

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

|                                                                                            |                       |                                             |                                                                         |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>11/30/2018 2:19 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically filed cost report                                                                                             | Date: 11/30/2018                                                                                                                                                                                   | Time: 2:19 pm                                                                                                                                    |
|                     | 2. <input type="checkbox"/> Manually submitted cost report                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                  |
|                     | 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report                                        |                                                                                                                                                                                                    |                                                                                                                                                  |
|                     | 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
| Contractor use only | 5. <input checked="" type="checkbox"/> Cost Report Status<br>(1) As Submitted<br>(2) Settled without Audit<br>(3) Settled with Audit<br>(4) Reopened<br>(5) Amended | 6. Date Received:<br>7. Contractor No.<br>8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN<br>9. <input checked="" type="checkbox"/> Final Report for this Provider CCN | 10. NPR Date:<br>11. Contractor's Vendor Code: 4<br>12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9. |

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL ( 14-0054 ) for the cost reporting period beginning 03/01/2018 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

\_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

| Cost Center Description |                               | Title V | Title XVIII |        | HIT  | Title XIX |        |
|-------------------------|-------------------------------|---------|-------------|--------|------|-----------|--------|
|                         |                               |         | Part A      | Part B |      |           |        |
|                         |                               | 1.00    | 2.00        | 3.00   | 4.00 | 5.00      |        |
|                         | PART III - SETTLEMENT SUMMARY |         |             |        |      |           |        |
| 1.00                    | Hospital                      | 0       | 185,915     | 34,467 | 0    | 0         | 1.00   |
| 2.00                    | Subprovider - IPF             | 0       | 7,443       | 0      |      | 0         | 2.00   |
| 3.00                    | Subprovider - IRF             | 0       | -11,257     | 0      |      | 0         | 3.00   |
| 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   |
| 200.00                  | Total                         | 0       | 182,101     | 34,467 | 0    | 0         | 200.00 |

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

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

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             | Provider CCN: 14-0054                  |                                 | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|-----------------------------|----------------------------------------|---------------------------------|---------------------------------------------|--------------------------------|-----------------------------------------------------------------------|-------|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00           |                             | 3.00                        |                                        | 4.00                            |                                             |                                |                                                                       |       |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 1.00                                                          | Street: 3249 SOUTH OAK PARK AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                             | PO Box:                     |                                        | Date Certified                  |                                             | 1.00                           |                                                                       |       |
| 2.00                                                          | City: BERWYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                             | State: IL                   |                                        | Zip Code: 60402                 |                                             | County: COOK                   |                                                                       |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Component Name |                             | CCN Number                  | CBSA Number                            | Provider Type                   | Date Certified                              | Payment System (P, T, O, or N) |                                                                       |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 |                                             | V                              | XVIII                                                                 | XIX   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00           |                             | 2.00                        | 3.00                                   | 4.00                            | 5.00                                        | 6.00                           | 7.00                                                                  | 8.00  |
| Hospital and Hospital-Based Component Identification:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 3.00                                                          | Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | MACNEAL HOSPITAL            | 140054                      | 16974                                  | 1                               | 07/01/1966                                  | N                              | P                                                                     | 0     |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | MACNEAL PSYCH UNIT          | 14S054                      | 16974                                  | 4                               | 10/01/1984                                  | N                              | P                                                                     | 0     |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | MACNEAL REHAB UNIT          | 14T054                      | 16974                                  | 5                               | 10/01/2015                                  | N                              | P                                                                     | 0     |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | M.H. TRANSITIONAL CARE UNIT | 145848                      | 16974                                  |                                 | 10/01/1995                                  | N                              | P                                                                     | 0     |
| 10.00                                                         | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 11.00                                                         | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 12.00                                                         | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 13.00                                                         | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 14.00                                                         | Hospital-Based Hospice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 15.00                                                         | Hospital-Based Health Clinic - RHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 16.00                                                         | Hospital-Based Health Clinic - FQHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 17.00                                                         | Hospital-Based (CMHC) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 18.00                                                         | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 19.00                                                         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 | From:                                       | To:                            |                                                                       |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 | 1.00                                        | 2.00                           |                                                                       |       |
| 20.00                                                         | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                             |                             |                                        |                                 | 03/01/2018                                  | 06/30/2018                     |                                                                       | 20.00 |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                             |                             |                                        |                                 | 1                                           |                                |                                                                       | 21.00 |
| Inpatient PPS Information                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 |                                             |                                |                                                                       |       |
| 22.00                                                         | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                               |                |                             |                             |                                        |                                 | Y                                           | N                              |                                                                       | 22.00 |
| 22.01                                                         | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   |                |                             |                             |                                        |                                 | N                                           | Y                              |                                                                       | 22.01 |
| 22.02                                                         | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       |                |                             |                             |                                        |                                 | N                                           | N                              |                                                                       | 22.02 |
| 22.03                                                         | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. |                |                             |                             |                                        |                                 | N                                           | N                              |                                                                       | 22.03 |
| 23.00                                                         | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             |                |                             |                             |                                        |                                 | 3                                           | N                              |                                                                       | 23.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             | In-State Medicaid paid days | In-State Medicaid eligible unpaid days | Out-of-State Medicaid paid days | Out-of-State Medicaid eligible unpaid       | Medicaid HMO days              | Other Medicaid days                                                   |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                             | 1.00                        | 2.00                                   | 3.00                            | 4.00                                        | 5.00                           | 6.00                                                                  |       |
| 24.00                                                         | If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.                                                                                                                                                                                                                                                    |                |                             | 1,129                       | 852                                    | 1                               | 15                                          | 4,519                          | 67                                                                    | 24.00 |
| 25.00                                                         | If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.                                                                                                                                                                                                                                                                                               |                |                             | 0                           | 0                                      | 0                               | 0                                           | 0                              |                                                                       | 25.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |            |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|-------|------------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Urban/Rural S<br>1.00 | Date of Geogr<br>2.00                       |                                                                       |       |            |
| 26.00                                                         | Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.                                                                                                                                                                                                                                                                                                              | 2                     |                                             | 26.00                                                                 |       |            |
