 0 169, 931   90. 20   90. 21   SPINA BIFIDA   0 0 367, 558   90. 21   90. 22   NEUROSCIENCES CLINIC   0 0 0 4640, 604   90. 22   90. 23   RHEUMATOLOGY CLINIC   0 0 0 267, 438   90. 23   90. 24   ENDOCRINE CLINIC   0 0 0 267, 438   90. 23   90. 25   RENAL CLINIC   0 0 0 703   90. 26   90. 27   RENAL CLINIC   0 0 0 703   90. 25   90. 27   NEW BERLIN CLINIC   0 0 703   90. 25   90. 27   NEW BERLIN CLINIC   0 0 703   90. 25   90. 27   OUBSERVATION BEDS (NON-DISTINCT PART)   0 0 0 1633, 102   91. 00   OBSERVATION BEDS (NON-DISTINCT PART)   0 0 0 0 0   95. 00   OMBULANCE SERVICES   0 0 0 0 0 0   96. 00   DURABLE MEDICAL EQUIP-RENTED   0 0 0 0 0 0   97. 00   DURABLE MEDICAL EQUIP-RENTED   0 0 0 851, 661   98. 00   98. 01   TRANSPORT   0 0 0 855, 661   98. 00   98. 01   TRANSPORT   0 0 0 855, 661   98. 00   98. 01   TRANSPORT   0 0 0 855, 661   98. 00   98. 01   TRANSPORT   0 0 0 0 20, 580   98. 01		4	0	· ·	1			•
90. 15   ALLERGY CLINIC   0   0   250, 202   90. 15   90. 16   LASER CLINIC   0   0   0   0   90. 17   DERMATOLOGY CLINIC   0   0   0   138, 112   90. 17   90. 18   CLINIC ADMINISTRATION   0   0   0   0   90. 18   90. 19   CRANIOFACIAL CENTER   0   0   50, 687   90. 21   HEMATOLOGY CLINIC   0   0   169, 931   90. 21   SPINA BIFIDA   0   0   367, 558   90. 21   90. 22   NEUROSCIENCES CLINIC   0   0   640, 604   90. 22   POLOCAL INC   0   0   640, 604   90. 23   RIEUMATOLOGY CLINIC   0   0   267, 438   90. 24   ENDOCRINE CLINIC   0   0   267, 438   90. 25   POLOCAL INC   0   0   180, 891   90. 26   GREENWAY CLINIC   0   0   703   90. 27   NEW BERLIN CLINIC   0   0   703   90. 28   POLOCAL INC   0   0   703   90. 29   0   0   0   90. 29   0   0   0   90. 20   0   0   90. 21   0   0   90. 25   0   0   90. 26   0   0   0   90. 27   NEW BERLIN CLINIC   0   0   0   90. 28   0   0   90. 29   0   0   90. 29   0   0   90. 20   0   0   90. 20   0   0   90. 20   0   0   90. 20   0   0   90. 20   0   0   90. 20   0   90. 20   0   0   90. 20   0   0   90. 20   0   90. 20   0   0   90. 20   0   90. 20   0   0   90. 20   0   90. 20   0   90. 20   0   0   90. 20   0   90. 20   0   90. 20   0   90. 20   0   0   90. 20   0   9			0	ł	1			
90. 17   DERMATOLOGY CLINIC   90. 18   CLINIC ADMINISTRATION   90. 17   90. 18   CLINIC ADMINISTRATION   90. 19   90. 19   90. 19   90. 20   HEMATOLOGY CLINIC   90. 19   90. 20   HEMATOLOGY CLINIC   90. 20   169, 931   90. 20   90. 21   90. 21   90. 22   NEUROSCI ENCES CLINIC   90. 22   REUMATOLOGY CLINIC   90. 22   REUMATOLOGY CLINIC   90. 22   REUMATOLOGY CLINIC   90. 22   REUMATOLOGY CLINIC   90. 22   PROBLEM CLINIC   90. 24   PROBLEM CLINIC   90. 26   PROBLEM CLINIC   90. 26   PROBLEM CLINIC   90. 27   PROBLEM CLINIC   90. 27   PROBLEM CLINIC   90. 25   PROBLEM CLINIC   90. 25   PROBLEM CLINIC   90. 25   PROBLEM CLINIC   90. 26   PROBLEM CLINIC   90. 27   PROBLEM CLINIC   90. 26		1	Ö	ď				•
90. 18   CLINIC ADMINISTRATION   0   0   0   0   90. 18   90. 19   CRANIOFACIAL CENTER   0   0   50, 687   90. 19   90. 20   HEMATOLOGY CLINIC   0   0   169, 931   90. 20   90. 21   SPINA BIFIDA   0   0   367, 558   90. 21   90. 22   NEUROSCIENCES CLINIC   0   0   640, 604   90. 22   90. 23   REUMATOLOGY CLINIC   0   0   267, 438   90. 23   90. 24   ENDOCRINE CLINIC   0   0   0   0   90. 24   90. 25   GREENWAY CLINIC   0   0   180, 891   90. 25   90. 26   GREENWAY CLINIC   0   0   476, 191   90. 27   91. 00   EMERGENCY   0   0   476, 191   90. 27   91. 00   EMERGENCY   0   0   1, 633, 102   91. 00   92. 00   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   95. 00   OTHER REIMBURSABLE COST CENTERS   90. 20   94. 00   95. 00   0   0   0   95. 00   OURABLE MEDICAL EQUIP-RENTED   0   0   0   98. 00   PSYCHIATRY - OFFICE BLDG   0   0   851, 661   98. 00   98. 01   TRANSPORT   0   0   0   20, 580   98. 01		1	0	C	0			1
90. 19   CRANI OFACI AL CENTER   0   0   50, 687   90. 19   90. 20   HEMATOLOGY CLINIC   0   0   169, 931   90. 20   90. 21   SPI NA BIFI DA   0   0   367, 558   90. 21   90. 22   NEUROSCI ENCES CLINIC   0   0   640, 604   90. 22   90. 23   RHEUMATOLOGY CLINIC   0   0   0   267, 438   90. 23   90. 24   ENDOCRI NE CLINIC   0   0   0   0   90. 24   90. 25   RENAL CLINIC   0   0   180, 891   90. 25   90. 26   GREENWAY CLINIC   0   0   703   90. 26   90. 27   NEW BERLIN CLINIC   0   0   476, 191   90. 27   91. 00   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   92. 00   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   95. 00   HOME PROGRAM DIALYSIS   0   0   94. 00   96. 00   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   97. 00   DURABLE MEDI CAL EQUI P-SOLD   0   0   851, 661   98. 00   98. 01   TRANSPORT   0   0   20, 580   98. 01		1	0	C	138, 112			
90. 20   HEMATOLOGY CLINIC   0   0   169, 931   90. 20   90. 21   SPINA BIFIDA   0   0   367, 558   90. 21   90. 22   NEUROSCIENCES CLINIC   0   0   640, 604   90. 22   90. 23   RHEUMATOLOGY CLINIC   0   0   267, 438   90. 23   90. 24   ENDOCRINE CLINIC   0   0   0   0   90. 25   RENAL CLINIC   0   0   180, 891   90. 25   90. 26   GREENWAY CLINIC   0   0   703   90. 26   90. 27   NEW BERLIN CLINIC   0   0   476, 191   90. 27   91. 00   EMERGENCY   0   0   1, 633, 102   91. 00   92. 00   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   1, 633, 102   94. 00   OTHER REIMBURSABLE COST CENTERS   94. 00   95. 00   AMBULANCE SERVICES   0   0   95. 00   96. 00   DURABLE MEDICAL EQUIP-RENTED   0   0   0   96. 00   97. 00   DURABLE MEDICAL EQUIP-SOLD   0   0   851, 661   98. 00   98. 01   TRANSPORT   0   0   0   20, 580   98. 01			0		50 687			
90. 21   SPINA BIFIDA   0 0 0 367,558   90. 21   90. 22   NEUROSCI ENCES CLINI C   0 0 0 640,604   90. 22   90. 23   RHEUMATOLOGY CLINI C   0 0 0 267,438   90. 23   90. 24   ENDOCRI NE CLINI C   0 0 0 0 0 90. 24   90. 25   RENAL CLINI C   0 0 0 180,891   90. 25   90. 26   GREENWAY CLINI C   0 0 0 703   90. 26   90. 27   NEW BERLI N CLINI C   0 0 0 476,191   90. 27   91. 00   EMERGENCY   0 0 0 1,633,102   91. 00   92. 00   OBSERVATI ON BEDS (NON-DISTINCT PART)   0 0 0 0   91. 00   OTHER REIMBURSABLE COST CENTERS   94. 00   95. 00   DURABLE MEDI CAL EQUI P-RENTED   0 0 0 0 95. 00   96. 00   DURABLE MEDI CAL EQUI P-SOLD   0 0 0 97. 00   98. 00   PSYCHI ATRY - OFFI CE BLDG   0 0 0 20,580   98. 01		1	0		1			1
90. 23 90. 24 90. 25 90. 26 RENAL CLINIC 0 0 0 180, 891 90. 26 RENAL CLINIC 0 0 0 180, 891 90. 25 90. 26 GREENWAY CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	0	Ċ				
90. 24   ENDOCRI NE CLINI C		•	0	C	1			1
90. 25 90. 26 90. 26 90. 27 90. 27 91. 00 92. 00 92. 00 92. 00 92. 00 93. 00 94. 00 95. 00 95. 00 96. 00 96. 00 97. 00 98. 00 98. 00 98. 00 98. 01 98. 00 98. 01 98. 00 98. 01 98. 00 98. 00 98. 00 90. 25 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 91. 00 92. 00 92. 00 94. 00 95. 00 96. 00 97. 00 98. 00 98. 00 98. 01 98. 00 98. 01 98. 00 98. 01 99. 00			0	C	1			1
90. 26 90. 27 90. 27 91. 00 92. 00 92. 00 92. 00 93. 00 94. 00 95. 00 95. 00 96. 00 96. 00 97. 00 98. 00 98. 00 98. 00 98. 00 98. 01 98. 00 98. 01 90. 26 90. 27 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 91. 00 91. 00 92. 00 92. 00 92. 00 92. 00 92. 00 92. 00 92. 00 92. 00 93. 00 94. 00 95. 00 96. 00 97. 00 98. 00 98. 00 98. 01 98. 00 98. 01 98. 00 98. 01			0					
90. 27 91. 00   EMERGENCY   0   0   0   1, 633, 102   91. 00 92. 00   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0    OTHER REIMBURSABLE COST CENTERS  94. 00   HOME PROGRAM DI ALYSI S   0   0   95. 00    95. 00   AMBULANCE SERVI CES   0   95. 00    96. 00   DURABLE MEDI CAL EQUI P-RENTED   0   0   0    97. 00   DURABLE MEDI CAL EQUI P-SOLD   0   0    98. 00   PSYCHI ATRY - OFFI CE BLDG   0   0    98. 01   TRANSPORT   0   0   0    99. 07			0		1			1
92. 00 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 92. 00 OTHER REIMBURSABLE COST CENTERS  94. 00 HOME PROGRAM DI ALYSIS 0 95. 00 95. 00 95. 00 95. 00 96. 00 97. 00 0 0 0 0 96. 00 97. 00 0 0 0 0 0 97. 00 0 0 0 0 0 97. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	d	1			
OTHER REIMBURSABLE COST CENTERS           94. 00         HOME PROGRAM DI ALYSI S         0         0         94. 00           95. 00         AMBULANCE SERVI CES         0         95. 00           96. 00         DURABLE MEDI CAL EQUI P-RENTED         0         0         0           97. 00         DURABLE MEDI CAL EQUI P-SOLD         0         0         0           98. 00         PSYCHI ATRY - OFFI CE BLDG         0         0         851, 661         98. 00           98. 01         TRANSPORT         0         0         20, 580         98. 01			0	l .				1
94. 00       HOME PROGRAM DI ALYSI S       0       0       94. 00         95. 00       AMBULANCE SERVI CES       0       95. 00         96. 00       DURABLE MEDI CAL EQUI P-RENTED       0       0       0       96. 00         97. 00       DURABLE MEDI CAL EQUI P-SOLD       0       0       0       97. 00         98. 00       PSYCHI ATRY - OFFI CE BLDG       0       0       851, 661       98. 00         98. 01       TRANSPORT       0       0       20, 580       98. 01	92. 00	, ,	0		y C			92.00
95. 00         AMBULANCE SERVI CES         0         95. 00           96. 00         DURABLE MEDI CAL EQUI P-RENTED         0         0         0           97. 00         DURABLE MEDI CAL EQUI P-SOLD         0         0         0         97. 00           98. 00         PSYCHI ATRY - OFFI CE BLDG         0         0         851, 661         98. 00           98. 01         TRANSPORT         0         0         20, 580         98. 01	94 00			(				94 00
96. 00         DURABLE MEDI CAL EQUI P-RENTED         0         0         0         96. 00           97. 00         DURABLE MEDI CAL EQUI P-SOLD         0         0         0         97. 00           98. 00         PSYCHI ATRY - OFFI CE BLDG         0         0         851, 661         98. 00           98. 01         TRANSPORT         0         0         20, 580         98. 01								•
98. 00     PSYCHI ATRY - OFFI CE BLDG     0     0     851, 661     98. 00       98. 01     TRANSPORT     0     0     20, 580     98. 01			0	0	) c			1
98. 01 TRANSPORT 0 0 20, 580 98. 01			0	(	0			1
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		1	1 9	1	1 37.,7310	1		

Health Financial Systems CH	ILDREN'S HOSPIT	TAL OF	WISCONSI	N	In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST		Provi der	CCN: 523300	Peri od:	Worksheet D	
					From 01/01/2011	Part V	
					To 12/31/2011	Date/Time Pre	pared:
-						7/2/2012 2:04	pm
			Ti t	le XIX	Hospi tal	Cost	
			Costs				
Cost Center Description	PPS Services	Cost	Servi ces	Cost Service	S		
	(see	Sub	oject To	Not Subject	Го		
	instructions)	Ded.	& Coins.	Ded. & Coins			
			(see	(see			
		inst	ructions)	instructions			
	5. 00		6.00	7.00			
98. 03 NUCLEAR MEDICINE	0		0	97, 0	32		98. 03
98. 04 CHILD DEVELOPMENT	0	ol .	0	381, 4	15		98. 04
98. 05 CHILD PROTECTION CENTER		ا	0	378. 3	01		98. 05
and a second sec			-	1			00.01

0 0 0

1, 571, 694 25, 690, 992

25, 690, 992

98. 06 200. 00 201. 00

202. 00

98.06 DENTAL SRVC

Charges

200.00 Subtotal (see instructions)
201.00 Less PBP Clinic Lab. Services-Program Only

202.00 Net Charges (line 200 +/- line 201)

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN		In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCI	l: 523300	From 01/01/2011	Worksheet D-1  Date/Time Prepared:
				7/2/2012 2: 04 pm

				7/2/2012 2:04	pm		
		Title XVIII	Hospi tal	Tefra			
	Cost Center Description			1 00			
	PART I - ALL PROVIDER COMPONENTS			1. 00			
	INPATIENT DAYS						
1. 00	Inpatient days (including private room days and swing-bed days,	excluding newborn)		34, 766	1. 00		
2.00	Inpatient days (including private room days, excluding swing-be			34, 766	2. 00		
3.00	Private room days (excluding swing-bed and observation bed days		ivate room days,	0	3. 00		
	do not complete this line.		-				
4.00	Semi-private room days (excluding swing-bed and observation bed			34, 766	4. 00		
5. 00	Total swing-bed SNF type inpatient days (including private room	days) through Decembe	r 31 of the cost	0	5. 00		
	reporting period		21 -6	0	/ 00		
6. 00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after becember	31 OF the Cost	0	6. 00		
7. 00	Total swing-bed NF type inpatient days (including private room	davs) through December	31 of the cost	0	7. 00		
	reporting period			_			
8.00	Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8. 00		
	reporting period (if calendar year, enter 0 on this line)						
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	158	9. 00		
10. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII onl	y (i neludi na privato r	oom days)	0	10. 00		
10.00	through December 31 of the cost reporting period (see instructi		oom days)	O	10.00		
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl		oom davs) after	0	11. 00		
	December 31 of the cost reporting period (if calendar year, ent	er 0 on this line)	,				
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including privat	e room days)	0	12.00		
40.00	through December 31 of the cost reporting period				10.00		
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar yea			0	13. 00		
14. 00	Medically necessary private room days applicable to the Program			0	14. 00		
15. 00	Total nursery days (title V or XIX only)	(exertaining swring bea	days)	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 o	f the cost	0.00	17. 00		
40.00	reporting period	CI D 1 01 C		0.00	10.00		
18. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	tne cost	0. 00	18. 00			
19. 00	Medicaid rate for swing-bed NF services applicable to services	0.00	19. 00				
17.00	reporting period	the cost	0.00	17.00			
20.00	Medicaid rate for swing-bed NF services applicable to services	he cost	0.00	20.00			
	reporting period						
21. 00	Total general inpatient routine service cost (see instructions)	04 6 11		49, 484, 665	21. 00		
22. 00	Swing-bed cost applicable to SNF type services through December $5 \times 1$ ine 17)	31 of the cost report	ing period (line	0	22. 00		
23. 00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reportin	a period (line 6	0	23. 00		
20.00	x line 18)		g po ou ( o	Ü	20.00		
24.00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00		
	7 x line 19)			_			
25. 00	Swing-bed cost applicable to NF type services after December 31	of the cost reporting	period (line 8	0	25. 00		
26. 00	x line 20)   Total swing-bed cost (see instructions)			0	26. 00		
27. 00	General inpatient routine service cost net of swing-bed cost (I	ine 21 minus line 26)		49, 484, 665			
27.00	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT	2		177 10 17 000	27.00		
28. 00	General inpatient routine service charges (excluding swing-bed	charges)		92, 650, 910	28. 00		
29. 00	Private room charges (excluding swing-bed charges)			0	29. 00		
30. 00	Semi-private room charges (excluding swing-bed charges)			92, 650, 910	30.00		
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0. 534098	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)	s line 22)(see instrue	tions)	2, 664. 99	33.00		
34. 00 35. 00	Average per diem private room charge differential (line 32 minu Average per diem private room cost differential (line 34 x line		11 0115)	0. 00 0. 00	34. 00 35. 00		
36. 00	Private room cost differential adjustment (line 3 x line 35)		0.00	36. 00			
37. 00	General inpatient routine service cost net of swing-bed cost an	fferential (line	49, 484, 665	37. 00			
	27 minus line 36)						
	PART II - HOSPITAL AND SUBPROVIDERS ONLY						
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST		T				
38. 00	Adjusted general inpatient routine service cost per diem (see i			1, 423. 36 224, 891	38. 00 39. 00		
39.00							
40. 00 41 00	Total Program general inpatient routine service cost (line 39 +	•		0 224, 891	40. 00 41. 00		
11.00	1.0td ogram gonorar impatront routine out vice cost (fille 07 +		ı	227, 071	11.00		

Heal th	Financial Systems CHILDREN'	S HOSPITAL (	F WISCONSIN		In Lie	u of Form CMS-:	2552-10
COMPUT	TATION OF INPATIENT OPERATING COST		Provi der C		Peri od:	Worksheet D-1	
					From 01/01/2011 To 12/31/2011	Date/Time Pre	pared.
						7/2/2012 2:04	
	0 1 0 1 D 1 1		Title		Hospi tal	Tefra	
		otal ent Costlinn	Total	Average Per iem (col. 1	Program Days	Program Cost (col. 3 x col.	
	mpatr	one ooselinge	rerent baysb	col . 2)		4)	
		. 00	2.00	3. 00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.0	0	0	42. 00
43. 00		, 833, 328	30, 798	1, 715. 4	8 93	159, 540	43. 00
44. 00	CORONARY CARE UNIT	0	0	0.0		0	1
45.00	BURN INTENSIVE CARE UNIT	О	0	0. 0	0 0	0	45. 00
46. 00		0	0	0.0		0	
47. 00	OTHER SPECIAL CARE HOT UNIT 13  Cost Center Description	, 248, 262	6, 780	1, 954. 0	2 11	21, 494	47. 00
	cost center bescription					1. 00	
48. 00	Program inpatient ancillary service cost (Wkst. D-3	3, col. 3, li	ne 200)			938, 103	48. 00
49. 00	Total Program inpatient costs (sum of lines 41 thro	ough 48)(see	instruction	s)		1, 344, 028	49. 00
F0 00	PASS THROUGH COST ADJUSTMENTS		. (6		6.5. 1. 1.	40.055	
50. 00	Pass through costs applicable to Program inpatient	routine serv	vices (from )	WKST. D, SUM	of Parts I and	49, 255	50. 00
51. 00	Pass through costs applicable to Program inpatient	ancillary so	ervices (fro	m Wkst. D, s	um of Parts II	98, 619	51.00
	and IV)	,	·				
52. 00	Total Program excludable cost (sum of lines 50 and	,				147, 874	1
53. 00	Total Program inpatient operating cost excluding caled medical education costs (line 49 minus line 52)	apital relate	ed, non-physi	cian anesth	etist, and	1, 196, 154	53. 00
	TARGET AMOUNT AND LIMIT COMPUTATION						1
54. 00	Program di scharges					46	54.00
55.00	Target amount per discharge					10, 093. 69	55. 00
56.00	,					464, 310	1
57. 00		st and targe	t amount (li	ne 56 minus	ine 53)	-731, 844	
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost reporting	neriod endi	na 1006 un	dated and co	mnounded by the	0 0. 00	
37.00	market basket	g perrou enui	11g 1770, up	dated and con	iipodriaca by the	0.00	37.00
60.00	Lesser of lines 53/54 or 55 from prior year cost re					0. 00	60.00
61. 00	If line 53/54 is less than the lower of lines 55, 5					0	61. 00
	which operating costs (line 53) are less than expedamount (line 56), otherwise enter zero (see instruc		ines 54 x 60	0), or 1% of	the target		
62. 00		. (1 0113)				46, 431	62.00
	Allowable Inpatient cost plus incentive payment (se	e instructio	ons)			658, 615	
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64. 00		ough Decembe	31 of the	cost reporti	ng period (See	0	64. 00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine costs afte</pre>	er December :	31 of the co	st reporting	period (See	0	65. 00
00.00	instructions)(title XVIII only)	. 200020.		or roportring	po ou (000		00.00
66. 00	Total Medicare swing-bed SNF inpatient routine cost	s (line 64 p	olus line 65	(title XVII	only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine costs	through Do	combor 21 of	the cost re	porting ported	0	67. 00
67.00	(line 12 x line 19)	s thi ough bed	Lelliber 31 01	the cost re	oor tring perrou	0	87.00
68.00	1	after Dece	mber 31 of t	ne cost repo	rting period	0	68. 00
	(line 13 x line 20)			(0)			,,,,,,
69. 00	Total title V or XIX swing-bed NF inpatient routine PART III - SKILLED NURSING FACILITY, OTHER NURSING					0	69. 00
70. 00	Skilled nursing facility/other nursing facility/ICF						70. 00
71. 00	Adjusted general inpatient routine service cost per						71. 00
72. 00	,						72. 00
73. 00	Medically necessary private room cost applicable to			e 35)			73.00
74. 00 75. 00	Total Program general inpatient routine service cos Capital-related cost allocated to inpatient routine	•		rksheet R D	art II column		74. 00 75. 00
75.00	26. Line 45)	SELVICE CO	sis (IIOIII WO	KSHEEL D, P	art II, COIUIIIII		/ 5.00
76. 00							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

Health Financial Systems	CHILDREN'S HOSPIT	AL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der	CCN: 523300		Worksheet D-1	
				From 01/01/2011 To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
		Ti tl	e XVIII	Hospi tal	Tefra	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1. 00	2. 00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THR	OUGH COST					
90.00 Capital -related cost	7, 062, 877	49, 484, 665	0. 14272	9 0	0	90.00
91.00 Nursing School cost	0	49, 484, 665	0.00000	0 0	0	91. 00
92.00 Allied health cost	0	49, 484, 665	0.00000	0	0	92. 00
93.00 All other Medical Education	0	49, 484, 665	0. 00000	0 0	0	93. 00

Health Financial Systems	CHILDREN'S HOSPITAL OI	WISCONSIN	In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:	523300	Peri od: From 01/01/2011	Worksheet D-1	
					Date/Time Prepared: 7/2/2012 2:04 pm	
		Ti +Lo VI	V	Hoeni tal	Cost	

			12, 01, 2011	7/2/2012 2:04	pm		
		Title XIX	Hospi tal	Cost			
	Cost Center Description						
	DART I ALL DROWNER COMPONENTS			1. 00			
	PART I - ALL PROVIDER COMPONENTS						
1. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days,	ovel udi na nowborn)		34, 766	1.00		
2. 00	Inpatient days (including private room days, excluding swing-bed days,			34, 766	2.00		
3. 00	Private room days (excluding swing-bed and observation bed days		ivata room dave	34, 700	3.00		
3.00	do not complete this line.	). If you have only pr	i vate i oom days,	O	3.00		
4.00	Semi-private room days (excluding swing-bed and observation bed	davs)		34, 766	4.00		
5.00	Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	0	5. 00		
	reporting period	3 .					
6.00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6. 00		
	reporting period (if calendar year, enter 0 on this line)						
7. 00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00		
0.00	reporting period	d) -£t Db 3	1 -6 -1	0	0.00		
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after becember 3	or the cost	0	8. 00		
9. 00	Total inpatient days including private room days applicable to	the Program (evoluding	swing_bod and	8, 107	9. 00		
7.00	newborn days)	the frogram (exertaining	Swifig-bed and	0, 107	7.00		
10.00	Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private r	oom days)	0	10.00		
	through December 31 of the cost reporting period (see instructi		, ,				
11.00	Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private r	oom days) after	0	11. 00		
	December 31 of the cost reporting period (if calendar year, ent						
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including privat	e room days)	0	12. 00		
40.00	through December 31 of the cost reporting period				40.00		
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar yea			0	13. 00		
14. 00	Medically necessary private room days applicable to the Program			0	14. 00		
15. 00	Total nursery days (title V or XIX only)	(excidening swring bed	uays)	0	15.00		
16. 00	Nursery days (title V or XIX only)	0	16.00				
	SWI NG BED ADJUSTMENT						
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	17. 00		
	reporting period						
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18. 00		
	reporting period						
19. 00	Medicaid rate for swing-bed NF services applicable to services	0.00	19. 00				
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 21 of t	ho cost	0.00	20. 00		
20.00	reporting period	arter becember 31 or t	ne cost	0.00	20.00		
21. 00	Total general inpatient routine service cost (see instructions)			49, 484, 665	21.00		
22. 00	Swing-bed cost applicable to SNF type services through December		ing period (line	0	22. 00		
	5 x line 17)	•					
23.00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reportin	g period (line 6	0	23. 00		
	x line 18)			_			
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00		
25. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	of the cost reporting	poriod (line 9	0	25. 00		
23.00	x line 20)	of the cost reporting	perrou (Trile 6	U	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 (I	ine 21 minus line 26)		49, 484, 665			
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	·					
28. 00	General inpatient routine service charges (excluding swing-bed	charges)		92, 650, 910	28. 00		
29. 00	Private room charges (excluding swing-bed charges)			0	29. 00		
30. 00	Semi-private room charges (excluding swing-bed charges)			92, 650, 910	30. 00		
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0. 534098			
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00			
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	a lina 22)/aaa inatrua	+: 000)	2, 664. 99			
34. 00	Average per diem private room charge differential (line 32 minu		tions)	0.00	34.00		
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)		0.00	35. 00 36. 00			
37. 00	General inpatient routine service cost net of swing-bed cost an	fferential (line	49, 484, 665	37.00			
57.00	27 minus line 36)						
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS	TMENTS			1		
38. 00	Adjusted general inpatient routine service cost per diem (see i			1, 423. 36	38. 00		
39. 00	Program general inpatient routine service cost (line 9 x line 3		11, 539, 180				
	Medically necessary private room cost applicable to the Program	•		0	40. 00		
41. 00	Total Program general inpatient routine service cost (line 39 +	line 40)		11, 539, 180	41.00		

Health F	Financial Systems CHI	LDREN'S HOSPITAL	OF WISCONSII	N	In lie	eu of Form CMS-2	2552-10	
	TION OF INPATIENT OPERATING COST	EBREIT O HOOFT INE		CCN: 523300 I	Peri od:	Worksheet D-1		
					From 01/01/2011	D 1 (T' D		
					Го 12/31/2011	Date/Time Pre 7/2/2012 2:04		
			Ti t	le XIX	Hospi tal	Cost	<u> </u>	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost		
		Inpatient Cost Inp	atient Days		+	(col. 3 x col.		
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00		
42.00	NURSERY (title V & XIX only)	1.00	2.00				42. 00	
	ntensive Care Type Inpatient Hospital Units	J	U	0.00	91 0		72.00	
	INTENSIVE CARE UNIT	52, 833, 328	30, 798	1, 715. 4	9, 119	15, 643, 462	43. 00	
44.00	CORONARY CARE UNIT	0	0	0. 00	0	0	44. 00	
	BURN INTENSIVE CARE UNIT	0	0	0.00		0	45. 00	
1	SURGICAL INTENSIVE CARE UNIT	0	0	0. 00		0	46. 00	
47. 00	OTHER SPECIAL CARE HOT UNIT	13, 248, 262	6, 780	1, 954. 0:	2 1, 484	2, 899, 766	47. 00	
	Cost Center Description					1. 00		
48. 00 F	Program inpatient ancillary service cost (Wks	st. D-3. col. 3. I	ine 200)			34, 949, 357	48. 00	
49. 00	Total Program inpatient costs (sum of lines			ns)		65, 031, 765		
F	PASS THROUGH COST ADJUSTMENTS	•						
	Pass through costs applicable to Program inpa	atient routine ser	vices (from	Wkst. D, sum	of Parts I and	0	50. 00	
	III) Pass through costs applicable to Program inpa	ationt ancillary s	orvioss (fr	om Wkst D si	ım of Dorte II	0	51. 00	
	rass through costs appricable to Program Hip. and TV)	attent ancitrary s	ervices (ii	UIII WKSt. D, St	JIII OI PAILS II	0	31.00	
	Total Program excludable cost (sum of lines!	50 and 51)				0	52. 00	
	Total Program inpatient operating cost exclu		ed, non-phy	sician anesth	etist, and	0	53. 00	
	medical education costs (line 49 minus line 52)							
	TARGET AMOUNT AND LIMIT COMPUTATION							
	Target amount per discharge Target amount (line 54 x line 55)		0.00					
	Difference between adjusted inpatient operati	ing cost and targe	et amount (L	ine 56 minus l	ine 53)	0	57.00	
	Bonus payment (see instructions)	ing cost and targe	re amounte (i	THE CO III HUS I	1110 00)	Ö	58.00	
4	Lesser of lines 53/54 or 55 from the cost re	porting period end	ling 1996, u	pdated and cor	pounded by the	0.00		
1	market basket							
	Lesser of lines 53/54 or 55 from prior year (					0.00		
	If line 53/54 is less than the lower of line which operating costs (line 53) are less than					0	61. 00	
	amount (line 56), otherwise enter zero (see i		TITIES 54 X	00), 01 1% 01	the target			
	Relief payment (see instructions)	nistractions)				0	62. 00	
63.00	Allowable Inpatient cost plus incentive payme	ent (see instructi	ons)			0	63. 00	
	PROGRAM INPATIENT ROUTINE SWING BED COST							
	Medicare swing-bed SNF inpatient routine cos	ts through Decembe	er 31 of the	cost reporti	ng period (See	0	64. 00	
	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos:	ts after December	21 of the c	ost roporting	noriad (Soc	0	65. 00	
	instructions)(title XVIII only)	ts after becember	31 Of the C	ost reporting	perrou (see		05.00	
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	plus line 6	5)(title XVIII	only). For	0	66. 00	
	CAH (see instructions)							
	Title V or XIX swing-bed NF inpatient routine	e costs through De	cember 31 o	f the cost rep	porting period	0	67. 00	
	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routind	o costs after Doce	mbor 21 of	the cost rope	sting poriod	0	68. 00	
	(line 13 x line 20)	e costs after bece	illiber 31 01	the cost repor	ting period		00.00	
	Total title V or XIX swing-bed NF inpatient (	routine costs (lin	e 67 + line	68)		0	69. 00	
	PART III - SKILLED NURSING FACILITY, OTHER NU							
1	Skilled nursing facility/other nursing facili	•					70.00	
	Program routine service cost (line 9 x line ' Medically necessary private room cost applica		ine 1/1 v li	ne 35)			72. 00 73. 00	
	wedically necessary private room cost appile. Total Program general inpatient routine servi			74.00				
	Capital-related cost allocated to inpatient			orksheet B. Pa	art II, column		75. 00	
	26, line 45)			,	,			
76. 00 I	Per diem capital-related costs (line 75 ÷ li						76. 00	
	Program capital-related costs (line 9 x line						77. 00	
	Inpatient routine service cost (line 74 minus			->			78.00	
79.00	Aggregate charges to beneficiaries for excess	s costs (Trom prov	riuer record	5)		I	79. 00	