| 27.00                                                         | Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.                                                                                                                                                                                                               | 2                     |                                             | 27.00                                                                 |       |            |
| 35.00                                                         | If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                        | 0                     |                                             | 35.00                                                                 |       |            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Beginning:<br>1.00    | Ending:<br>2.00                             |                                                                       |       |            |
| 36.00                                                         | Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                                                                   | 0                     |                                             | 36.00                                                                 |       |            |
| 37.00                                                         | If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                 |                       |                                             | 37.00                                                                 |       |            |
| 37.01                                                         | Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                                                                                                                                                                                   |                       |                                             | 37.01                                                                 |       |            |
| 38.00                                                         | If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                     |                       |                                             | 38.00                                                                 |       |            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y/N<br>1.00           | Y/N<br>2.00                                 |                                                                       |       |            |
| 39.00                                                         | Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)                                                                                          | N                     | N                                           | 39.00                                                                 |       |            |
| 40.00                                                         | Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)                                                                                                                                                                                                           | N                     | N                                           | 40.00                                                                 |       |            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V<br>1.00             | XVIII<br>2.00                               | XIX<br>3.00                                                           |       |            |
| <b>Prospective Payment System (PPS)-Capital</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |       |            |
| 45.00                                                         | Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)                                                                                                                                                                                                                                                                                                                  | N                     | N                                           | N                                                                     | 45.00 |            |
| 46.00                                                         | Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.                                                                                                                                                                                                                                                                | N                     | N                                           | N                                                                     | 46.00 |            |
| 47.00                                                         | Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                     | N                     | N                                           | N                                                                     | 47.00 |            |
| 48.00                                                         | Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                           | N                     | N                                           | N                                                                     | 48.00 |            |
| <b>Teaching Hospitals</b>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |       |            |
| 56.00                                                         | Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                      | Y                     |                                             |                                                                       | 56.00 |            |
| 57.00                                                         | If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. | N                     |                                             |                                                                       | 57.00 |            |
| 58.00                                                         | If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.                                                                                                                                                                                                                                                                                                | N                     |                                             |                                                                       | 58.00 |            |
| 59.00                                                         | Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.                                                                                                                                                                                                                                                                                                                                                                                  | N                     |                                             |                                                                       | 59.00 |            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAHE 413.85<br>Y/N    | Worksheet A<br>Line #                       | Pass-Through<br>Qualification<br>Criterion Code                       |       |            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.00                  | 2.00                                        | 3.00                                                                  |       |            |
| 60.00                                                         | Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)                                                                                                                                                                                                                                                                                                                       | N                     |                                             |                                                                       | 60.00 |            |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y/N                   | IME                                         | Direct GME                                                            | IME   | Direct GME |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.00                  | 2.00                                        | 3.00                                                                  | 4.00  | 5.00       |
| 61.00                                                         | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                                                                                                                                       | N                     |                                             |                                                                       | 0.00  | 0.00       |
| 61.01                                                         | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                                                                                                                                            |                       |                                             |                                                                       |       | 61.01      |
| 61.02                                                         | Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                                                                                                                                                |                       |                                             |                                                                       |       | 61.02      |
| 61.03                                                         | Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |       | 61.03      |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet S-2  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Y/N          | IME  | Direct GME                       | IME                              | Direct GME                        |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.00         | 2.00 | 3.00                             | 4.00                             | 5.00                              |                                   |
| 61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).                                                                                                                                                                                                                                                                                 |              |      |                                  |                                  |                                   | 61.04                             |
| 61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)                                                                                                                                                                                                                              |              |      |                                  |                                  |                                   | 61.05                             |
| 61.06 Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)                                                                                                                                                                                                                                                                                 |              |      |                                  |                                  |                                   | 61.06                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Program Name |      | Program Code                     | Unweighted IME FTE Count         | Unweighted Direct GME FTE Count   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.00         |      | 2.00                             | 3.00                             | 4.00                              |                                   |
| 61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.                                                                                                 |              |      |                                  | 0.00                             | 0.00                              | 61.10                             |
| 61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.                                                                                       |              |      |                                  | 0.00                             | 0.00                              | 61.20                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |      |                                  |                                  | 1.00                              |                                   |
| ACA Provisions Affecting the Health Resources and Services Administration (HRSA)                                                                                                                                                                                                                                                                                                                                                         |              |      |                                  |                                  |                                   |                                   |
| 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)                                                                                                                                                                                                                                                                   |              |      |                                  |                                  | 0.00                              | 62.00                             |
| 62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)                                                                                                                                                                                                                                                 |              |      |                                  |                                  | 0.00                              | 62.01                             |
| Teaching Hospitals that Claim Residents in Nonprovider Settings                                                                                                                                                                                                                                                                                                                                                                          |              |      |                                  |                                  |                                   |                                   |
| 63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)                                                                                                                                                                                                                               |              |      |                                  |                                  | Y                                 | 63.00                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |      | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital      | Ratio (col. 1/ (col. 1 + col. 2)) |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |      | 1.00                             | 2.00                             | 3.00                              |                                   |
| Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.                                                                                                                                                                                                                                                     |              |      |                                  |                                  |                                   |                                   |
| 64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) |              |      | 0.70                             | 28.06                            | 0.024339                          | 64.00                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Program Name |      | Program Code                     | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital       | Ratio (col. 3/ (col. 3 + col. 4)) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.00         |      | 2.00                             | 3.00                             | 4.00                              | 5.00                              |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet S-2  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name      | Program Code | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |       |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-------------------------------------------|-----------------------------------|-----------------------------------------|-------|
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00              | 2.00         | 3.00                                      | 4.00                              | 5.00                                    |       |
| 65.00 | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | FAMILY MEDICINE   | 1350         | 6.24                                      | 28.11                             | 0.181659                                | 65.00 |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 1/<br>(col. 1 + col.<br>2)) |       |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              | 1.00                                      | 2.00                              | 3.00                                    |       |
| 66.00 | Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010<br>Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)                                                                                              |                   |              | 0.08                                      | 24.70                             | 0.003228                                | 66.00 |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name      | Program Code | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |       |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00              | 2.00         | 3.00                                      | 4.00                              | 5.00                                    |       |
| 67.00 | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             | FAMILY MEDICINE   | 1350         | 10.85                                     | 69.28                             | 0.135405                                | 67.00 |
| 67.01 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INTERNAL MEDICINE | 1400         | 0.00                                      | 39.26                             | 0.000000                                | 67.01 |
| 67.02 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OB GYN            | 1750         | 0.00                                      | 2.80                              | 0.000000                                | 67.02 |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |              |                                           | 1.00                              | 2.00                                    | 3.00  |
| 70.00 | Inpatient Psychiatric Facility PPS<br>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |              | Y                                         |                                   |                                         | 70.00 |
| 71.00 | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                                                                                              |                   |              | N                                         | N                                 | 0                                       | 71.00 |
| 75.00 | Inpatient Rehabilitation Facility PPS<br>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |              | Y                                         |                                   |                                         | 75.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        | 2.00                                                                  | 3.00   |
| 76.00                                                         | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) | N                     |                                             | 0                                                                     | 76.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        |                                                                       |        |
| <b>Long Term Care Hospital PPS</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |        |
| 80.00                                                         | Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                       | N                     |                                             |                                                                       | 80.00  |
| 81.00                                                         | Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                 | N                     |                                             |                                                                       | 81.00  |
| <b>TEFRA Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |        |
| 85.00                                                         | Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              | N                     |                                             |                                                                       | 85.00  |
| 86.00                                                         | Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                     |                       |                                             |                                                                       | 86.00  |
| 87.00                                                         | Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                        | N                     |                                             |                                                                       | 87.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | V                                           | XIX                                                                   |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        | 2.00                                                                  |        |
| <b>Title V and XIX Services</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |        |
| 90.00                                                         | Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                 | N                     | N                                           |                                                                       | 90.00  |
| 91.00                                                         | Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                   | N                     | N                                           |                                                                       | 91.00  |
| 92.00                                                         | Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                       |                       | N                                           |                                                                       | 92.00  |
| 93.00                                                         | Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                         | N                     | N                                           |                                                                       | 93.00  |
| 94.00                                                         | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                              | N                     | N                                           |                                                                       | 94.00  |
| 95.00                                                         | If line 94 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                       | 0.00                  | 0.00                                        |                                                                       | 95.00  |
| 96.00                                                         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                              | N                     | N                                           |                                                                       | 96.00  |
| 97.00                                                         | If line 96 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                       | 0.00                  | 0.00                                        |                                                                       | 97.00  |
| 98.00                                                         | Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                     | N                     | N                                           |                                                                       | 98.00  |
| 98.01                                                         | Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                         | N                     | N                                           |                                                                       | 98.01  |
| 98.02                                                         | Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                             | N                     | N                                           |                                                                       | 98.02  |
| 98.03                                                         | Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                        | N                     | N                                           |                                                                       | 98.03  |
| 98.04                                                         | Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                  | N                     | N                                           |                                                                       | 98.04  |
| 98.05                                                         | Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                            | N                     | N                                           |                                                                       | 98.05  |
| 98.06                                                         | Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                                                    | N                     | N                                           |                                                                       | 98.06  |
| <b>Rural Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                       |        |
| 105.00                                                        | Does this hospital qualify as a CAH?                                                                                                                                                                                                                                                                                                                                                                                                                                              | N                     |                                             |                                                                       | 105.00 |
| 106.00                                                        | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)                                                                                                                                                                                                                                                                                                                                               |                       |                                             |                                                                       | 106.00 |
| 107.00                                                        | If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.                                                                                                                                                                   |                       |                                             |                                                                       | 107.00 |
| 108.00                                                        | Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                   | N                     |                                             |                                                                       | 108.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0054 |                      | Period:<br>From 03/01/2018<br>To 06/30/2018 |                     | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|---------------------------------------------|---------------------|-----------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Physical<br>1.00      | Occupational<br>2.00 | Speech<br>3.00                              | Respiratory<br>4.00 |                                                                       |        |