			Ti t!	e XIX	Hospi tal	Cost			
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost			
		Inpatient Cost Ir	npatient Days			(col. 3 x col.			
		1.00	0.00	col . 2)	4.00	4)			
42.00	NUDCEDY (+: +1 - V 0 VIV1)	1.00	2.00	3.00	4. 00	5. 00	42.00		
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42. 00		
43. 00	INTENSIVE CARE UNIT	52, 833, 328	30, 798	1, 715. 48	9, 119	15, 643, 462	43. 00		
44. 00	CORONARY CARE UNIT	02,000,020	30, 770	0.00	2, 117 O	13, 043, 402	44. 00		
45. 00	BURN INTENSIVE CARE UNIT	o o	0	0.00	0	l ől	45. 00		
46. 00	SURGICAL INTENSIVE CARE UNIT	Ö	o	0.00	0	0	46. 00		
47.00	OTHER SPECIAL CARE HOT UNIT	13, 248, 262	6, 780	1, 954. 02	1, 484	2, 899, 766	47.00		
	Cost Center Description								
						1.00			
48. 00	Program inpatient ancillary service cost (Wks					34, 949, 357	48. 00		
49. 00	Total Program inpatient costs (sum of lines	41 through 48)(se	ee instructio	ns)		65, 031, 765	49. 00		
FO 00	PASS THROUGH COST ADJUSTMENTS		(£	Wiles D. Same	£ Danta I and		FO 00		
50. 00	Pass through costs applicable to Program inpa	atient routine se	ervices (from	WKST. D, SUM (	or Parts I and	0	50. 00		
51. 00	Pass through costs applicable to Program inpa	atient ancillary	services (fro	om Wkst D sur	of Parts II	o	51. 00		
01100	and IV)	acrone anorriary	30. 7. 333 (	o 1110 tr 5, 5a.			01100		
52.00	Total Program excludable cost (sum of lines!	50 and 51)				0	52.00		
53.00	Total Program inpatient operating cost exclude		ated, non-phys	sician anesthe <sup>.</sup>	ist, and	0	53.00		
	medical education costs (line 49 minus line !	52)							
	TARGET AMOUNT AND LIMIT COMPUTATION					_			
54.00	Program di scharges					0	54. 00		
55. 00	Target amount per discharge					0.00	55. 00		
56.00	Target amount (line 54 x line 55)	ng coot and ton	act emount (1)	ino E/ minuo li	no F2)	0	56.00		
57. 00 58. 00	Difference between adjusted inpatient operati	ng cost and targ	get amount (i	ine so minus ii	ne 53)	ارا	57. 00 58. 00		
59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	porting ported of	nding 1006 u	ndated and com	ounded by the	0.00	59. 00		
39.00	market basket	on tring period er	ilui ilg 1990, u	puateu anu comp	bounded by the	0.00	39.00		
60.00	Lesser of lines 53/54 or 55 from prior year		0.00	60. 00					
61. 00	If line 53/54 is less than the lower of lines	ne amount by	0	61. 00					
	which operating costs (line 53) are less than								
	amount (line 56), otherwise enter zero (see i	3							
62.00	Relief payment (see instructions)		0	62.00					
63.00									
	PROGRAM INPATIENT ROUTINE SWING BED COST								
64. 00									
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	period (See	o	65. 00					
03.00	instructions)(title XVIII only)	ts arter becember	of the co	ost reporting p	Jerrou (Jee	١	03.00		
66. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 64	4 plus line 6	5)(title XVIII	only). For	0	66. 00		
	CAH (see instructions)								
67. 00	Title V or XIX swing-bed NF inpatient routine	e costs through [	December 31 of	f the cost repo	orting period	0	67. 00		
40 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	o costs often Do	combor 21 of	the cost repor	ing ported	o	40 00		
68. 00	(line 13 x line 20)	e costs arter bed	celliber 31 01	the cost repor	ing perrou	ا	68. 00		
69. 00	Total title V or XIX swing-bed NF inpatient	routine costs (li	ine 67 + line	68)		o	69. 00		
	PART III - SKILLED NURSING FACILITY, OTHER NU								
70.00							70. 00		
71. 00	,		ne 70 ÷ line :	2)			71. 00		
72.00	Program routine service cost (line 9 x line						72.00		
73. 00	Medically necessary private room cost application		•	ne 35)			73. 00		
74.00	Total Program general inpatient routine servi						74.00		
75. 00	Capital-related cost allocated to inpatient	routine service (	costs (from W	orksheet B, Pai	t II, column		75. 00		
76. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00		
77.00	Program capital-related costs (line 9 x line	. *					77. 00		
78. 00	Inpatient routine service cost (line 74 minus						78. 00		
79. 00	Aggregate charges to beneficiaries for excess		ovi der records	5)			79. 00		
80. 00	Total Program routine service costs for compa	, ,		,	line 79)		80. 00		
81. 00	Inpatient routine service cost per diem limi		131. 311		- · · · /		81. 00		
82. 00	Inpatient routine service cost limitation (li						82. 00		
83. 00	Reasonable inpatient routine service costs (		)				83. 00		
84.00	Program inpatient ancillary services (see in						84. 00		
85.00	Utilization review - physician compensation			85. 00					
86.00	Total Program inpatient operating costs (sum			86. 00					
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87. 00	77.00 Total observation bed days (see instructions)								
88. 00	Adjusted general inpatient routine cost per o		line 2)			0.00			
89. 00	Observation bed cost (line 87 x line 88) (see	e instructions)				0	89. 00		

Health Financial Systems CHI	ILDREN'S HOSPITAL OF WISCONSIN				In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provi	der CCN:	523300 F		Worksheet D-1	
					From 01/01/2011 To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
			Title XI	X	Hospi tal	Cost	
Cost Center Description	Cost	Routine Co		umn 1 ÷	Total	Observati on	
		(from line	27) co	olumn 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
	1.00	2.00		3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH O	COST						
90.00 Capital -related cost	0		0	0.000000	0	0	90. 00
91.00 Nursing School cost	0		0	0.000000	0	0	91. 00
92.00 Allied health cost	0		O	0.000000	0	0	92. 00
93.00 All other Medical Education	0		o	0.000000	ol ol	0	93. 00

	Financial Systems CHILDREN'S HOSPITAL O	_			eu of Form CMS-2	<u> 2552-10</u>
INPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	Fi	eriod: com 01/01/2011	Worksheet D-3	
			To	12/31/2011	Date/Time Pre 7/2/2012 2:04	
		Ti tl	e XVIII	Hospi tal	Tefra	- Pili
	Cost Center Description		Ratio of Cost	I npati ent	Inpati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2. 00	2) 3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	0.00	
30.00	ADULTS & PEDI ATRI CS			737, 627		30. 00
31. 00	INTENSIVE CARE UNIT			636, 529		31. 00
32.00	CORONARY CARE UNIT			0		32.00
33. 00 34. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT			0		33. 00 34. 00
35. 00	OTHER SPECIAL CARE HOT UNIT			51, 265		35.00
40. 00	SUBPROVI DER - I PF			0		40. 00
41.00	SUBPROVI DER - I RF			0		41. 00
42. 00	SUBPROVI DER			0		42. 00
43. 00	NURSERY					43. 00
50. 00	ANCILLARY SERVICE COST CENTERS  OPERATING ROOM		0. 238268	149, 397	35, 597	50.00
51. 00	RECOVERY ROOM		0. 315684	19, 592	1	
52.00	DELIVERY ROOM & LABOR ROOM		0. 000000	0	0	52. 00
53.00	ANESTHESI OLOGY		0. 270525	45, 701	12, 363	
54. 00	RADI OLOGY - DI AGNOSTI C		0. 628964	100, 855		
55. 00 56. 00	RADI OLOGY - THERAPEUTI C   RADI OI SOTOPE		0. 000000 0. 000000	0		
57. 00	CT SCAN		0. 142426	0	0	57.00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)		0. 142313	6, 665	· -	
59. 00	CARDI AC CATHETERI ZATI ON		0. 468573	0	0	59. 00
60.00	LABORATORY		0. 272140	435, 750	118, 585	60.00
60. 01	BLOOD LABORATORY		0.000000	0	0	60. 01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	61.00
62. 00 63. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS.		0. 000000 0. 540531	150, 185	1	62. 00 63. 00
64. 00	INTRAVENOUS THERAPY		0. 000000	0	l	
65.00	RESPI RATORY THERAPY		0. 278714	102, 081	28, 451	
66. 00	PHYSI CAL THERAPY		0. 470047	24, 979	11, 741	
67. 00	OCCUPATI ONAL THERAPY		0.000000	0	0	67. 00
68. 00	SPEECH PATHOLOGY		0.702434	4, 192		
69. 00 70. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY		1. 063507 0. 291549	114, 449 5, 065		
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 358823	454, 000	l	
72.00	IMPL. DEV. CHARGED TO PATIENTS		0. 870088	0	l	72. 00
73. 00	DRUGS CHARGED TO PATIENTS		0. 390268	230, 259	1	
74.00	RENAL DI ALYSI S		0. 428451	416, 750	1	
75. 00	ASC (NON-DISTINCT PART) OUTPATIENT SERVICE COST CENTERS		0. 000000	0	0	75. 00
88. 00	RURAL HEALTH CLINIC		0.000000		0	88. 00
	FEDERALLY QUALIFIED HEALTH CENTER		0. 000000		Ō	
90.00			0. 831977	0		
90. 01	ID PRIM CARE SUPP NETWORK		37. 143449	0	1	
90. 02	PAIN/PALLIATIVE CARE		6. 369962	0		
90. 03 90. 04	DI ABETI C CLINI C   GI CLINI C		1. 045750 1. 556801	94 886		
90. 05	CLINIC FOR SPECIAL NEEDS		3. 900204	000		
90.06	DI ETETI CS		3. 419200	0	l	90.06
90. 07	INFUSION ROOM		0. 242168	0	0	90. 07
90. 08	CARDI OLOGY CLINI C		0. 984588	335	l e	
90. 09	PULMONARY CLINIC		1. 471808	134	l e	
90. 10 90. 11	ENT CLINIC ORTHOPEDIC CLINIC		0. 953970 0. 895303	0	l	90. 10 90. 11
90. 11	EYE CLINIC		0. 706447	0	1	90. 11
90. 13	ONCOLOGY CLINIC		0. 770998	1, 186		
90. 14	SURGI CAL SPECIALTIES		1. 111927	0	0	90. 14
90. 15	ALLERGY CLINIC		1. 255583	0		90. 15
90. 16	·		0.000000	0	1	90. 16
90. 17 90. 18	DERMATOLOGY CLINIC   CLINIC ADMINISTRATION		1. 047072 0. 000000	105 0	i e	
90. 10	CRANI OFACI AL CENTER		0. 926448	0		
90. 20	HEMATOLOGY CLINIC		1. 601296	0		90. 20
90. 21	SPINA BIFIDA		2. 510279	0	0	90. 21
90. 22	NEUROSCI ENCES CLI NI C		2. 351675	0		90. 22
90. 23	RHEUMATOLOGY CLINIC		1.769097	0		90. 23
90. 24 90. 25	ENDOCRI NE CLI NI C   RENAL CLI NI C		1. 312257 1. 087852	0 362		
90. 26	GREENWAY CLINIC		0. 721792	0	1	
90. 27	NEW BERLIN CLINIC		1. 459351	0	o o	90. 27
91. 00			0. 665628	15, 519	10, 330	91. 00
-						

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 523300	Peri od:	Worksheet D-3	
			From 01/01/2011 To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
	Ti tl	e XVIII	Hospi tal	Tefra	
Cost Center Description		Ratio of Cos To Charges	Program	Inpatient Program Costs (col. 1 x col. 2)	
		1, 00	2.00	3. 00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0.00000		0	92. 00
OTHER REIMBURSABLE COST CENTERS			1		
94.00 HOME PROGRAM DIALYSIS		0. 9457	6 0	0	94. 00
95. 00 AMBULANCE SERVICES					95. 00
96.00 DURABLE MEDICAL EQUIP-RENTED		0.00000	0 0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD		0.00000	0 0	0	97. 00
98.00 PSYCHLATRY - OFFICE BLDG		1. 32722	20 536	711	98. 00
98. 01 TRANSPORT		1. 00869	7, 624	7, 690	98. 01
98. 02 GENETICS CENTER		3. 20434	8	0	98. 02
98.03 NUCLEAR MEDICINE		0. 51037	'3 0	0	98. 03
98. 04 CHILD DEVELOPMENT		1. 80782	.5 0	0	98. 04
98.05 CHILD PROTECTION CENTER		1. 90333	55 0	0	98. 05
98.06 DENTAL SRVC		0. 90907	0 0	0	98. 06
200.00 Total (sum of lines 50-94 and 96-98)			2, 286, 701	938, 103	200. 00
201.00 Less PBP Clinic Laboratory Services-Progr	ram only charges (line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)			2, 286, 701		202. 00

	Financial Systems CHILDREN'S HOSPITAL OF ENT ANCILLARY SERVICE COST APPORTIONMENT		N CCN: 523300	Period:	worksheet D-3	
INFAII	ENT ANGILLARY SERVICE COST AFFORTIONWENT	riovidei	CCN. 523300	From 01/01/2011		
				To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
		Ti t	le XIX	Hospi tal	Cost	
	Cost Center Description		Ratio of Cos To Charges	t Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2. 00	3. 00	
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	20 477 202	ı	1 20 00
30. 00 31. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT			20, 477, 302 46, 196, 130		30.00
	CORONARY CARE UNIT			0		32.00
	BURN INTENSIVE CARE UNIT			0		33.00
	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE HOT UNIT			5, 324, 399		34. 00 35. 00
40. 00	SUBPROVI DER - I PF			0, 324, 377		40.00
	SUBPROVI DER - I RF			0		41.00
	SUBPROVI DER NURSERY			0		42. 00 43. 00
43.00	ANCI LLARY SERVI CE COST CENTERS		1		L	43.00
	OPERATI NG ROOM		0. 23826			
	RECOVERY ROOM		0. 31568	· ·	1	
	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY		0. 00000 0. 27052		-	
54. 00	RADI OLOGY-DI AGNOSTI C		0. 62896			
	RADI OLOGY-THERAPEUTI C		0. 00000			
	RADI 01 SOTOPE CT SCAN		0. 00000 0. 14242		0 113, 580	
	MAGNETIC RESONANCE IMAGING (MRI)		0. 14231			
	CARDI AC CATHETERI ZATI ON		0. 46857		0	59.00
60.00	LABORATORY		0. 27214			
	BLOOD LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONLY		0. 00000 0. 00000		0	
62. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 00000		Ö	1
	BLOOD STORING, PROCESSING & TRANS.		0. 54053			1
64.00	I NTRAVENOUS THERAPY RESPIRATORY THERAPY		0. 00000 0. 27871		0 2, 925, 523	
	PHYSICAL THERAPY		0. 47004			1
	OCCUPATI ONAL THERAPY		0. 00000	00		67.00
	SPEECH PATHOLOGY		0. 70243			
	ELECTROCARDI OLOGY   ELECTROENCEPHALOGRAPHY		1. 06350 0. 29154			
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 35882			
	IMPL. DEV. CHARGED TO PATIENTS		0. 87008			
	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS		0. 3902 <i>6</i> 0. 42845			
75. 00	ASC (NON-DISTINCT PART)		0. 00000			1
	OUTPATIENT SERVICE COST CENTERS				_	l
	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER		0. 00000 0. 00000			
	CLINIC		0. 83197		0	
90. 01	ID PRIM CARE SUPP NETWORK		37. 14344		0	
	PAIN/PALLIATIVE CARE		6. 36996		-	
	DI ABETI C CLINI C GI CLINI C		1. 04575 1. 55680			
	CLINIC FOR SPECIAL NEEDS		3. 90020			1
	DI ETETI CS		3. 41920		1, 186	1
90. 07	INFUSION ROOM		0. 24216			1
90. 08 90. 09	CARDIOLOGY CLINIC PULMONARY CLINIC		0. 98458 1. 47180			
	ENT CLINIC		0. 95397			
	ORTHOPEDI C CLI NI C		0. 89530			1
	EYE CLINIC ONCOLOGY CLINIC		0. 70644 0. 77099			
	SURGICAL SPECIALTIES		1. 11192			
	ALLERGY CLINIC		1. 25558			•
	LASER CLINIC		0.00000		-	
	DERMATOLOGY CLINIC   CLINIC ADMINISTRATION		1. 04707 0. 00000		650 0	1
	CRANI OFACI AL CENTER		0. 92644		257	
	HEMATOLOGY CLINIC		1. 60129			
90. 21	SPINA BIFIDA NEUROSCIENCES CLINIC		2. 51027			
	RHEUMATOLOGY CLINIC		2. 35167 1. 76909			1
90. 24	ENDOCRI NE CLI NI C		1. 31225	57 0	0	90. 24
	RENAL CLINIC		1. 08785			
	GREENWAY CLINIC NEW BERLIN CLINIC		0. 72179 1. 45935			
	EMERGENCY		0. 66562		1	
			•	*		-

Health Financial Systems CHILDREN'S HO	SPITAL OF WISCONSI	N	In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 523300	Peri od:	Worksheet D-3	
			From 01/01/2011		
			To 12/31/2011	Date/Time Prep 7/2/2012 2:04	
	Ti +	le XIX	Hospi tal	Cost	рш
Cost Center Description	1110	Ratio of Cos	<del></del>	Inpati ent	
oust defiter beset per on		To Charges		Program Costs	
		10 onar ges		(col. 1 x col.	
			onal goo	2)	
		1.00	2. 00	3. 00	
92. 00 OBSERVATION BEDS (NON-DISTINCT PART)		0.00000	0 0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94. 00 HOME PROGRAM DIALYSIS		0. 94571	6 0	0	94.00
95. 00 AMBULANCE SERVICES					95. 00
96. OO DURABLE MEDICAL EQUIP-RENTED		0.00000	0	0	96. 00
97. 00 DURABLE MEDICAL EQUIP-SOLD		0.00000	0	0	97. 00
98.00 PSYCHIATRY - OFFICE BLDG		1. 32722	0 72, 030	95, 600	98. 00
98. 01 TRANSPORT		1. 00869	9 675, 054	680, 926	98. 01
98. 02 GENETICS CENTER		3. 20434	8 10, 049	32, 200	98. 02
98. 03 NUCLEAR MEDICINE		0. 51037	3 45, 290	23, 115	98. 03
98. 04 CHILD DEVELOPMENT		1. 80782	5 0	0	98. 04
98. 05 CHILD PROTECTION CENTER		1. 90333	5 0	0	98. 05
98. 06   DENTAL SRVC		0. 90907	0	0	98. 06
200.00 Total (sum of lines 50-94 and 96-98)			92, 721, 012	34, 949, 357	200. 00
201.00 Less PBP Clinic Laboratory Services-Program only charge	s (line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)			92, 721, 012		202. 00