| 109.00                                                        | If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.                                                                                                                                                                                                                                                                                                    |                       |                      |                                             |                     |                                                                       | 109.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     | 1.00                                                                  |        |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                                                                        | N                     |                      |                                             |                     |                                                                       | 110.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     | 1.00                                                                  | 2.00   |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |                      |                                             |                     |                                                                       | 111.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     | 1.00                                                                  | 2.00   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     | 1.00                                                                  | 2.00   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     | 3.00                                                                  |        |
| Miscellaneous Cost Reporting Information                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     |                                                                       |        |
| 115.00                                                        | Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.                                       | N                     |                      |                                             |                     |                                                                       | 0      |
| 116.00                                                        | Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              | Y                     |                      |                                             |                     |                                                                       | 116.00 |
| 117.00                                                        | Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                              | N                     |                      |                                             |                     |                                                                       | 117.00 |
| 118.00                                                        | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.                                                                                                                                                                                                                                                                                                                      | 1                     |                      |                                             |                     |                                                                       | 118.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premiums              |                      | Losses                                      |                     | Insurance                                                             |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  |                      | 2.00                                        |                     | 3.00                                                                  |        |
| 118.01                                                        | List amounts of malpractice premiums and paid losses:                                                                                                                                                                                                                                                                                                                                                                                                           | 2,420,595             |                      | 0                                           |                     | 0                                                                     |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     | 1.00                                                                  | 2.00   |
| 118.02                                                        | Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.                                                                                                                                                                                                                                                            | N                     |                      |                                             |                     |                                                                       | 118.02 |
| 119.00                                                        | DO NOT USE THIS LINE                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                      |                                             |                     |                                                                       | 119.00 |
| 120.00                                                        | Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.                                                            | N                     |                      |                                             |                     | N                                                                     | 120.00 |
| 121.00                                                        | Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                | Y                     |                      |                                             |                     |                                                                       | 121.00 |
| 122.00                                                        | Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.                                                                                                                                                                                                                      | N                     |                      |                                             |                     |                                                                       | 122.00 |
| Transplant Center Information                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     |                                                                       |        |
| 125.00                                                        | Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.                                                                                                                                                                                                                                                                                                                       | N                     |                      |                                             |                     |                                                                       | 125.00 |
| 126.00                                                        | If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                            |                       |                      |                                             |                     |                                                                       | 126.00 |
| 127.00                                                        | If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                      |                                             |                     |                                                                       | 127.00 |
| 128.00                                                        | If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                      |                                             |                     |                                                                       | 128.00 |
| 129.00                                                        | If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                              |                       |                      |                                             |                     |                                                                       | 129.00 |
| 130.00                                                        | If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                          |                       |                      |                                             |                     |                                                                       | 130.00 |
| 131.00                                                        | If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                        |                       |                      |                                             |                     |                                                                       | 131.00 |
| 132.00                                                        | If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                      |                                             |                     |                                                                       | 132.00 |
| 133.00                                                        | If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |                      |                                             |                     |                                                                       | 133.00 |
| 134.00                                                        | If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                                          |                       |                      |                                             |                     |                                                                       | 134.00 |
| All Providers                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                      |                                             |                     |                                                                       |        |
| 140.00                                                        | Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)                                                                                                                                                                                                     | Y                     |                      |                                             |                     | HB1432                                                                | 140.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                                                                                                                                                           |                                  |      |                                                 | Provider CCN: 14-0054 |                            | Period:<br>From 03/01/2018<br>To 06/30/2018 |            | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|-------------------------------------------------|-----------------------|----------------------------|---------------------------------------------|------------|-----------------------------------------------------------------------|------------|
| 1.00                                                                                                                                                                                                                                                                                                                    |                                  | 2.00 |                                                 | 3.00                  |                            |                                             |            |                                                                       |            |
| If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.                                                                                                                               |                                  |      |                                                 |                       |                            |                                             |            |                                                                       |            |
| 141.00                                                                                                                                                                                                                                                                                                                  | Name: TRINITY HEALTH CORPORATION |      | Contractor's Name: WISCONSIN PHYSICIANS SERVICE |                       | Contractor's Number: 08201 |                                             | 141.00     |                                                                       |            |
| 142.00                                                                                                                                                                                                                                                                                                                  | Street: 20555 VICTOR PKWY        |      | PO Box:                                         |                       |                            |                                             | 142.00     |                                                                       |            |
| 143.00                                                                                                                                                                                                                                                                                                                  | City: LIVONIA                    |      | State: MI                                       |                       | Zip Code: 48152            |                                             | 143.00     |                                                                       |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       |            |
| 144.00 Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                    |                                  |      |                                                 |                       |                            |                                             | Y          |                                                                       | 144.00     |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       |            |
| 145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.     |                                  |      |                                                 |                       |                            |                                             | Y          |                                                                       | N          |
| 146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                                 |                                  |      |                                                 |                       |                            |                                             | N          |                                                                       | 146.00     |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       |            |
| 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                    |                                  |      |                                                 |                       |                            |                                             | N          |                                                                       | 147.00     |
| 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                  |                                  |      |                                                 |                       |                            |                                             | N          |                                                                       | 148.00     |
| 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                       |                                  |      |                                                 |                       |                            |                                             | N          |                                                                       | 149.00     |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 | Part A                |                            | Part B                                      |            | Title V                                                               |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 | 1.00                  |                            | 2.00                                        |            | 3.00                                                                  |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             |            | Title XIX                                                             |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 | 1.00                  |                            | 2.00                                        |            | 4.00                                                                  |            |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)                                                                                             |                                  |      |                                                 |                       |                            |                                             |            |                                                                       |            |
| 155.00                                                                                                                                                                                                                                                                                                                  | Hospital                         |      |                                                 | N                     | N                          | N                                           | N          | 155.00                                                                |            |
| 156.00                                                                                                                                                                                                                                                                                                                  | Subprovider - IPF                |      |                                                 | N                     | N                          | N                                           | N          | 156.00                                                                |            |
| 157.00                                                                                                                                                                                                                                                                                                                  | Subprovider - IRF                |      |                                                 | N                     | N                          | N                                           | N          | 157.00                                                                |            |
| 158.00                                                                                                                                                                                                                                                                                                                  | SUBPROVIDER                      |      |                                                 |                       |                            |                                             |            | 158.00                                                                |            |
| 159.00                                                                                                                                                                                                                                                                                                                  | SNF                              |      |                                                 | N                     | N                          | N                                           | N          | 159.00                                                                |            |
| 160.00                                                                                                                                                                                                                                                                                                                  | HOME HEALTH AGENCY               |      |                                                 | N                     | N                          | N                                           | N          | 160.00                                                                |            |
| 161.00                                                                                                                                                                                                                                                                                                                  | CMHC                             |      |                                                 |                       | N                          | N                                           | N          | 161.00                                                                |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       |            |
| Multicampus                                                                                                                                                                                                                                                                                                             |                                  |      |                                                 |                       |                            |                                             |            |                                                                       |            |
| 165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.                                                                                                                                                                               |                                  |      |                                                 |                       |                            |                                             | N          |                                                                       | 165.00     |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 | Name                  |                            | County                                      |            | State                                                                 |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 | 0                     |                            | 1.00                                        |            | 2.00                                                                  |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             |            | 3.00                                                                  |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             |            | 4.00                                                                  |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             |            | 5.00                                                                  |            |
| 166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)                                                                                                                         |                                  |      |                                                 |                       |                            |                                             |            | 0.00                                                                  |            |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       |            |
| Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act                                                                                                                                                                                                                             |                                  |      |                                                 |                       |                            |                                             |            |                                                                       |            |
| 167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                              |                                  |      |                                                 |                       |                            |                                             | Y          |                                                                       | 167.00     |
| 168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)                                                                                                                                                 |                                  |      |                                                 |                       |                            |                                             | 0          |                                                                       | 168.00     |
| 168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                         |                                  |      |                                                 |                       |                            |                                             |            |                                                                       | 168.01     |
| 169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)                                                                                                                                                                      |                                  |      |                                                 |                       |                            |                                             | 9.99       |                                                                       | 169.00     |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | Beginning  |                                                                       | Ending     |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       | 2.00       |
| 170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)                                                                                                                                                                                               |                                  |      |                                                 |                       |                            |                                             | 07/01/2016 |                                                                       | 09/28/2016 |
|                                                                                                                                                                                                                                                                                                                         |                                  |      |                                                 |                       |                            |                                             | 1.00       |                                                                       | 2.00       |
| 171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions) |                                  |      |                                                 |                       |                            |                                             | N          |                                                                       | 0          |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 | Date<br>2.00                                                           |
| General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| COMPLETED BY ALL HOSPITALS                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| Provider Organization and Operation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| 1.00                                                                                                                        | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)                                                                                                                                                                                                                           | Y                     | 03/01/2018                                  | 1.00                                                                   |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N<br>1.00           | Date<br>2.00                                | V/I<br>3.00                                                            |
| 2.00                                                                                                                        | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.                                                                                                                                                                                                                    | N                     |                                             | 2.00                                                                   |