	TATION OF ORGAN ACQUISITION COSTS AND CHARGES	FOR HOSPITALS		Provi der	CCN: 523300	Peri od: From 01/01/2011	Worksheet D-4	
I CH	ARE CERTIFIED TRANSPLANT CENTERS			Componen	t CCN:	To 12/31/2011	Date/Time Prep 7/2/2012 2:04	pared:
				K	i dney	Hospi tal	Tefra	, p
	Cost Center Description	D		ati ent	Per Diem Cost		Cost (col. 2 x	
				ne Organ arges	(from Wkst. D-1, Part II	Acquisition	col . 3)	
		0		1. 00	2.00	3. 00	4. 00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COS	STS (INPATIENT	ROUTI	NE AND AN	NCILLARY SERVI			
00	Computation of Inpatient Routine Service Cos						0.044	1 4 0
00 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	38. 00 43. 00		8, 351 (	1		9, 964	1. 00 2. 00
00	CORONARY CARE UNIT	44. 00		(				3.00
00	BURN INTENSIVE CARE UNIT	45. 00		(	0.0	0	0	4.00
00	SURGICAL INTENSIVE CARE UNIT	46. 00		(	91		- 1	5. 00
00 00	OTHER SPECIAL CARE HOT UNIT TOTAL (sum of lines 1-6)	47. 00	9	8, 351	.,,,,,,	0 7	0 9, 964	6. 00 7. 00
00	Cost Center Description			C 0, 33	Ratio of	0rgan	9, 904 Organ	7.00
				_	Cost/Charges		Acquisition	
					(from Wkst. 0		Ancillary	
				0	1.00	Charges 2.00	Costs 3.00	
	Computation of Ancillary Service Cost Applica	ble to Organ A	Acaui si		1.00	2.00	3.00	
00	OPERATI NG ROOM		Γ'	50.00	0. 23826	8 0	0	8.0
00	RECOVERY ROOM			51.00	•			9. 0
. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY			52. 00 53. 00				10.0
. 00	RADI OLOGY - DI AGNOSTI C			53. 00 54. 00	•			11. 0 12. 0
. 00	RADI OLOGY-THERAPEUTI C			55. 00				13. 0
. 00	RADI OI SOTOPE			56.00			0	14.0
. 00	CT SCAN			57.00	1			15. 0
. 00	MAGNETIC RESONANCE IMAGING (MRI)			58. 00 59. 00				16.0
. 00	CARDI AC CATHETERI ZATI ON LABORATORY		1	60.00			0 2, 371	17. 0 18. 0
. 01	BLOOD LABORATORY			60. 01				18. 0
. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00				19. 0
. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS			62.00				20.0
. 00	BLOOD STORING, PROCESSING & TRANS.			63.00	•			21.0
. 00	INTRAVENOUS THERAPY RESPIRATORY THERAPY		ŀ	64. 00 65. 00	1			22. C
. 00	PHYSI CAL THERAPY		ŀ	66.00	1			24.0
. 00	OCCUPATI ONAL THERAPY			67. 00	1			25.0
. 00	SPEECH PATHOLOGY			68.00	•			26.0
. 00	ELECTROCARDI OLOGY			69.00	•			27.0
. 00	ELECTROENCEPHALOGRAPHY   MEDICAL SUPPLIES CHARGED TO PATIENTS		ŀ	70. 00 71. 00			- 1	28. 0 29. 0
. 00	IMPL. DEV. CHARGED TO PATIENTS			72.00			,,,	30.0
. 00	DRUGS CHARGED TO PATIENTS			73.00	0. 39026		2, 068	31. (
. 00	RENAL DIALYSIS			74.00				32. (
. 00				75.00	0.00000	0	0	00. 1
. 00	OTHER ANCILLARY SERVICE COST CENTERS RURAL HEALTH CLINIC		ŀ	88. 00	0. 00000	0	0	34. ( 35. (
. 00	FEDERALLY QUALIFIED HEALTH CENTER			89. 00	•			36. 0
. 00	CLINIC			90.00		7 0	0	37. (
. 01	ID PRIM CARE SUPP NETWORK		ļ	90. 01	1			37. (
. 02	PAIN/PALLIATIVE CARE DIABETIC CLINIC			90. 02 90. 03	•			37. 37.
. 03	GI CLINIC		ŀ	90.04				37.
05	CLINIC FOR SPECIAL NEEDS			90. 05		-		37.
06	DI ETETI CS			90.06			0	37.
. 07	INFUSION ROOM			90. 07				37.
08 09	CARDI OLOGY CLINI C			90.08	1			37. ( 37. (
10	PULMONARY CLINIC ENT CLINIC		1	90. 09 90. 10				37.
11	ORTHOPEDIC CLINIC			90. 10	1			37.
12	EYE CLINIC			90. 12	1			37.
13	ONCOLOGY CLINIC			90. 13	1			37.
14	SURGICAL SPECIALTIES			90. 14	1			37.
. 15 . 16	ALLERGY CLINIC LASER CLINIC			90. 15 90. 1 <i>6</i>	1			37. 37.
. 17	DERMATOLOGY CLINIC			90. 17	1			37.
. 18	CLINIC ADMINISTRATION			90. 18	1			37.
. 19	CRANI OFACI AL CENTER			90. 19	0. 92644	.8		37.
. 20	HEMATOLOGY CLINIC			90. 20	1			37. 2
. 21	SPINA BIFIDA			90. 21	1			37.2
. 22	NEUROSCI ENCES CLI NI C RHEUMATOLOGY CLI NI C			90. 22 90. 23	1		0	37. 2 37. 2
. 23	ENDOCRINE CLINIC			90. 24	1			37. 2
	RENAL CLINIC			90. 25				1
. 25	GREENWAY CLINIC					2 0		37. 2

Heal th	Financial Systems CHILDREN'S HOSPIT	AL OF WISCONSI	N	In lie	eu of Form CMS-2	2552-10
	ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS			eri od:	Worksheet D-4	1002 10
	ARE CERTIFIED TRANSPLANT CENTERS	Component	Fi	rom 01/01/2011	Date/Time Pre 7/2/2012 2:04	pared:
		Ki	dney	Hospi tal	Tefra	
	Cost Center Description	С	Ratio of Cost/Charges (from Wkst. C)	Organ Acqui si ti on Anci I I ary Charges	Organ Acquisition Ancillary Costs	
		0	1. 00	2. 00	3. 00	
37. 27	NEW BERLIN CLINIC	90. 27		0		37. 27
38. 00	EMERGENCY	91.00		0		38. 00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0. 000000	0	0	39. 00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40. 00
41.00	TOTAL (sum of lines 8-40)			19, 935	5, 764	41.00
	Cost Center Description	D	Average Cost	0rgan	0rgan	
			Per Day (from Wkst. D-2, Part I, col. 4)	Acqui si ti on	Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2. 00	3. 00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THA					
	Computation of the Cost of Inpatient Services of Interns an			Teachi ng Progra		
42.00	ADULTS & PEDI ATRI CS	2. 00		7	0	
43.00	INTENSIVE CARE UNIT	3.00		0	l .	43.00
44. 00	CORONARY CARE UNIT	4.00		0	0	44. 00
45. 00	BURN INTENSIVE CARE UNIT	5.00		0	0	45. 00
46. 00 47. 00	SURGI CAL INTENSIVE CARE UNIT	6. 00 7. 00		0	0	46. 00 47. 00
	OTHER SPECIAL CARE HOT UNIT TOTAL (sum of lines 42 through 47)	7.00	0.00	7		
40.00	Cost Center Description	D	Organ Charges	Ratio of Cost	0rgan	40.00
	oddt denter beserretten	, , ,	(see	To Charges	Acquisition	
			instructions)	from Wkst.	Costs (col. 1	
			ŕ	D-2, Part I,	x col. 2)	
				col. 4		
		0	1.00	2. 00	3. 00	
40.00	Computation of the Cost of Outpatient Services of Interns a					
49. 00 50. 00	RURAL HEALTH CLINIC					40 00
	FEDERALLY QUALLELED HEALTH CENTER	21.00		0.000000		
	FEDERALLY QUALIFIED HEALTH CENTER	22. 00	0	0. 000000	0	50.00
51.00	CLI NI C	22. 00 23. 00	0	0. 000000 0. 000000	0	50. 00 51. 00
51. 00 51. 01	CLINIC ID PRIM CARE SUPP NETWORK	22. 00 23. 00 23. 01	0 0 0	0. 000000 0. 000000 0. 000000	0 0 0	50. 00 51. 00 51. 01
51. 00 51. 01 51. 02	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE	22. 00 23. 00 23. 01 23. 02	0 0 0	0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0	50. 00 51. 00 51. 01 51. 02
51. 00 51. 01 51. 02 51. 03	CLINIC ID PRIM CARE SUPP NETWORK	22. 00 23. 00 23. 01 23. 02 23. 03	0 0 0	0. 000000 0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03
51. 00 51. 01 51. 02	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC	22. 00 23. 00 23. 01 23. 02	0 0 0 0 0	0. 000000 0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0	50. 00 51. 00 51. 01 51. 02
51. 00 51. 01 51. 02 51. 03 51. 04	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04	0 0 0 0 0 0	0. 000000 0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04
51. 00 51. 01 51. 02 51. 03 51. 04 51. 05	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05	0 0 0 0 0 0	0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05
51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06	0 0 0 0 0 0	0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06
51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 09	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS INFUSION ROOM CARDIOLOGY CLINIC PULMONARY CLINIC	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 23. 07 23. 08 23. 09	0 0 0 0 0 0 0	0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000	0 0 0 0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 09
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51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 09 51. 10 51. 11	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS INFUSION ROOM CARDIOLOGY CLINIC PULMONARY CLINIC ENT CLINIC ORTHOPEDIC CLINIC	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 07 23. 08 23. 09 23. 10	0 0 0 0 0 0 0 0	0. 000000 0. 000000	0 0 0 0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 09 51. 10
51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 09 51. 10 51. 11	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS INFUSION ROOM CARDIOLOGY CLINIC PULMONARY CLINIC ENT CLINIC ORTHOPEDIC CLINIC EYE CLINIC	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 07 23. 08 23. 09 23. 11 23. 11	0 0 0 0 0 0 0 0	0. 000000 0. 000000	0 0 0 0 0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 09 51. 10 51. 11
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51. 00 51. 01 51. 02 51. 03 51. 04 51. 06 51. 07 51. 08 51. 09 51. 10 51. 11 51. 12 51. 13	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS INFUSION ROOM CARDIOLOGY CLINIC PULMONARY CLINIC ENT CLINIC ORTHOPEDIC CLINIC EYE CLINIC ONCOLOGY CLINIC SURGICAL SPECIALTIES	22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 23. 07 23. 10 23. 11 23. 12 23. 13	0 0 0 0 0 0 0 0 0	0. 000000 0. 000000	0 0 0 0 0 0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 10 51. 11 51. 12 51. 13
51. 00 51. 01 51. 02 51. 03 51. 04 51. 06 51. 07 51. 08 51. 10 51. 10 51. 11 51. 12 51. 13 51. 14	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS INFUSION ROOM CARDIOLOGY CLINIC PULMONARY CLINIC ENT CLINIC ORTHOPEDIC CLINIC EYE CLINIC SURGICAL SPECIALTIES ALLERGY CLINIC	22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 23. 07 23. 08 23. 10 23. 11 23. 12 23. 13 23. 14 23. 15	0 0 0 0 0 0 0 0 0	0. 000000 0. 000000	0 0 0 0 0 0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 10 51. 11 51. 12 51. 13 51. 14
51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 10 51. 10 51. 11 51. 12 51. 13 51. 14 51. 15	CLINIC ID PRIM CARE SUPP NETWORK PAIN/PALLIATIVE CARE DIABETIC CLINIC GI CLINIC CLINIC FOR SPECIAL NEEDS DIETETICS INFUSION ROOM CARDIOLOGY CLINIC PULMONARY CLINIC ENT CLINIC ORTHOPEDIC CLINIC EYE CLINIC SURGICAL SPECIALTIES ALLERGY CLINIC LASER CLINIC	22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 23. 07 23. 08 23. 09 23. 10 23. 11 23. 12 23. 14 23. 15 23. 16	0 0 0 0 0 0 0 0 0	0. 000000 0. 000000	0 0 0 0 0 0 0 0 0 0 0 0	50. 00 51. 00 51. 01 51. 02 51. 03 51. 04 51. 05 51. 06 51. 07 51. 08 51. 10 51. 11 51. 12 51. 13 51. 14 51. 15
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Health Financial Systems	CHILDREN'S HOSPITAL OF	F WI SCONSI N	In Lieu of Form CMS-2552-10
COMPUTATION OF ORGAN ACQUISITION COSTS A	ND CHARGES FOR HOSPITALS	Provider CCN: 523300 Period	d: Worksheet D-4

From 01/01/2011 WHICH ARE CERTIFIED TRANSPLANT CENTERS Component CCN: 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Ki dney Hospi tal Tefra Charges Cost Cost Center Description Part A Part B Part A Part B 1.00 2.00 3.00 4.00 PART III - SUMMARY OF COSTS AND CHARGES 56.00 Routine and Ancillary from Part I 15, 728 28, 286 56.00 Interns and Residents (inpatient) 57.00 57.00 58.00 Interns and Residents (outpatient) 58.00 Direct Organ Acquisition (see instructions) 930, 926 59.00 167, 500 60.00 Cost of Services of Teaching Physicians (Wkst. D-5, Part 60.00 II)Total (sum of lines 56 thru 60) 61.00 61.00 946, 654 195, 786 62.00 Total Usable Organs (see instructions) 12 62.00 63.00 Medicare Usable Organs (see instructions) 63.00 Ratio of Medicare Usable Organs to Total Usable Organs 64.00 0.166667 64.00 (line 63 ÷ line 62) 65.00 Medicare Cost/Charges (see instructions) 157, 776 32, 631 65.00 66.00 Revenue for Organs Sold 66.00 67.00 Subtotal (line 65 minus line 66) 157, 776 67.00 32.631 Organs Furnished Part B 68.00 0 0 68.00 69.00 Net Organ Acquisition Cost and Charges (see instructions) 157, 776 32, 631 0 69.00 Cost Center Description iving Related Cadaveri c Revenue 1.00 2 00 3 00 PART IV - STATISTICS 70.00 Organs Excised in Provider (1) 10 70.00 2 0 0 0 2 2 0 0 0 0 0 0 0 0 Organs Purchased from Other Transplant Hospitals (2) 71.00 0 71.00 Organs Purchased from Non-Transplant Hospitals 0 72 00 72.00 73.00 Organs Purchased from OPOs 0 73.00 Total (sum of lines 70 thru 73) 10 74.00 74.00 75 00 Organs Transplanted 10 0 75.00 Organs Sold to Other Hospitals 76.00 0 0 76.00 77.00 Organs Sold to OPOs 0 77.00 Organs Sold to Transplant Hospitals 0 78.00 0 78.00 0 Organs Sold to Military or VA Hospitals 79.00 79 00 0 80.00 Organs Sold Outside the U.S. 0 80.00 81.00 Organs Sent Outside the U.S. (no revenue received) 0 81.00 82.00 Organs Used for Research 0 82.00 83. 00 Unusabl e/Di scarded Organs 0 83.00

10

84.00

84.00 Total (sum of lines 75 thru 83 should equal line 74)

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN		In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CC	N: 523300 Period:	Worksheet F

From 01/01/2011 Part B 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Title XVIII Hospi tal Tefra 1.00 PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions) 1.00 Medical and other services reimbursed under OPPS (see instructions) 1, 020, 383 2.00 2.00 3.00 PPS payments 593, 886 3 00 4.00 Outlier payment (see instructions) 262, 292 4.00 5.00 Enter the hospital specific payment to cost ratio (see instructions) 0.644 5.00 6.00 Line 2 times line 5 657, 127 6.00 Sum of line 3 plus line 4 divided by line 6 0.00 7.00 7.00 8.00 Transitional corridor payment (see instructions) Ω 8.00 9.00 Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200 0 9.00 10 00 10 00 Organ acquisitions 0 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 12 00 0 Ancillary service charges 13.00 Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4) 0 13.00 14.00 Total reasonable charges (sum of lines 12 and 13) 0 14.00 Customary charges Aggregate amount actually collected from patients liable for payment for services on a charge basis 15 00 15 00 0 16.00 Amounts that would have been realized from patients liable for payment for services on a chargebasis 0 16.00 had such payment been made in accordance with 42 CFR 413.13(e) 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 0 19.00 20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see 0 20.00 instructions) 21.00 Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions) 0 21.00 22.00 Interns and residents (see instructions) Ω 22 00 Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15–1, section 2148) 23.00 23.00 0 24.00 Total prospective payment (sum of lines 3, 4, 8 and 9) 856, 178 24.00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 25.00 Deductibles and coinsurance (for CAH, see instructions) 25 00 Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions) 83, 778 26,00 26.00 27.00 Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, 772, 400 27.00 see instructions) 28.00 Direct graduate medical education payments (from Worksheet E-4, line 50) 26, 923 28.00 29. 00 ESRD direct medical education costs (from Worksheet E-4, line 36) 29.00 0 30.00 Subtotal (sum of lines 27 through 29) 799, 323 30.00 31 00 Primary payer payments 31 00 0 Subtotal (line 30 minus line 31) 32.00 799, 323 32.00 ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 33.00 Composite rate ESRD (from Worksheet I-5, line 11) 0 Allowable bad debts (see instructions) 34 00 34.00 0 35.00 Adjusted reimbursable bad debts (see instructions) Λ 35.00 36.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 36.00 Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only) 799, 323 37.00 37.00 38 00 MSP-LCC reconciliation amount from PS&R 0 38 00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 39. 00 0 39.99 RECOVERY OF ACCELERATED DEPRECIATION 39.99 799, 323 40.00 Subtotal (line 37 plus or minus lines 39 minus 38) 40.00 41.00 Interim payments 548, 376 41.00 42.00 Tentative settlement (for contractors use only) 42.00 250, 947 Balance due provider/program (line 40 minus the sum of lines 41, and 42) 43.00 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2 44.00 0 44.00 TO BE COMPLETED BY CONTRACTOR 90 00 Original outlier amount (see instructions) 90.00 91.00 Outlier reconciliation adjustment amount (see instructions) 91.00 0 92 00 The rate used to calculate the Time Value of Money 0.00 92.00 Time Value of Money (see instructions) 93.00 0 94.00 Total (sum of lines 91 and 93) 0 94.00