| 3.00                                                                                                                        | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) | Y                     |                                             | 3.00                                                                   |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N<br>1.00           | Type<br>2.00                                | Date<br>3.00                                                           |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           | Y                     | A                                           | 09/26/2018                                                             |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       | N                     |                                             | 5.00                                                                   |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 | Legal Oper.<br>2.00                                                    |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| 6.00                                                                                                                        | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?                                                                                                                                                                                                                                                                            | N                     |                                             | 6.00                                                                   |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             | N                     |                                             | 7.00                                                                   |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              | N                     |                                             | 8.00                                                                   |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                | Y                     |                                             | 9.00                                                                   |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               | N                     |                                             | 10.00                                                                  |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          | N                     |                                             | 11.00                                                                  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Y/N<br>1.00                                 |                                                                        |
| Bad Debts                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| 12.00                                                                                                                       | Is the provider seeking reimbursement for bad debts? If yes, see instructions.                                                                                                                                                                                                                                                                                                                     | Y                     |                                             | 12.00                                                                  |
| 13.00                                                                                                                       | If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.                                                                                                                                                                                                                                                                    | N                     |                                             | 13.00                                                                  |
| 14.00                                                                                                                       | If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.                                                                                                                                                                                                                                                                                                   | N                     |                                             | 14.00                                                                  |
| Bed Complement                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             |                                                                        |
| 15.00                                                                                                                       | Did total beds available change from the prior cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                                                                    | N                     |                                             | 15.00                                                                  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Part A                |                                             | Part B                                                                 |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N<br>1.00           | Date<br>2.00                                | Y/N<br>3.00                                                            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                             | Date<br>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)                                                                                                                                                                                                                | Y                     | 11/05/2018                                  | Y                                                                      |
| 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)                                                                                                                                                                                        | N                     |                                             | N                                                                      |
| 18.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.                                                                                                                                                                                    | N                     |                                             | N                                                                      |
| 19.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.                                                                                                                                                                                                                                                     | N                     |                                             | N                                                                      |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet S-2  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                                    |                                                                                                                                                                            | Description    | Y/N                             | Y/N  |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|------|-------|
|                                                                                    |                                                                                                                                                                            | 0              | 1.00                            | 3.00 |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              |                | N                               | N    | 20.00 |
|                                                                                    |                                                                                                                                                                            | Y/N            | Date                            | Y/N  | Date  |
|                                                                                    |                                                                                                                                                                            | 1.00           | 2.00                            | 3.00 | 4.00  |
| 21.00                                                                              | Was the cost report prepared only using the provider's records? If yes, see instructions.                                                                                  | N              |                                 | N    | 21.00 |
|                                                                                    |                                                                                                                                                                            |                |                                 | 1.00 |       |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) |                                                                                                                                                                            |                |                                 |      |       |
| Capital Related Cost                                                               |                                                                                                                                                                            |                |                                 |      |       |
| 22.00                                                                              | Have assets been relifed for Medicare purposes? If yes, see instructions                                                                                                   |                |                                 |      | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |                |                                 |      | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |                |                                 |      | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |                |                                 |      | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |                |                                 |      | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |                |                                 |      | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |                |                                 |      |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |                |                                 |      | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |                |                                 |      | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |                |                                 |      | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |                |                                 |      | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |                |                                 |      |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |                |                                 |      | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |                |                                 |      | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |                |                                 |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |                |                                 |      | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |                |                                 |      | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N            | Date                            |      |       |
|                                                                                    |                                                                                                                                                                            | 1.00           | 2.00                            |      |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |                |                                 |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |                |                                 |      | 36.00 |
| 37.00                                                                              | If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.                                                            |                |                                 |      | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       |                |                                 |      | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   |                |                                 |      | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          |                |                                 |      | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00           | 2.00                            |      |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |                |                                 |      |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | DAVID          | PALUCK                          |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | TRINITY HEALTH |                                 |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 708-216-6719   | DAVID.PALUCK@TRINITY-HEALTH.ORG |      | 43.00 |

|                                                               |                                                                                                                               |                                    |                                             |                                                                        |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------|------------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |                                                                                                                               | Provider CCN: 14-0054              | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|                                                               |                                                                                                                               | 3.00                               |                                             |                                                                        |