Health Financial Systems	CHILDREN'S HOSPITAL O	F WISCONSIN		In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN:	523300	Peri od:	Worksheet E	
				From 01/01/2011	Part B	
				To 12/31/2011	Date/Time Pre	pared:
					7/2/2012 2:04	pm
		Title XVI	11	Hospi tal	Tefra	
					Overri des	
					1. 00	
WORKSHEET OVERRIDE VALUES						
112.00 Override of Ancillary service charges (li	ne 12)				0	112. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 523300 Period: From 01/01/2011 To 12/31/2011 Part I Date/Time Prepared: 7/2/2012 2:04 pm

Title XVIII Hospital Tefra

Inpatient Part A Part B

mm/dd/yyyy Amount mm/dd/yyyy Amount
1.00 2.00 3.00 4.00

Total Interim payments paid to provider   1.00			Inpatient Part A		Part B		
1.00   Total Interim payments paid to provider   1.00   2.00   3.00   4.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   548,376   1.00   2.00   1.00   1.00   1.00   548,376   1.00   2.00   1.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1.00   1.00   2.00   1			mm/dd/vvvv	Amount	mm/dd/vvvv	Amount	
1.00   Total interim payments paid to provider   1.00   1.00   2.00							
Submitted or to be Submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero   2.00							1. 00
Services rendered in the cost reporting period. If none, write "NONE" or enter a zero   3.00	2.00			0		0	2.00
write "NONE" or enter a zero 3.00  Note its 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)  Program to Provider							
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)							
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)  Program to Provider  3. 01 3. 02 3. 03 3. 04 3. 05 9	2 00						2 00
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider	3.00						3.00
Dayment. If none, write "NONE" or enter a zero. (1)   Program to Provider							
Program to Provider							
3.02   0			'			'	
3. 03   0   0   0   3. 03   0   0   0   3. 03   3. 04   3. 05   0   0   0   3. 04   3. 05   0   0   0   3. 05   3. 0	3.01	ADJUSTMENTS TO PROVIDER		0		0	3. 01
3. 04   0   0   0   3. 04   3. 05	3.02			0		0	3. 02
3.05	3.03			0		0	3.03
Provider to Program   ADJUSTMENTS TO PROGRAM   0							
3.50   ADJUSTMENTS TO PROGRAM   0   0   3.50     3.51   3.52   0   0   0   3.51     3.52   3.53   0   0   0   3.53     3.54   0   0   0   3.53     3.59   3.50-3,98)   0   0   0   3.59     3.50-3,98)   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   634,105   548,376     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)   Provider to Program Degram to Provider   0   0   0   5.02     5.01   TENTATIVE TO PROGRAM   0   0   0   5.50     5.50   Provider to Program   TENTATIVE TO PROGRAM   0   0   0   5.50     5.51   5.52   5.99   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 6.00   SETILEMENT TO PROGRAM   0   0   0   0   0     6.01 SETILEMENT TO PROGRAM   0   0   0   0   0     6.02 SETILEMENT TO PROGRAM   0   0   0   0   0     7.00 Total Medicare program liability (see instructions)   826,585   799,323 7.00     7.00 Total Medicare program liability (see instructions)   0   0   0.00     7.00 Total Medicare program liability (see instructions)   826,585   799,323 7.00     7.00 Total Medicare program liability (see instructions)   0   0   0   0     7.00 Total Medicare program liability (see instructions)   0   0   0   0   0     7.00 Total Medicare program liability (see instructions)   0   0   0   0   0     7.00 Total Medicare program liability (see instructions)   0   0   0   0   0   0     7.00 Total Medicare program liability (see instructions)   0   0   0   0   0   0     7.00 Total Medicare program liability (see instructions)   0   0   0   0   0   0   0   0     7.00 Total Medicare program liability (see instructions)   0   0   0   0   0   0   0   0   0	3.05			0		0	3.05
3.51   3.52   3.53   3.53   3.54   3.55   3.55   3.59   3.50-3.98   3.50-3.9							
3.52   3.53   3.53   3.53   3.54   3.99   3.50-3.98		ADJUSTMENTS TO PROGRAM		-			
3.53   3.54   0				-			
3.54   3.99   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   634, 105   548, 376   4.00   (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR				_			
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.01   SETILEMENT TO PROGRAM   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.01   SETILEMENT TO PROGRAM   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.01   SETILEMENT TO PROGRAM   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.05-5.98)   Subtotal (sum of lines 5.01-5.49 minus s			-	-			
3.50-3.98)   Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   To BE COMPLETED BY CONTRACTOR		Subtotal (sum of lines 3 M1-3 40 minus sum of lines		_		1 - 1	
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)   TO BE COMPLETED BY CONTRACTOR	J. 77						J. 77
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)   TO BE COMPLETED BY CONTRACTOR	4.00	1		634, 105		548, 376	4.00
TO BE COMPLÉTED BY CONTRACTOR				·			
Solid   State   Solid   Soli							
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider							
Write "NONE" or enter a zero. (1)   Program to Provider	5.00						5. 00
Program to Provider							
TENTATI VE TO PROVI DER							
Description	5 01			0			5 01
Description		TENTATIVE TO TROVIDER		-			
Provider to Program						•	
TENTATI VE TO PROGRAM   0		Provider to Program				_	
5.52   0 0 0 5.52     5.99   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   0 0 0 5.99     6.00   Determined net settlement amount (balance due) based on the cost report. (1)   0.01   SETTLEMENT TO PROVIDER   192,480   250,947   6.01     6.02   SETTLEMENT TO PROGRAM   0 0 0 6.02     7.00   Total Medicare program liability (see instructions)   826,585   799,323   7.00     Contractor Number (Mo/Day/Yr)   0     0 0 1.00   2.00	5.50			0		0	5. 50
5. 99 Subtotal (sum of lines 5. 01-5. 49 minus sum of lines 5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 192, 480 250, 947 6. 01 6. 02 SETTLEMENT TO PROGRAM 0 0 0 6. 02 7. 00 Total Medicare program liability (see instructions) 826, 585 799, 323 7. 00  Contractor Number (Mo/Day/Yr) 0 1. 00 2. 00	5. 51			0		0	5. 51
5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)   Contractor Number (Mo/Day/Yr)  0 1. 00 2. 00						0	
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 192,480 250,947 6.01 6.02 SETTLEMENT TO PROGRAM 0 0 0 6.02 7.00 Total Medicare program liability (see instructions) 826,585 799,323 7.00  Contractor Number (Mo/Day/Yr) 0 1.00 2.00	5. 99	,		0		0	5. 99
the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)    Contractor Number (Mo/Day/Yr)							
6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions)    SETTLEMENT TO PROGRAM	6.00	· · · · · · · · · · · · · · · · · · ·					6.00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr)  0 1.00 2.00	6 01			102 400		250 047	6 01
7.00 Total Medicare program liability (see instructions) 826,585 799,323 7.00  Contractor Number (Mo/Day/Yr)  0 1.00 2.00							
Contractor         Date           Number         (Mo/Day/Yr)           0         1.00         2.00				_		1	
Number         (Mo/Day/Yr)           0         1.00         2.00	7.00	10 tal modical o program riability (see ilistractions)		020, 303			7.00
0 1.00 2.00							
8.00 Name of Contractor 8.00			(	)			
	8.00	Name of Contractor					8. 00

Heal th	Financial Systems CHI	LDREN'S HOSPITAL O	F WISCONSIN		In Lie	u of Form CMS-2	2552-10
	CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT  Provider CCN: 523300   Period: From 01/01/2011   To 12/31/2011						
			Title XV	Ш	Hospi tal	Tefra	
						1 00	
	DATA COLLECTION NEEDED FOR THE HIT CALCULATION	)N				1. 00	
1.00	Total hospital discharges as defined in AARA		3. Part I colu	mn 15 li	ne 14	12, 178	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6					262	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, colu					0	3. 00
4.00	Total inpatient days from S-3, Part I column	8 sum of lines 1,	8-12			72, 344	4. 00
5.00	Total hospital charges from Wkst C, Part I, o	column 8 line 200				858, 018, 573	5. 00
6.00	Total hospital charity care charges from Wkst	t S-10, column 3 li	ne 20			0	6. 00
7.00	CAH only - The reasonable cost incurred for t	the purchase of cer	tified HIT tec	hnol ogy	Norksheet S-2,	0	7. 00
	Part I line 168						
8. 00	Calculation of the HIT incentive payment (see	e instructions)				0	8. 00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					_	
	Initial/interim HIT payment(s)					0	30. 00
31. 00	Other Adjustment (specify)		04)			0	31.00
32. 00	Balance due provider (line 8 minus line 30, p	plus or minus line	31)			0	32. 00
						Overri des	
	CONTRACTOR OVERBLINES					1. 00	
100 00	CONTRACTOR OVERRIDES Override of HIT payment					0	108. 00
108.00	poverriue or nir payment				ļ	0	100.00

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN		In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN:	523300	From 01/01/2011	Worksheet E-3 Part I Date/Time Prepared: 7/2/2012 2:04 pm

				7/2/2012 2:04	pm
		Title XVIII	Hospi tal	Tefra	
				1. 00	
	PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			658, 615	1. 00
2.00	Inpatient routine services - swing bed-NF (see instructions)			157, 776	2. 00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, colum	n 3, line 20) (see ins	tructions)	0	3. 00
4.00	Subtotal (sum of lines 1 thru 3)			816, 391	4. 00
5.00	Primary payer payments			0	5. 00
6.00	Subtotal (line 4 less line 5).			816, 391	6. 00
7.00	Deducti bl es			29, 432	7. 00
8.00	Subtotal (line 6 minus line 7)			786, 959	8. 00
9.00	Coi nsurance			0	9. 00
10.00	Subtotal (line 8 minus line 9)			786, 959	10.00
11. 00	Allowable bad debts (exclude bad debts for professional service	s) (see instructions)		0	11. 00
12.00	Adjusted reimbursable bad debts (see instructions)			0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)			786, 959	14.00
15. 00	Direct graduate medical education payments (from Worksheet E-4,	line 49)		39, 626	15. 00
16.00	THIS LINE SHOULD NOT BE USED				16.00
17. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	17.00
17. 99	Recovery of Accelerated Depreciation			0	17. 99
18. 00	Total amount payable to the provider (see instructions)			826, 585	18.00
19. 00	Interim payments			634, 105	19.00
20.00	Tentative settlement (for contractor use only)			0	20.00
21.00	Balance due provider/program (line 18 minus the sum lines 19 an	d 20)		192, 480	21.00
22. 00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	section 115.2	0	22. 00

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN		In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CC	N: 523300		Worksheet E-3
			From 01/01/2011	Part VII
			To 12/21/2011	Data/Timo Droparod

7/2/2012 2:04 pm Title XIX Hospi tal Cost 1.00 PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES COMPUTATION OF NET COST OF COVERED SERVICES 1.00 65, 031, 765 Inpatient hospital/SNF/NF services 1.00 Medical and other services 2.00 25, 690, 992 2 00 3.00 Organ acquisition (certified transplant centers only) 636, 984 3.00 4.00 Subtotal (sum of lines 1, 2 and 3) 91, 359, 741 4.00 5.00 Inpatient primary payer payments 2, 798, 257 5.00 6.00 Outpatient primary payer payments 228, 169 6.00 7.00 Subtotal (line 4 less sum of lines 5 and 6) 88, 333, 315 7.00 COMPUTATION OF LESSER OF COST OR CHARGES Reasonable Charges 8.00 Routine service charges 77, 997, 831 8.00 Ancillary service charges 138, 702, 400 9.00 9.00 Organ acquisition charges, net of revenue 636, 984 10.00 10.00 Incentive from target amount computation 11 00 11 00 0 12.00 Total reasonable charges (sum of lines 8 through 11) 217, 337, 215 12.00 CUSTOMARY CHARGES 13.00 Amount actually collected from patients liable for payment for services on a charge basis 0 13.00 14.00 Amounts that would have been realized from patients liable for payment for services on a charge basis 0 14.00 had such payment been made in accordance with 42 CFR 413.13(e) Ratio of line 13 to line 14 (not to exceed 1.000000) 0.000000 15.00 16.00 217, 337, 215 16.00 Total customary charges (see instructions) 125, 977, 474 17.00 Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see 17.00 instructions) 18.00 Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see 0 18.00 instructions) 19.00 Interns and Residents (see instructions) 0 19.00 Cost of Teaching Physicians (see instructions) 20.00 0 20.00 Cost of covered services (enter the lesser of line 4 or line 16) 91, 359, 741 21.00 21.00 PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers 22.00 Other than outlier payments 0 22.00 23.00 Outlier payments 23.00 0 24.00 Program capital payments 0 24.00 25.00 Capital exception payments (see instructions) 25, 00 26. 00 Routine and Ancillary service other pass through costs Ω 26.00 27.00 Subtotal (sum of lines 22 through 26) 27 00 Λ 28. 00 Customary charges (title V or XIX PPS covered services only) 0 28.00 29.00 Titles V or XIX enter the sum of lines 27 and 21. 91, 359, 741 29 00 COMPUTATION OF REIMBURSEMENT SETTLEMENT 30.00 Excess of reasonable cost (from line 18) 30.00 31.00 Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6) 88, 333, 315 31.00 32.00 Deducti bl es 32.00 0 33.00 Coi nsurance 50, 164 33.00 34.00 Allowable bad debts (see instructions) 0 34.00 35.00 Utilization review 35.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33) 88, 283, 151 36.00 36.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 37.00 37 00 38.00 Subtotal (line 36 ± line 37) 88, 283, 151 38.00 39.00 Direct graduate medical education payments (from Wkst. E-4) 39.00 88, 283, 151 40 00 40 00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments 62, 792, 022 41.00 Balance due provider/program (line 40 minus 41) 25, 491, 129 42.00 43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2 43.00 Ol

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der		Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2011 To 12/31/2011	Date/Time Prep 7/2/2012 2:04	
		Title	e XVIII	Hospi tal	Tefra	
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
. 00	Unweighted resident FTE count for allopathic and osteopathic puending on or before December 31, 1996.	Ü	•	<b>.</b>	120. 16	
. 00	Unweighted FTE resident cap add-on for new programs per 42 CFR	413. 79(e)(	1) (see instr	uctions)	0.00	1
. 00 . 01	Amount of reduction to Direct GME cap under section 422 of MMA Direct GME cap reduction amount under ACA §5503 in accordance v	with CED SA	12 70 (m) (	500	0. 00 0. 00	1
. 01	instructions for cost reporting periods straddling 7/1/2011)	WITH CIK 94	13.79 (111). (	566	0.00	3. 0
. 00	Adjustment (plus or minus) to the FTE cap for allopathic and os GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	steopathic	programs due	to a Medicare	0. 00	4.0
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instrustraddling 7/1/2011)	uctions for	cost reporti	ng periods	0. 00	4.0
. 02	ACA Section 5506 number of additional direct GME FTE cap slots periods straddling 7/1/2011)	(see inst	ructions for	cost reporting	0. 00	4.0
5. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus line 4.02 plus applicable subscripts	s or minus	line 4 plus l	ine 4.01 plus	120. 16	5. 0
5. 00	Unweighted resident FTE count for allopathic and osteopathic purecords (see instructions)	rograms for	the current	year from your	204. 15	6.0
7. 00	Enter the lesser of line 5 or line 6				120. 16	7.0
			Primary Care		Total	
2 00	Weighted FTF count for physicians in an allengthic and esteeme	thi o	1.00	2. 00	3. 00	0.0
3. 00	Weighted FTE count for physicians in an allopathic and osteopar program for the current year.		82. 6		165. 73	
0. 00	If line 6 is less than 5 enter the amount from line 8, otherwis multiply line 8 times the result of line 5 divided by the amoun 6.		48. 6	6 48. 89	97. 55	9.0
10.00	Weighted dental and podiatric resident FTE count for the curren	nt year		7. 64		10.0
1. 00	Total weighted FTE count		48. 6	6 56. 53		11.0
2. 00	Total weighted resident FTE count for the prior cost reporting	year (see	80. 4	5 71.64		12.0
13. 00	instructions) Total weighted resident FTE count for the penultimate cost repo	orting	77. 9	5 67.45		13. 0
4. 00	year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by	hv 2)	69. 0	2 65. 21		14. 0
	Adjustment for residents in initial years of new programs	by 3).	52. 0			15. (
6. 00	Adjustment for residents displaced by program or hospital closu	ure	0. 0			16. 0
7. 00	Adjusted rolling average FTE count		121.0	4 112. 93		17. 0
8. 00	Per resident amount		78, 529. 9	9 78, 529. 99		18. (
9. 00	Approved amount for resident costs		9, 505, 27	0 8, 868, 392	18, 373, 662	19. (
					1. 00	
20.00	Additional unweighted allopathic and osteopathic direct GME FT	E resident	cap slots rec	eived under 42		20.0
21. 00	Sec. 413.79(c)(4) GME FTE weighted Resident count over Cap (see instructions)				83. 99	21. 0
2. 00	Allowable additional direct GME FTE Resident Count (see instruc	ctions)			2. 84	1
3. 00	Enter the locally adjustment national average per resident amou		structions)			23. (
	Multiply line 22 time line 23	unt (300 m	311 4011 0113)		0.00	
	Total direct GME amount (sum of lines 19 and 24)				18, 373, 662	1
			Inpatient Par A	t Managed care		
			1. 00	2. 00	3. 00	
, ,	COMPUTATION OF PROGRAM PATIENT LOAD					
	Inpatient Days		26			26.0
7.00	Total Inpatient Days		72, 34			27.0
	Ratio of inpatient days to total inpatient days		0. 00362			28. 0
28. 00	Drogram direct CME amount					
	Program direct GME amount Reduction for direct GME payments for Medicare managed care		66, 54	9 0		29. 0 30. 0