| <b>Cost Report Preparer Contact Information</b>               |                                                                                                                               |                                    |                                             |                                                                        |
| 41.00                                                         | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | REGIONAL DIRECTOR OF REIMBURSEMENT |                                             | 41.00                                                                  |
| 42.00                                                         | Enter the employer/company name of the cost report preparer.                                                                  |                                    |                                             | 42.00                                                                  |
| 43.00                                                         | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                    |                                    |                                             | 43.00                                                                  |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Component                                                                                                                                                                        | Worksheet A<br>Line Number | No. of Beds | Bed Days<br>Available | CAH Hours | I/P Days / O/P<br>Visits / Trips |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|-----------------------|-----------|----------------------------------|-------|
|                                                                                                                                                                                  |                            |             |                       |           | Title V                          |       |
|                                                                                                                                                                                  | 1.00                       | 2.00        | 3.00                  | 4.00      | 5.00                             |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 30.00                      | 246         | 30,012                | 0.00      | 0                                | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                            |             |                       |           |                                  | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                            |             |                       |           |                                  | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                            |             |                       |           |                                  | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                            |             |                       |           | 0                                | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                            |             |                       |           | 0                                | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                            | 246         | 30,012                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 17          | 2,074                 | 0.00      | 0                                | 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 (SPECIFY)                                                                                                                                               |                            |             |                       |           |                                  | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    | 43.00                      |             |                       |           | 0                                | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   |                            | 263         | 32,086                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 40.00                      | 25          | 3,050                 |           | 0                                | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 12          | 1,464                 |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                            |             |                       |           |                                  | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 44.00                      | 25          | 3,050                 |           | 0                                | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                            |             |                       |           |                                  | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                            |             |                       |           |                                  | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         |                            |             |                       |           |                                  | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                            |             |                       |           |                                  | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    |                            |             |                       |           |                                  | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 30.00                      |             |                       |           |                                  | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                            |             |                       |           |                                  | 25.00 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                            |             |                       |           |                                  | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 325         |                       |           | 0                                | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                            |             |                       |           | 0                                | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                            |             |                       |           |                                  | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                            |             |                       |           |                                  | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                            |             |                       |           |                                  | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                            | 0           | 0                     |           |                                  | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                            |             |                       |           |                                  | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                            |             |                       |           |                                  | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                            |             |                       |           |                                  | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet S-3  
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Date/Time Prepared:  
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| Component |                                                                                                                                                                             | I/P Days / O/P Visits / Trips |           |                    | Full Time Equivalents     |                      |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------------|---------------------------|----------------------|-------|
|           |                                                                                                                                                                             | Title XVIII                   | Title XIX | Total All Patients | Total Interns & Residents | Employees On Payroll |       |
|           |                                                                                                                                                                             | 6.00                          | 7.00      | 8.00               | 9.00                      | 10.00                |       |
| 1.00      | Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 3,743                         | 1,997     | 14,007             |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 2,536                         | 4,519     |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 487                           | 0         |                    |                           |                      | 3.00  |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         | 178                           | 0         |                    |                           |                      | 4.00  |
| 5.00      | Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       | 0                             | 0         | 0                  |                           |                      | 5.00  |
| 6.00      | Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                               | 0         | 0                  |                           |                      | 6.00  |
| 7.00      | Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        | 3,743                         | 1,997     | 14,007             |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 428                           | 0         | 1,344              |                           |                      | 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 (SPECIFY)                                                                                                                                                |                               |           |                    |                           |                      | 12.00 |
| 13.00     | NURSERY                                                                                                                                                                     |                               | 0         | 985                |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 4,171                         | 1,997     | 16,336             | 104.32                    | 374.35               | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           | 787                           | 0         | 2,528              | 0.34                      | 0.00                 | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           | 473                           | 0         | 988                | 0.00                      | 0.00                 | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                               |           |                    |                           |                      | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    | 1,372                         | 0         | 2,265              | 0.00                      | 0.00                 | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               |           |                    |                           |                      | 20.00 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           |                    |                           |                      | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          |                               |           |                    |                           |                      | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    |                           |                      | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     |                               |           |                    |                           |                      | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 | 0                             | 0         | 0                  |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 |                               |           |                    |                           |                      | 25.00 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         |                               |           |                    |                           |                      | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 104.66                    | 374.35               | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 0         | 1,631              |                           |                      | 28.00 |
| 29.00     | Ambulance Trips                                                                                                                                                             | 0                             |           |                    |                           |                      | 29.00 |
| 30.00     | Employee discount days (see instruction)                                                                                                                                    |                               |           | 0                  |                           |                      | 30.00 |
| 31.00     | Employee discount days - IRF                                                                                                                                                |                               |           | 0                  |                           |                      | 31.00 |
| 32.00     | Labor & delivery days (see instructions)                                                                                                                                    | 0                             | 67        | 149                |                           |                      | 32.00 |
| 32.01     | Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                    |                               |           | 0                  |                           |                      | 32.01 |
| 33.00     | LTCH non-covered days                                                                                                                                                       | 0                             |           |                    |                           |                      | 33.00 |
| 33.01     | LTCH site neutral days and discharges                                                                                                                                       | 0                             |           |                    |                           |                      | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0054

Period:  
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| Component                                                                                                                                                                        | Full Time<br>Equivalents | Discharges |             |           | Total All<br>Patients |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-------------|-----------|-----------------------|-------|