Heal th	Financial Systems CHILDREN'S HOSPITAL OF WISCONSI	I N		In Lie	u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT Provider	CCN: 52	23300		Worksheet E-4	
MEDI CA	AL EDUCATION COSTS			From 01/01/2011 To 12/31/2011	Date/Time Prep 7/2/2012 2:04	
	Ti ti	le XVIII		Hospi tal	Tefra	
					1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONL' EDUCATION COSTS)	Y (NURSI	NG SCH	HOOL AND PARAMEDI	CAL	
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I,	sum of	col umr	ns 20 and 23,	0	32. 00
	lines 74 and 94)					
33. 00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, col 94)	umn 8, s	um of	lines 74 and	2, 427, 805	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 3	35)			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
	Part A Reasonable Cost					
37.00	,				1, 344, 028	
38. 00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)				157, 776	
39. 00					0	
40.00					0	10.00
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				1, 501, 804	41. 00
	Part B Reasonable Cost					
	Reasonable cost (see instructions)				1, 020, 383	
	Primary payer payments (see instructions)				0	
	Total Part B reasonable cost (line 42 minus line 43)				1, 020, 383	
	Total reasonable cost (sum of lines 41 and 44)	.=>			2, 522, 187	
	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line	,			0. 595437	
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	45)			0. 404563	47. 00
49.00	Total program GME payment (line 31)				66, 549	40.00
	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instruc	tions)			39, 626	
	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instruc				26, 923	
30.00	plant b medicale ome payment (line 47 x 40) (title xviil only) (see liistii	40110113)		I	20, 723	30.00

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

Provider CCN: 523300 Period: From 01/01/201

Peri od: From 01/01/2011 To 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm

					7/2/2012 2:04	pm
		General Fund	Speci fi c	Endowment Fund	Plant Fund	
			Purpose Fund			
	AUDENT AGGETS	1.00	2. 00	3. 00	4. 00	
1 00	CURENT ASSETS	10 404 075	·I ,			1 00
1.00	Cash on hand in banks	12, 484, 075			0	
2.00	Temporary investments			-		
3.00	Notes recei vabl e Accounts recei vabl e	44 007 000	1	1	0	
4. 00 5. 00	Other receivable	66, 907, 090	1	0	0	
6. 00	Allowances for uncollectible notes and accounts receivable	42, 583, 329 -4, 152, 687	1		0	
7. 00	Inventory	3, 821, 990	1		0	
8. 00	Prepaid expenses	2, 528, 186	1		0	
9. 00	Other current assets	2, 520, 100			0	
10. 00	Due from other funds			,	0	
11. 00	Total current assets (sum of lines 1-10)	124, 171, 983	1	-		
11.00	FI XED ASSETS	124, 171, 703	'1	<u>,                                     </u>		11.00
12. 00	Land			0	0	12. 00
13. 00	Land improvements	10, 325, 409			0	
14. 00	Accumul ated depreciation	-1, 538, 977	1	-		
15. 00	Bui I di ngs	387, 575, 773	1	-	Ö	
16. 00	Accumulated depreciation	-131, 590, 224	1	o o	0	
17. 00	Leasehold improvements	92, 607, 922	1	0	0	
18. 00	Accumul ated depreciation	-32, 621, 520		0	0	
19.00	Fi xed equipment	0		0	0	19. 00
20.00	Accumul ated depreciation	0		o	0	20.00
21.00	Automobiles and trucks	57, 125	5	o	0	21. 00
22. 00	Accumul ated depreciation	-42, 012	2	0	0	22. 00
23.00	Maj or movable equipment	163, 719, 415	5	0	0	23. 00
24.00	Accumul ated depreciation	-73, 521, 156		0	0	24. 00
25.00	Mi nor equipment depreciable	0		0	0	25. 00
26.00	Accumulated depreciation	0	) (	0	0	26. 00
27. 00	HIT designated Assets	0	) (	0	0	27. 00
28. 00	Accumulated depreciation	0	) (	0	0	28. 00
29. 00	Mi nor equi pment-nondepreci abl e	0	) (	0	0	29. 00
30.00	Total fixed assets (sum of lines 12-29)	414, 971, 755	5 (	0	0	30.00
	OTHER ASSETS			_		
31. 00	Investments	283, 061, 652		-		
32. 00	Deposits on Leases	0	)	-	0	
33. 00	Due from owners/officers	0			0	
34. 00	Other assets	391, 432, 268		1	0	
35. 00	Total other assets (sum of lines 31-34)	674, 493, 920	1	·	0	
36. 00	Total assets (sum of lines 11, 30, and 35)	1, 213, 637, 658	3 (	0	0	36. 00
07.00	CURRENT LI ABI LI TI ES	00.440.400	\l			07.00
37. 00	Accounts payable	22, 160, 139	1	0		1
38. 00	Salaries, wages, and fees payable Payroll taxes payable	3, 484, 390	1	-	0	
39. 00		2, 281, 502 3, 991, 907		0	0 0	1
40. 00 41. 00	Notes and Loans payable (short term) Deferred income	664, 431		0	0	
41.00	Accel erated payments	004, 431			U	42.00
43. 00	Due to other funds			0	0	1
44. 00	Other current liabilities	40, 748, 288				
45. 00	Total current liabilities (sum of lines 37 thru 44)	73, 330, 657	1			
43.00	LONG TERM LIABILITIES	73, 330, 037		0	0	43.00
46. 00	Mortgage payable			0	0	46. 00
47. 00	Notes payable	309, 371, 116	1		-	
48. 00	Unsecured Loans	007, 071, 110		-	0	1
49. 00	Other long term liabilities	82, 716, 077		-	0	
50. 00	Total long term liabilities (sum of lines 46 thru 49	392, 087, 193		-		1
51. 00	Total liabilites (sum of lines 45 and 50)	465, 417, 850	1	o o		
	CAPITAL ACCOUNTS	1		-		
52.00	General fund balance	748, 219, 808	3			52. 00
53.00	Specific purpose fund					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,				0	58. 00
	repl acement, and expansi on					
59. 00	Total fund balances (sum of lines 52 thru 58)	748, 219, 808	1	0	0	
60. 00	Total liabilities and fund balances (sum of lines 51 and	1, 213, 637, 658	3  (	0	0	60.00
	[59]	I	I	I		I

19.00

Fund balance at end of period per balance

sheet (line 11 minus line 18)

0

19.00

STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 523300 Period: Worksheet G-1 From 01/01/2011 To 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm General Fund Special Purpose Fund 1.00 2.00 3.00 4. 00 Fund balances at beginning of period 1.00 746, 317, 758 0 1.00 2.00 Net income (loss) (from Wkst. G-3, line 29) 63, 903, 565 2.00 810, 221, 323 3.00 Total (sum of line 1 and line 2) 0 3.00 4.00 CAPITAL ACQUISITION 2, 752, 268 4.00 0 INTEREST IN CHF 5.00 731, 458 5.00 6.00 0 6.00 7.00 0 0 0 0 7.00 8.00 8.00 9.00 9. 00 10.00 Total additions (sum of line 4-9) 3, 483, 726 0 10.00 Subtotal (line 3 plus line 10) 813, 705, 049 11.00 11.00 0 PENSION ADJUSTMENTS 52, 011, 947 12.00 12.00 13.00 TRANSFER TO AFFILIATES 13, 473, 294 0 0 0 13.00 14.00 14.00 0 0 0 15.00 15.00 0 16.00 16.00 17.00 17.00 18.00 Total deductions (sum of lines 12-17) 65, 485, 241 18.00 0

748, 219, 808

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10

						1/2/2012 2.04 pili
		Endowmer	nt Fund	PI ant	Fund	
		5. 00	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)		o		0	3.00
4.00	CAPITAL ACQUISITION	ol		0		4.00
5.00	INTEREST IN CHF	0		0		5.00
6. 00		0		0		6.00
7. 00		o l		0		7.00
8. 00		o o		0		8.00
9. 00		o o		0		9.00
10. 00	Total additions (sum of line 4-9)	٩		O	0	10.00
11. 00	` '		0		0	11.00
	,		٩	0	U	
12.00		U		0		12.00
13. 00	TRANSFER TO AFFILIATES	0		0		13.00
14. 00		0		0		14.00
15. 00		0		0		15. 00
16. 00		0		0		16.00
17. 00		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		0		0	19.00
	sheet (line 11 minus line 18)					

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10 STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 523300 Period: Worksheet G-2 Parts From 01/01/2011 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Cost Center Description Outpati ent Inpati ent Total 1.00 2. 00 3.00 PART I - PATIENT REVENUES General Inpatient Routine Services 1.00 Hospi tal 92, 650, 910 92, 650, 910 1.00 2.00 SUBPROVIDER - IPF 0 2.00 SUBPROVIDER - IRF 0 3.00 0 3.00 4.00 SUBPROVI DER 0 4.00 Swing bed - SNF Swing bed - NF 0 5.00 0 5.00 6.00 0 0 6.00 SKILLED NURSING FACILITY 0 7.00 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) 92, 650, 910 92, 650, 910 10 00 Intensive Care Type Inpatient Hospital Services 11.00 INTENSIVE CARE UNIT 137, 786, 426 137, 786, 426 11.00 12.00 CORONARY CARE UNIT 12.00 C 0 BURN INTENSIVE CARE UNIT 13 00 0 13 00 0 SURGICAL INTENSIVE CARE UNIT 14.00 0 0 14.00 15.00 OTHER SPECIAL CARE HOT UNIT 21, 817, 850 21, 817, 850 15.00 Total intensive care type inpatient hospital services (sum of lines 16, 00 159, 604, 276 159, 604, 276 16, 00 11 - 15) 17.00 252, 255, 186 252, 255, 186 17.00 Total inpatient routine care services (sum of lines 10 and 16) 18.00 Ancillary services 329, 674, 474 209, 406, 412 539, 080, 886 18.00 67, 291, 633 67, 291, 633 19.00 Outpatient services 0 19.00 RURAL HEALTH CLINIC 20.00 0 0 0 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 21.00 22. 00 HOME HEALTH AGENCY 0 22.00 0 23.00 AMBULANCE SERVICES 0 23.00 CMHC 24.00 0 24.00 24. 10 CORF 0 0 0 24. 10 AMBULATORY SURGICAL CENTER (D. P.) o 25.00 0 25.00 ol 26.00 0 26.00 HOSPI CE 0 OTHER (SPECIFY) 27.00  $\cap$ Λ 27.00 28.00 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. 581, 929, 660 276, 698, 045 858, 627, 705 28.00 line 1) PART II - OPERATING EXPENSES 29.00 471, 437, 550 29 00 Operating expenses (per Wkst. A, column 3, line 200) 30.00 ADD (SPECIFY) 0 30.00 0 31.00 31.00 32.00 0 32.00 0 33.00 33.00 0 34.00 34.00 35.00 0 35.00 Total additions (sum of lines 30-35) 36, 00 0 36, 00 37.00 DEDUCT (SPECIFY) 37.00 38.00 0 38.00 39.00 39.00

0

0

471, 437, 550

40.00

41.00

42.00

43.00

40.00

41.00

42.00

43.00

Total deductions (sum of lines 37-41)

to Wkst. G-3, line 4)

Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer

Health Financial Systems	CHILDREN'S HOSPITAL OF WISCONSIN	In Lieu of Form CMS-2552-10
CTATEMENT OF DEVENUES AND EXPENSES	D 1 1 00N F	

STATEMENT OF REVENUES AND EXPENSES Provider CCN: 523300 Period: Workshe	+ C 2
	et G-3
From 01/01/2011   To 12/31/2011   Date/Ti	ne Prepared:
	2 2:04 pm
	2.0.
1.0	)
1.00 Total patient revenues (from Wkst. G-2, Part I, column 3, line 28) 858,6	27, 705 1. 00
2.00 Less contractual allowances and discounts on patients' accounts 346,5	2.00
3.00 Net patient revenues (line 1 minus line 2) 512,1	1, 965 3. 00
4.00 Less total operating expenses (from Wkst. G-2, Part II, line 43) 471,4	37, 550 4. 00
5.00 Net income from service to patients (line 3 minus line 4) 40,6	4, 415 5. 00
OTHER I NCOME	
6.00 Contributions, donations, bequests, etc 1,7	5, 505 6. 00
7.00   Income from investments   10,8	9, 024 7. 00
8.00 Revenues from telephone and telegraph service	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	9, 977 11. 00
12.00 Parking Lot receipts	4, 124 12. 00
13.00 Revenue from Laundry and Linen service	0 13.00
14.00 Revenue from meals sold to employees and guests	6, 478 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	4, 890 17. 00
18.00 Revenue from sale of medical records and abstracts	2, 869 18. 00
19.00 Tuition (fees, sale of textbooks, uniforms, etc.)	0 19.00
20.00 Revenue from gifts, flowers, coffee shops, and canteen	6, 711 20. 00
21.00 Rental of vending machines	3, 371 21. 00
22.00 Rental of hospital space 5,4	2, 134 22. 00
23.00 Governmental appropriations	0 23.00
24. 00 OTHER (SPECIFY) 9, 1	0, 300 24. 00
25.00 Total other income (sum of lines 6-24)	5, 383 25. 00
26. 00   Total (line 5 plus line 25) 73, 1	9, 798 26. 00
27.00 OTHER EXPENSES (SPECIFY) 9,2	6, 233 27. 00
28.00 Total other expenses (sum of line 27 and subscripts) 9,2	6, 233 28. 00
29.00 Net income (or loss) for the period (line 26 minus line 28)	3, 565 29. 00

Health Financial Systems
ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS Provider CCN: 523300 Period: Worksheet I-1 From 01/01/2011 To 12/31/2011 Date/Time Prepared: 7/2/2012 2:04 pm Component CCN: 522319

				Renal Dialysis		•
		Total Costs	Basi s	Stati sti cs	FTEs per 2080	
					Hours	
		1.00	2. 00	3. 00	4. 00	
1. 00	Registered Nurses		Hours of Service	42.00	0. 02	1. 00
2.00	Licensed Practical Nurses		Hours of Service	0.00	0. 00	2. 00
3.00	Nurses Ai des		Hours of Service	0.00	0. 00	3. 00
4.00	Techni ci ans		Hours of Service	0.00		4. 00
5.00	Social Workers		Hours of Service	70. 00		5. 00
6.00	Di eti ci ans		Hours of Service	250. 00	0. 12	6. 00
7.00	Physi ci ans		Accumulated Cost			7. 00
8.00	Non-patient Care Salary		Accumulated Cost			8. 00
9.00	Subtotal (sum of lines 1-8)	228, 149	1			9. 00
10.00	Employee Benefits		Sal ary			10.00
11. 00	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11. 00
12.00	Capital Related Costs-Mov. Equip.		Percentage of Time			12.00
13.00	Machine Costs & Repairs		Percentage of Time			13.00
14.00	Suppl i es		Requisitions			14.00
15. 00	Drugs		Requisitions			15.00
16. 00	Other		Accumulated Cost			16. 00
17. 00	Subtotal (sum of lines 9-16)*	511, 983	l .			17.00
18. 00	Capital Related Costs-Bldgs. & Fixtures		Square Feet			18. 00
19. 00	Capital Related Costs-Mov. Equip.		Percentage of Time			19. 00
20.00	Employee Benefits		Sal ary			20.00
21. 00	Administrative & General		Accumulated Cost			21.00
22. 00	Maint./Repairs-Oper-Housekeeping	70, 609	Square Feet			22. 00
23.00	Medical Education Program Costs	0				23. 00
24.00	Central Service & Supplies		Requisitions			24. 00
25. 00	Pharmacy		Requisitions			25. 00
26. 00	Other Allocated Costs		Accumulated Cost			26. 00
27. 00	Subtotal (sum of lines 17-26)*	913, 098				27. 00
28. 00	Laboratory (see instructions)	0	Charges	0		28. 00
29. 00	Respiratory Therapy (see instructions)		Charges	0		29. 00
30.00	Other (see instructions)		Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	913, 098				31.00

<sup>\*</sup> Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

Health Financial Systems	CHILDREN'S HOSPITAL OF	F WISCONSIN		In Lieu of Form CMS-2552-10
ALLOCATION OF RENAL DEPARTMENT COSTS	TO TREATMENT MODALLTIES	Provider CCN:	523300 Peri od:	Worksheet L-2

LOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 523300 | Period: From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm

						1/2/2012 2:04	pm
					Renal Dialysis		
		Capital Rel	ated Costs	Direct Pati	ent Care Salary		
		Bui I di ng	Equi pment	RNs	Other	Empl oyee	
		1.00	0.00	2.00	4.00	Benefits	
1.00	T	1.00	2.00	3.00	4.00	5. 00	4 00
1. 00	Total Renal Department Costs	127, 731	72, 6	33 150, 3	44 1, 548	89, 666	1.00
	MAI NTENANCE				1		
2. 00	Hemodi al ysi s	91, 316	41, 1	54 130, 3	24 877	86, 789	•
3. 00	Intermittent Peritoneal	0		0	0 0	0	3. 00
	TRAI NI NG	1					
4. 00	Hemodi al ysi s	0		0	0 0	0	4. 00
5. 00	Intermittent Peritoneal	0		0	0 0	0	5. 00
6.00	CAPD	0		0	0 0	0	6. 00
7.00	CCDP	0		0	0 0	0	7. 00
	HOME						
8.00	Hemodi al ysi s	0		0	0 0	0	8. 00
9.00	Intermittent Peritoneal	0		0	0	0	9. 00
10.00	CAPD	0		0	0	0	10. 00
11. 00	CCDP	0		0	0 0	0	11. 00
	OTHER BILLABLE SERVICES						
12. 00	Inpatient Dialysis	36, 415	31, 4	79 20, 0	20 671	2, 877	
13.00	Method II Home Patient	0		0	0	0	13. 00
14. 00	EPO (include in Renal Department)						14. 00
15. 00	ARANESP (include in Renal Department)						15. 00
16. 00	Other	0		0	0	0	16. 00
17. 00	Total (sum of lines 2-16)	127, 731	72, 6	33 150, 3	44 1, 548	89, 666	17. 00
18.00	Medical Educational Program Costs						18. 00
19. 00	Total Renal Costs (line 17 + line 18)						19. 00

		CHILDREN'S HOSPITA					u of Form CMS-2	
ALLOCA	TION OF RENAL DEPARTMENT COSTS TO TREATMENT	MODALITIES	Provi der	CCN: 523300		l: 01/01/2011	Worksheet I-2	
			Component	CCN: 522319		12/31/2011	Date/Time Pre	nared:
			Component	OCIN. 322317	' '	12/ 31/ 2011	7/2/2012 2: 04	
					Renal	Di al ysi s		•
	·	Drugs	Medi cal	Routi ne	Subt	otal (sum	Overhead	
			Suppl i es	Ancillary	of c	ol s. 1-8)		
				Servi ces				
		6.00	7. 00	8. 00		9. 00	10. 00	
1.00	Total Renal Department Costs	26, 347	131, 683		0	599, 952	313, 146	1.00
	MAI NTENANCE							
2.00	Hemodi al ysi s	26, 347	94, 157		0	470, 964	245, 820	2.00
3.00	Intermittent Peritoneal	0	0		0	0	0	3.00
	TRAI NI NG		_		_		_	
4.00	Hemodi al ysi s	0	0		0	0	0	4.00
5.00	Intermittent Peritoneal	0	0		0	0	0	5.00
6.00	CAPD	0	0		0	0	0	6.00
7.00	CCDP	O O	0		U	0	0	7.00
0.00	HOME		0				0	8.00
8. 00 9. 00	Hemodialysis Intermittent Peritoneal	0	0		0	0	0	9.00
10.00	CAPD		0		0	0	0	10.00
11. 00	CCDP		0		0	0	0	11.00
11.00	OTHER BILLABLE SERVICES	U	U		U		U	11.00
12. 00	Inpatient Dialysis	n n	37, 526		0	128, 988	67, 326	12.00
13. 00	Method II Home Patient		37, 320		0	120, 700	07, 320	13.00
14. 00	EPO (include in Renal Department)		J			O	O	14.00
15. 00	ARANESP (include in Renal Department)							15.00
16. 00	Other	0	0		0	0	0	
	Total (sum of lines 2-16)	26, 347	131, 683		Ō	599, 952	313, 146	
	Medical Educational Program Costs	==, =:,	, 000		-	211, 102	2.2, 1.0	18.00
	Total Renal Costs (line 17 + line 18)	1						19.00

Health Financial Systems	CHILDREN'S HOSPITAL (	DF WISCONSIN	In Lie	u of Form CMS-2552-10
ALLOCATION OF RENAL DEPARTMENT COSTS TO TRE	ATMENT MODALITIES	Provider CCN: 523300		Worksheet I-2
		Component CCN: 522319	From 01/01/2011 To 12/31/2011	

			Component Con. 322317	10	12/31/2011	7/2/2012 2: 04	
				Renal	Di al ysi s		
		Total (col. 9					
		+ col . 10)					
		11. 00					
1.00	Total Renal Department Costs	913, 098					1. 00
	MAI NTENANCE						
2.00	Hemodi al ysi s	716, 784					2. 00
3.00	Intermittent Peritoneal	0					3.00
	TRAI NI NG						
4.00	Hemodi al ysi s	0					4. 00
5.00	Intermittent Peritoneal	0					5. 00
6.00	CAPD	0					6. 00
7. 00	CCDP	0					7. 00
	HOME						
8.00	Hemodi al ysi s	0					8. 00
9.00	Intermittent Peritoneal	0					9. 00
10.00	CAPD	0					10.00
11. 00	CCDP	0					11. 00
	OTHER BILLABLE SERVICES						_
12. 00	Inpatient Dialysis	196, 314					12. 00
	Method II Home Patient	0					13. 00
14. 00	EPO (include in Renal Department)						14. 00
15. 00	ARANESP (include in Renal Department)						15. 00
16. 00	Other	0					16. 00
17. 00	Total (sum of lines 2-16)	913, 098					17. 00
	Medical Educational Program Costs	0					18. 00
19. 00	Total Renal Costs (line 17 + line 18)	913, 098					19. 00

Health Financial Systems	CHILDREN'S HOSPITAL OI	WI SCONSI N	In Lie	u of Form CMS-2552-10
DIRECT AND INDIRECT RENAL DIALYSIS CO	OST ALLOCATION - STATISTICAL	Provi der CCN: 523300	Peri od: From 01/01/2011	Worksheet I-3
DASI 3		Component CCN: 522319		

						7/2/2012 2:04	pm
				F	Renal Dialysis		
			Capital Rel	ated Costs	Direct Patier	t Care Salary	
			Bui I di ng	Equipment (%	RNs (Hours)	Other (Hours)	
			(Square Feet)	of Time)			
		0	1. 00	2. 00	3. 00	4. 00	
1.00	Total Renal Department Costs		127, 731	72, 633	150, 344	1, 548	1. 00
	MAI NTENANCE						
2.00	Hemodi al ysi s		1, 640	56. 66	6, 699. 00	94. 00	2. 00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
	TRAI NI NG						
4.00	Hemodi al ysi s		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
	HOME						
8.00	Hemodi al ysi s		0	0.00	0.00	0.00	8. 00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9. 00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11. 00	CCDP		0	0.00	0.00	0.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	279	654	43. 34	1, 029. 07	72. 00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		2, 294	100.00	7, 728. 07	166. 00	17. 00
18. 00	Unit Cost Multiplier (line 1 ÷ line 17)		55. 680471	726. 330000	19. 454275	9. 325301	18. 00

Heal th	Financial Systems CHI	LDREN' S HOSPITA	AL OF WISCONSII	V	In Lie	u of Form CMS-2	2552-10
DI RECT	AND INDIRECT RENAL DIALYSIS COST ALLOCATION	- STATISTICAL	Provi der	CCN: 523300		Worksheet I-3	
BASIS			Component	CCN: 522319	From 01/01/2011 To 12/31/2011	Date/Time Pre 7/2/2012 2:04	
					Renal Dialysis		
		Employee	Drugs	Medi cal	Routi ne	Subtotal	
		Benefits	(Requist.)	Suppl i es	Ancillary		
		(Sal ary)		(Requist.)	Servi ces		
					(Charges)		
		5. 00	6. 00	7. 00	8. 00	9. 00	
1.00	Total Renal Department Costs	89, 666	26, 347	131, 6	83 0	599, 952	1. 00
	MAI NTENANCE						
2.00	Hemodi al ysi s	269, 385	135	24, 6			2. 00
3.00	Intermittent Peritoneal	0	0		0 0		3. 00
	TRAI NI NG						
4.00	Hemodi al ysi s	0	0		0 0		4. 00
5.00	Intermittent Peritoneal	0	0		0		5. 00
6.00	CAPD	0	0		0		6. 00
7.00	CCDP	0	0		0 0		7. 00
	HOME						
8.00	Hemodi al ysi s	0	0		0		8. 00
9.00	Intermittent Peritoneal	0	0		0		9. 00
10.00	CAPD	0	0		0		10.00
11. 00	CCDP	0	0		0 0		11. 00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	8, 930	0	9, 8	19 0		12. 00
13.00	Method II Home Patient	0	0		0 0		13. 00
14.00	EPO		0				14.00
15. 00	ARANESP		0				15. 00
16.00	Other	0	0		0		16. 00
17.00	Total Statistical Basis	278, 315	135	34, 4	56 0		17. 00
18. 00	Unit Cost Multiplier (line 1 ÷ line 17)	0. 322175	195. 162963	3. 8217	73 0. 000000		18. 00

Health Financial Systems	CHILDREN'S HOSPITAL OF	WI SCONSI N	In Lie	u of Form CMS-2552-10
DIRECT AND INDIRECT RENAL DIALYSIS COST BASIS	ALLOCATION - STATISTICAL	Provider CCN: 523300 Component CCN: 522319	From 01/01/2011	Worksheet I-3 Date/Time Prepared:
				7/2/2012 2:04 pm

			Renal D	i al ysi s	
		0verhead			
		(Accum. Cost)			
		10.00			
1.00	Total Renal Department Costs	313, 146			1. 00
	MAI NTENANCE				
2.00	Hemodi al ysi s				2. 00
3.00	Intermittent Peritoneal				3. 00
	TRAI NI NG				
4.00	Hemodi al ysi s				4. 00
5.00	Intermittent Peritoneal				5. 00
6.00	CAPD				6. 00
7.00	CCDP				7. 00
	HOME				
8.00	Hemodi al ysi s				8. 00
9.00	Intermittent Peritoneal				9. 00
10.00	CAPD				10. 00
11. 00	CCDP				11. 00
	OTHER BILLABLE SERVICES				
	Inpatient Dialysis Treatments				12. 00
13.00	Method II Home Patient				13. 00
14.00	EPO				14. 00
15.00	ARANESP				15. 00
16.00	Other				16. 00
17.00	Total Statistical Basis	599, 952			17. 00
18. 00	Unit Cost Multiplier (line 1 ÷ line 17)	0. 521952			18. 00

Health Financial Systems	CHILDREN'S HOSPITAL OF	F WISCONSIN	In Lie	u of Form CMS-2552-10
COMPUTATION OF AVERAGE COST PER TREATMENT DIALYSIS	FOR OUTPATIENT RENAL	Provi der CCN: 523300	Peri od: From 01/01/2011	Worksheet I-4
DIALISIS		Component CCN: 522319		
		Rate 0	Renal Dialysis	

						1/2/2012 2.04	piii
			F	ate 0	Renal Dialysis		
		Number of	Total Cost	Average Cost	Number of	Total Program	
		Total	(from Wkst.	of Program	Program	Expenses (col.	
		Treatments	I-2, col. 11)	Treatments	Treatments	4 x col. 3)	
				(col. 2 ÷ col			
				1)			
		1.00	2. 00	3. 00	4. 00	5. 00	
1.00	Maintenance - Hemodialysis	187	716, 78	3, 833. 0	7 27	103, 493	1. 00
2.00	Maintenance - Peritoneal Dialysis	0		0.0	0	0	2. 00
3.00	Training - Hemodialysis	0	(	0.0	0	0	3. 00
4.00	Training - Peritoneal Dialysis	0		0.0	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal	0		0.0	0	0	5. 00
	Di al ysi s						
6.00	Training - Continuous Cycling Peritoneal	0		0.0	0	0	6. 00
	Di al ysi s						
7.00	Home Program - Hemodialysis	0	(	0.0	0	0	7. 00
8.00	Home Program - Peritoneal Dialysis	0	(	0.0	0	0	8. 00
		Patient Weeks			Patient Weeks		
		1.00	2. 00	3.00	4. 00	5. 00	
9.00	Home Program - Continuous Ambulatory	0		0.0	0	0	9. 00
	Peritoneal Dialysis						
10.00	Home Program - Continuous Cycling Peritoneal	0		0.0	0	0	10. 00
	Di al ysi s						
11.00	Totals (sum of lines 1-8, columns 1 and 4)	187	716, 78	1	27	103, 493	11. 00
	(sum of lines 1-10, columns 2, 5, and 6)						
			•		•	-	

Health Financial Systems	CHI LDREN' S HOSPI TAL OF	WISCONSIN	In Lie	u of Form CMS-2552-10
COMPUTATION OF AVERAGE COST PER TREATMENT FO	R OUTPATIENT RENAL	Provider CCN: 523300		Worksheet I-4
DIALYSIS		Component CCN: 522319	From 01/01/2011	
		Component con. 322317	10 12/31/2011	7/2/2012 2: 04 pm

				Rate 0	Renal Dialys	is	
		Total Program	Average				
		Payment	Payment Rat	:e			
			(col . 6 ÷ co	ol.			
			4)				
		6. 00	7. 00				
1. 00	Maintenance - Hemodialysis	21, 468	795.	11			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.	00			2.00
3.00	Training - Hemodialysis	0	0.	00			3.00
4.00	Training - Peritoneal Dialysis	0	0.	00			4.00
5.00	Training - Continuous Ambulatory Peritoneal	0		00			5.00
	Di al ysi s	_	-				
6.00	Training - Continuous Cycling Peritoneal	0	0.	00			6.00
	Di al ysi s						
7.00	Home Program - Hemodialysis	0	0.	00			7.00
8.00	Home Program - Peritoneal Dialysis	0		00			8.00
		-					
		6. 00	7. 00				
9. 00	Home Program - Continuous Ambulatory	0		00			9, 00
	Peritoneal Dialysis						
10.00	Home Program - Continuous Cycling Peritoneal	0	0.	00			10.00
	Di al ysi s						
11. 00	Totals (sum of lines 1-8, columns 1 and 4)	21, 468					11.00
	(sum of lines 1-10, columns 2, 5, and 6)	217100					
	(	1	ı	1			1

<sup>\*</sup> Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

Provi der CCN: 523300 | Peri od: | From 01/01/2011 | To 12/31/2011 | Date/Time Prepared: 7/2/2012 2:04 pm Tefra Home Program

					Di al ysi s	Terra	
		Capital Rela	ated Costs	Direct Patien	t Care Salary		
		Bui I di ng	Equi pment	RNs	0ther	Empl oyee	
		1.00	2.00	3.00	4. 00	Benefits 5.00	
1.00	Total Renal Department Costs	35, 869	2.00			12, 088	1.00
1.00	MAI NTENANCE	00,007		10, 701	20, 721	12,000	1.00
2.00	Hemodi al ysi s	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3. 00
	TRAI NI NG						1
4.00	Hemodi al ysi s	102	0	0	119	62	4. 00
5.00	Intermittent Peritoneal	0	0	0	0	0	5. 00
6.00	CAPD	0	0	0	0	0	6. 00
7.00	CCDP	153	0	0	119	0	7. 00
	HOME			1			
8.00	Hemodi al ysi s	0	0	0	0	0	8. 00
9.00	Intermittent Peritoneal	0	0	0	0	0	9. 00
10.00	CAPD	0	0	0	0	01	10.00
11. 00	CCDP	17, 807	0	9, 336	11, 700	5, 941	11. 00
12.00	OTHER BILLABLE SERVICES	0			ما	0	12. 00
12. 00 13. 00	Inpatient Dialysis Method II Home Patient	0	0	228	288	144	12.00
14. 00	EPO (include in Renal Department)	٥	U	220	200	144	14.00
15. 00	ARANESP (include in Renal Department)					ļ	15.00
16. 00	Other	17, 807	0	9, 337	11, 701	5, 941	
17. 00	Total (sum of lines 2-16)	35, 869	0	18, 901		12, 088	17.00
	Medical Educational Program Costs	00,007	O	10, 701	20, 727	12,000	18.00
19. 00	· ·						19. 00
	•			•		'	

Hoal th	Financial Systems CHI	LDREN'S HOSPIT	AL OF WISCONSI	N		In lia	u of Form CMS-2	2552_10
	TION OF RENAL DEPARTMENT COSTS TO TREATMENT M			CCN: 523300		III LIE	Worksheet I-2	
					From 01/01 To 12/31	1/2011	Date/Time Pre 7/2/2012 2:04	pared:
					Home Pro Dialys	is	Tefra	
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal of cols.		0verhead	
		6.00	7.00	8. 00	9. 00	)	10.00	
1.00	Total Renal Department Costs	0	134, 960	)	0 22	25, 745	54, 796	1.00
	MAI NTENANCE	1						
2.00	Hemodi al ysi s	0	_	1	0	0	0	
3.00	Intermittent Peritoneal	0	(	)	0	0	0	3. 00
	TRAI NI NG	T _	1	.1	_1			
4.00	Hemodi al ysi s	0		2	0	283	69	
5.00	Intermittent Peritoneal	0		2	0	0	0	5.00
6.00	CAPD	0		)	0	070	0	6.00
7.00	CCDP	0	<u> </u>	<u> </u>	0	272	66	7. 00
0.00	HOME Hemodi al ysi s			\[ \	0	ام	0	8. 00
8. 00 9. 00	Intermittent Peritoneal				0	0	0	
9. 00 10. 00	CAPD				0	0	0	
11. 00	CCDP		134, 960		0	79, 744	0 43, 630	
11.00	OTHER BILLABLE SERVICES		134, 900	ή	0 1.	79, 744	43, 030	11.00
12. 00	Inpatient Dialysis			J.	0	٥	0	12. 00
13. 00	Method II Home Patient				0	660	160	
14. 00				Ί	o l	000	100	14. 00
15. 00	ARANESP (include in Renal Department)							15. 00
16. 00	Other		·		0	14, 786	10, 871	
17. 00	Total (sum of lines 2-16)		134, 960			25, 745	54, 796	1
18. 00	,		154, 700	1		_5, , ¬5	54, 770	18.00
	Total Renal Costs (line 17 + line 18)							19. 00
	1.000.00000 (1.1.00 17 1 1110 10)	ı	ı	1	1	ı		

		HILDREN'S HOSPITAL C	F WISCONSIN			u of Form CMS-	2552-10
ALLOCA	TION OF RENAL DEPARTMENT COSTS TO TREATMENT	MODALITIES	Provi der CCN:	523300		Worksheet I-2	2
					From 01/01/2011 To 12/31/2011	Doto/Time Dro	nonod.
					10 12/31/2011	Date/Time Pre 7/2/2012 2:04	
					Home Program	Tefra	
					Di al ysi s		
		Total (col. 9					
		+ col. 10)					
		11.00					
1.00	Total Renal Department Costs	280, 541					1.00
	MAI NTENANCE						
2.00	Hemodi al ysi s	0					2. 00
3.00	Intermittent Peritoneal	0					3. 00
	TRAI NI NG						
4.00	Hemodi al ysi s	352					4. 00
5.00	Intermittent Peritoneal	0					5. 00
6.00	CAPD	0					6. 00
7.00	CCDP	338					7. 00
	HOME						
8.00	Hemodi al ysi s	0					8. 00
9.00	Intermittent Peritoneal	0					9. 00
10.00	CAPD	0					10.00
11. 00	CCDP	223, 374					11. 00
40.00	OTHER BILLABLE SERVICES						1.0.00
	Inpatient Dialysis	0					12.00
	Method II Home Patient	820					13. 00
	EPO (include in Renal Department)						14. 00
	ARANESP (include in Renal Department)	FE /F3					15. 00
16.00	Other	55, 657					16.00

280, 541 280, 541 17. 00 18. 00

19. 00

17.00 Total (sum of lines 2-16)
18.00 Medical Educational Program Costs
19.00 Total Renal Costs (line 17 + line 18)

Health Financial Systems CF	Health Financial Systems CHILDREN'S HOSPITAL OF					u of Form CMS-2	2552-10
DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION	- STATISTICAL	Р	Provi der	CCN: 523300	Peri od: From 01/01/2011	Worksheet I-3	
BASIS						Date/Time Pre 7/2/2012 2:04	pared: pm
					Home Program Dialysis	Tefra	
		Cap	Capital Related Costs		Direct Patien	t Care Salary	
			l di ng	Equipment (	% RNs (Hours)	Other (Hours)	
		(Squar	e Feet)	of Time)			
	0	1	00	2.00	2 00	4 00	

					Diai yoro		
			Capital Rel	ated Costs	Direct Patier	it Care Salary	
			Bui I di ng	Equipment (%	RNs (Hours)	Other (Hours)	
			(Square Feet)	of Time)	( ,	( , , ,	
		0	1.00	2.00	3. 00	4. 00	
1.00	Total Renal Department Costs		35, 869	0	18, 901	23, 927	1. 00
	MAI NTENANCE						
2.00	Hemodi al ysi s		0	0.00	0. 00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0. 00	0.00	3.00
	TRAI NI NG						
4.00	Hemodi al ysi s		4	1. 01	0. 00		4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0. 00	0.00	6.00
7.00	CCDP		6	1. 01	0. 00	7. 00	7.00
	HOME						
8.00	Hemodi al ysi s		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0. 00	0.00	9. 00
10.00	CAPD		0	0.00	0. 00	0.00	10.00
11. 00	CCDP		700	96. 64	41. 00	690.00	11. 00
	OTHER BILLABLE SERVICES						
	Inpatient Dialysis Treatments	0	0		0. 00		
13.00	Method II Home Patient		0	2. 41	1. 00	17. 00	
14. 00	EPO						14.00
15. 00	ARANESP						15.00
16. 00	Other		700				
17. 00	Total Statistical Basis		1, 410			·	
18. 00	Unit Cost Multiplier (line 1 ÷ line 17)		25. 439007	0. 000000	227. 722892	16. 957477	18. 00

Heal th	Financial Systems CHI	LDREN' S HOSPI TA	AL OF WISCONSI	N	In Lie	u of Form CMS-2	2552-10
	AND INDIRECT RENAL DIALYSIS COST ALLOCATION	- STATISTICAL	Provi der	CCN: 523300	Peri od:	Worksheet I-3	
BASIS					From 01/01/2011 To 12/31/2011	Date/Time Pre 7/2/2012 2:04	pared: pm
					Home Program	Tefra	
					Di al ysi s		
		Employee	Drugs	Medical	Routine	Subtotal	
		Benefits	(Requist.)	Supplies	Ancillary		
		(Sal ary)		(Requist.)	Servi ces		
		5. 00	6. 00	7. 00	(Charges) 8.00	9. 00	
1. 00	Total Renal Department Costs	12, 088	0.00			225, 745	1. 00
1.00	MAI NTENANCE	12,000		101, 7	50	220, 710	1.00
2.00	Hemodi al ysi s	0	0		0 0		2.00
3.00	Intermittent Peritoneal	o	0		0 0		3. 00
	TRAI NI NG	-1					
4.00	Hemodi al ysi s	391	0		0 0		4. 00
5.00	Intermittent Peritoneal	o	0		0 0		5. 00
6.00	CAPD	0	0		0 0		6. 00
7.00	CCDP	0	0		0 0		7. 00
	HOME						
8.00	Hemodi al ysi s	0	0		0		8. 00
9.00	Intermittent Peritoneal	0	0		0		9. 00
10.00	CAPD	0	0		0		10.00
11. 00	CCDP	37, 508	0	134, 9	60 0		11. 00
	OTHER BILLABLE SERVICES			ı			
12.00	Inpatient Dialysis Treatments	0	0		0 0		12.00
13.00	Method II Home Patient	912	0		0		13.00
14.00	EPO ADAMECE		0				14. 00
15. 00 16. 00	ARANESP	27 500	0				15. 00
16.00	Other Total Statistical Basis	37, 508 76, 319	0	134. 9	40		16. 00 17. 00
	Unit Cost Multiplier (line 1 ÷ line 17)	0. 158388	0. 000000				18.00
10.00	Join Cost Multipiter (Title 1 - Title 17)	U. 100388	0. 000000	1.0000	JU <sub> </sub> U. UUUUUU		10.00

Heal th	Financial Systems CH	ILDREN'S HOSPITAL (	OF WISCONSIN		In lie	u of Form CMS-	-2552-10
	AND INDIRECT RENAL DIALYSIS COST ALLOCATION		Provi der CCN:	523300	Peri od:	Worksheet I-	
BASIS	THE THE TENE STREET COST TREES TO SEE	0.,,,,,		02000	From 01/01/2011 To 12/31/2011	Date/Time Pro	epared:
					Home Program	Tefra	
					Di al ysi s		
		0verhead					
		(Accum. Cost)					
1. 00	Total Danal Department Costs						1. 00
1.00	Total Renal Department Costs  MAINTENANCE	54, 796					1.00
2. 00	Hemodi al ysi s						2.00
3.00	Intermittent Peritoneal						3.00
3.00	TRAI NI NG						3.00
4.00	Hemodi al ysi s						4.00
5.00	Intermittent Peritoneal						5. 00
6.00	CAPD						6.00
7. 00	CCDP						7. 00
,,,,,	HOME						1 // 00
8.00	Hemodi al ysi s						8.00
9.00	Intermittent Peritoneal						9. 00
10.00	CAPD						10.00
11.00	CCDP						11. 00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments						12. 00
13.00	Method II Home Patient						13. 00
14.00	EPO						14. 00
15.00	ARANESP						15. 00
16.00	Other						16. 00
17.00	Total Statistical Basis	225, 745					17. 00
18. 00	Unit Cost Multiplier (line 1 ÷ line 17)	0. 242734					18. 00

Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10								
	TATION OF AVERAGE COST PER TREATMENT FOR OUTPA	TIENT RENAL	Provi	der	CCN: 523300	Peri od:	Worksheet I-4	
DI ALYS	SIS					From 01/01/2011		
						To 12/31/2011	Date/Time Pre 7/2/2012 2:04	pared:
				D:	ate 0	Home Program	7/2/2012 2.04 Tefra	рш
				IXC	ate o	Di al ysi s	Terra	
		Number of	Total Co	st	Average Cost		Total Program	
		Total	(from Wks	st.	of Program	Program	Expenses (col.	
		Treatments	I-2, col.	11)	Treatments	Treatments	4 x col. 3)	
					(col. 2 ÷ col			
					1)			
		1. 00	2. 00		3. 00	4. 00	5. 00	
1.00	Maintenance - Hemodialysis	0		0	0.0		0	1. 00
2.00	Maintenance - Peritoneal Dialysis	0		0	0.0		0	2. 00
3.00	Training - Hemodialysis	15		352	23. 4		0	3. 00
4.00	Training - Peritoneal Dialysis	0		0	0.0		0	4. 00
5. 00	Training - Continuous Ambulatory Peritoneal Dialysis	26		0	0.0	0 0	0	5. 00
6. 00	Training - Continuous Cycling Peritoneal Dialysis	251		338	1.3	5 1	1	6. 00
7.00	Home Program - Hemodialysis	0		0	0.0	0 0	0	7. 00
8.00	Home Program - Peritoneal Dialysis	0		0	0.0	0 0	0	8. 00
		Patient Weeks				Patient Weeks		
		1. 00	2.00		3.00	4. 00	5. 00	
9. 00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0		0	0.0	0 0	0	9. 00
10. 00	Home Program - Continuous Cycling Peritoneal Dialysis	0	223	, 374	0.0	0	0	10. 00
11. 00		292	224	, 064		1	1	11. 00

Provider CN: 52300	Health Financial Systems CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-2552-10							
To 12/31/2011   Date/Time Prepared: 7/2/2012 2: 04 pm	COMPUT	ATION OF AVERAGE COST PER TREATMENT FOR OUTPA	TIENT RENAL	Provi der	CCN: 523300		Worksheet I-4	
Total Program Payment   Payment Rate (col. 6 ÷ col. 4)	DI ALYS	SIS						
Payment   Payment Rate (col. 6 + col. 4)				Ra	ate 0		Tefra	
Col								
1.00			Payment					
1.00   Maintenance - Hemodialysis   0   0.00   1.00								
1.00 Maintenance - Hemodial ysis								
2.00 Maintenance - Peritoneal Dialysis 0 0.00 3.00 Training - Hemodialysis 0 0.00 4.00 Training - Peritoneal Dialysis 0 0.00 5.00 Training - Continuous Ambulatory Peritoneal 0 0.00 Dialysis 0 0.00 6.00 Training - Continuous Cycling Peritoneal 176 176.00 Dialysis 0 0.00 7.00 Home Program - Hemodialysis 0 0.00 8.00 Home Program - Peritoneal Dialysis 0 0.00 9.00 Home Program - Continuous Ambulatory 0 0.00 9.00 Home Program - Continuous Ambulatory 0 0.00 9.00 Home Program - Continuous Cycling Peritoneal 0 0.00 9.00 Totals (sum of lines 1-8, columns 1 and 4) 176		To a contract the second secon	6. 00					
3.00 Training - Hemodialysis 0 0.00 4.00 Training - Peritoneal Dialysis 0 0.00 5.00 Training - Continuous Ambulatory Peritoneal 0 0.00 Dialysis 6.00 Training - Continuous Cycling Peritoneal 176 176.00 Dialysis 6.00 Training - Peritoneal 176 176.00 Dialysis 7.00 Home Program - Hemodialysis 0 0.00 8.00 Home Program - Peritoneal Dialysis 0 0.00 9.00 Home Program - Continuous Ambulatory 0 0.00 Peritoneal Dialysis 0 0.00 Peritoneal Dialysis 0 0.00 10.00 Home Program - Continuous Cycling Peritoneal 0 0.00 Dialysis 1.00 Totals (sum of lines 1-8, columns 1 and 4) 176			0		1			
4.00 Training - Peritoneal Dialysis 0 0.00 5.00 Training - Continuous Ambulatory Peritoneal 0 0.00 5.00 5.00 Dialysis 6.00 Training - Continuous Cycling Peritoneal 176 176.00 Dialysis 0 0.00 7.00 6.00 7.00 8.00 Home Program - Hemodialysis 0 0.00 8.00 7.00 8.00 Home Program - Peritoneal Dialysis 0 0.00 8.00 9.00 9.00 8.00 9.00 9.00 9.			0		1			
5.00 Training - Continuous Ambulatory Peritoneal 0 0.00 5.00 Dialysis 176 176.00 6.00 Training - Continuous Cycling Peritoneal 176 176.00 6.00 Dialysis 7.00 Home Program - Hemodialysis 0 0.00 7.00 8.00 Home Program - Peritoneal Dialysis 0 0.00 8.00 9.00 9.00 9.00 9.00 9.00 9.			0		1			
Dialysis 6.00 Training - Continuous Cycling Peritoneal 176 176.00 Dialysis 7.00 Home Program - Hemodialysis 0 0.00 8.00 Home Program - Peritoneal Dialysis 0 0.00 9.00 Home Program - Continuous Ambulatory 0 0.00 Peritoneal Dialysis 10.00 Home Program - Continuous Cycling Peritoneal Dialysis 11.00 Totals (sum of lines 1-8, columns 1 and 4) 176			0		1			
Dialysis   7.00   Home Program - Hemodialysis   0   0.00   7.00   8.00   Home Program - Peritoneal Dialysis   0   0.00   8.00	5. 00		0	0.00				5. 00
7. 00   Home Program - Hemodial ysis   0   0.00   7.00   8.00	6. 00		176	176. 00				6. 00
9.00 Home Program - Continuous Ambulatory 0 0.00 9.00 Peritoneal Dialysis 10.00 Home Program - Continuous Cycling Peritoneal 0 0.00 10.00 Dialysis 11.00 Totals (sum of lines 1-8, columns 1 and 4) 176	7.00		0	0.00				7. 00
9.00 Home Program - Continuous Ambulatory Peritoneal Dialysis 10.00 Home Program - Continuous Cycling Peritoneal Dialysis 11.00 Totals (sum of lines 1-8, columns 1 and 4)  9.00 0.00 0.00 10.00 11.00	8.00	Home Program - Peritoneal Dialysis	0	0.00				8. 00
9.00 Home Program - Continuous Ambulatory Peritoneal Dialysis 10.00 Home Program - Continuous Cycling Peritoneal Dialysis 11.00 Totals (sum of lines 1-8, columns 1 and 4)  9.00 0.00 0.00 10.00 11.00								
Peritoneal Dialysis  10.00 Home Program - Continuous Cycling Peritoneal			6. 00	7. 00				
10.00 Home Program - Continuous Cycling Peritoneal 0 0.00 10.00 11.00 Totals (sum of lines 1-8, columns 1 and 4) 176	9. 00		0	0.00				9. 00
11.00 Totals (sum of lines 1-8, columns 1 and 4) 176 11.00	10. 00	Home Program - Continuous Cycling Peritoneal	0	0.00				10.00
	11. 00		176					11. 00

Heal th	u of Form CMS-2	2552-10				
CALCUL	CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B Provider CCN: 523300 Period:					
	From 01/01/2011 To 12/31/2011					
			1. 00			
1.00	Total expenses related to care of program beneficiaries (see instructions)		103, 494	1.00		
2.00	Total payment (from Worksheet I-4, column 6, line 11)		21, 644	2.00		
3.00	3.00 Deductibles billed to Medicare (Part B) patients					
4.00	0	4.00				
5.00	0	5.00				
6.00		6.00				
7.00	7.00 Reimbursable bad debts for dual eligible beneficiaries (see instructions)					
8. 00	0	8. 00				
9.00	9.00 Program payment (line 2 less line 3, times 80 percent)					
10. 00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negat enter zero and do not complete line 11.)	i ve,	86, 179	10. 00		
11. 00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line	33)	0	11. 00		

Health Financial Systems		CHILDREN'S HOSPITAL OF WISCONSIN In Lieu of Form CMS-				2552-10
ALL IN	ICLUSIVE RATE DATA - METHOD E	Provi der CCN:	523300	Period: From 01/01/2011 To 12/31/2011	AIR Worksheet Not a CMS Worl Date/Time Prep 7/2/2012 2:04	ksheet bared:
					1. 00	
1.00	Total general inpatient routine service	cost.			0	1. 00
2.00	Total inpatient days.				72, 344	2.00
3.00	Cost per day.				0.00	3.00
4.00	Percentage (93% = Short Term; 98% = Long	Term).			98	4.00
5.00	Reduced cost per day.				0.00	5.00
6.00	Ancillary percentage.				0	6.00
7.00	Ancillary cost per day.				0.00	7.00
8.00	Inpatient Part B days.				0	8.00
9. 00	Total Part B ancillary cost.				0	9. 00