|                                                                                                                                                                                  | Nonpaid<br>Workers       | Title V    | Title XVIII | Title XIX |                       |       |
|                                                                                                                                                                                  | 11.00                    | 12.00      | 13.00       | 14.00     | 15.00                 |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) |                          | 0          | 983         | 319       | 4,167                 | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 584         | 773       |                       | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                          |            |             |           |                       | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                          |            |             |           |                       | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                          |            |             |           |                       | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         |                          |            |             |           |                       | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          |                          |            |             |           |                       | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   |                          |            |             |           |                       | 10.00 |
| 11.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                               |                          |            |             |           |                       | 11.00 |
| 12.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                               |                          |            |             |           |                       | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    |                          |            |             |           |                       | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   | 0.00                     | 0          | 983         | 319       | 4,167                 | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 0.00                     | 0          | 95          | 97        | 395                   | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 36          | 1         | 74                    | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                          |            |             |           |                       | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 0.00                     |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                          |            |             |           |                       | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                          |            |             |           |                       | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         |                          |            |             |           |                       | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                          |            |             |           |                       | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    |                          |            |             |           |                       | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                |                          |            |             |           |                       | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                          |            |             |           |                       | 25.00 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                          |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:  
From 03/01/2018  
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|                                         | Wkst. A Line<br>Number                                                                | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |          |
|-----------------------------------------|---------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|----------|
|                                         | 1.00                                                                                  | 2.00               | 3.00                                                    | 4.00                                        | 5.00                                              | 6.00                                        |          |
| <b>PART II - WAGE DATA</b>              |                                                                                       |                    |                                                         |                                             |                                                   |                                             |          |
| <b>SALARIES</b>                         |                                                                                       |                    |                                                         |                                             |                                                   |                                             |          |
| 1.00                                    | Total salaries (see instructions)                                                     | 200.00             | 46,804,529                                              | 0                                           | 46,804,529                                        | 258,834.29                                  | 180.83   |
| 2.00                                    | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 3.00                                    | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 4.00                                    | Physician-Part A - Administrative                                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 4.01                                    | Physicians - Part A - Teaching                                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 5.00                                    | Physician and Non Physician-Part B                                                    |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 6.00                                    | Non-physician-Part B for hospital-based RHC and FQHC services                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 7.00                                    | Interns & residents (in an approved program)                                          | 21.00              | 3,339,500                                               | -1,293,585                                  | 2,045,915                                         | 47,422.21                                   | 43.14    |
| 7.01                                    | Contracted interns and residents (in an approved programs)                            |                    | 279,262                                                 | 0                                           | 279,262                                           | 8,912.00                                    | 31.34    |
| 8.00                                    | Home office and/or related organization personnel                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 9.00                                    | SNF                                                                                   | 44.00              | 642,706                                                 | 0                                           | 642,706                                           | 20,823.44                                   | 30.86    |
| 10.00                                   | Excluded area salaries (see instructions)                                             |                    | 8,308,185                                               | 0                                           | 8,308,185                                         | 103,443.79                                  | 80.32    |
| <b>OTHER WAGES &amp; RELATED COSTS</b>  |                                                                                       |                    |                                                         |                                             |                                                   |                                             |          |
| 11.00                                   | Contract labor: Direct Patient Care                                                   |                    | 18,525,710                                              | 0                                           | 18,525,710                                        | 561,914.38                                  | 32.97    |
| 12.00                                   | Contract labor: Top level management and other management and administrative services |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 13.00                                   | Contract labor: Physician-Part A - Administrative                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 14.00                                   | Home office and/or related organization salaries and wage-related costs               |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 14.01                                   | Home office salaries                                                                  |                    | 1,934,044                                               | 0                                           | 1,934,044                                         | 25,466.00                                   | 75.95    |
| 14.02                                   | Related organization salaries                                                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 15.00                                   | Home office: Physician Part A - Administrative                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| 16.00                                   | Home office and Contract Physicians Part A - Teaching                                 |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00     |
| <b>WAGE-RELATED COSTS</b>               |                                                                                       |                    |                                                         |                                             |                                                   |                                             |          |
| 17.00                                   | Wage-related costs (core) (see instructions)                                          |                    | 605,919                                                 | 0                                           | 605,919                                           |                                             |          |
| 18.00                                   | Wage-related costs (other) (see instructions)                                         |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 19.00                                   | Excluded areas                                                                        |                    | 668,018                                                 | 0                                           | 668,018                                           |                                             |          |
| 20.00                                   | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 21.00                                   | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 22.00                                   | Physician Part A - Administrative                                                     |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 22.01                                   | Physician Part A - Teaching                                                           |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 23.00                                   | Physician Part B                                                                      |                    | 60,966                                                  | 0                                           | 60,966                                            |                                             |          |
| 24.00                                   | Wage-related costs (RHC/FQHC)                                                         |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 25.00                                   | Interns & residents (in an approved program)                                          |                    | 224,350                                                 | 0                                           | 224,350                                           |                                             |          |
| 25.50                                   | Home office wage-related (core)                                                       |                    | 485,451                                                 | 0                                           | 485,451                                           |                                             |          |
| 25.51                                   | Related organization wage-related (core)                                              |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 25.52                                   | Home office: Physician Part A - Administrative - wage-related (core)                  |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| 25.53                                   | Home office & Contract Physicians Part A - Teaching - wage-related (core)             |                    | 0                                                       | 0                                           | 0                                                 |                                             |          |
| <b>OVERHEAD COSTS - DIRECT SALARIES</b> |                                                                                       |                    |                                                         |                                             |                                                   |                                             |          |
| 26.00                                   | Employee Benefits Department                                                          | 4.00               | 7,847,637                                               | 0                                           | 7,847,637                                         | 6,674.00                                    | 1,175.85 |
| 27.00                                   | Administrative & General                                                              | 5.00               | 3,630,510                                               | 0                                           | 3,630,510                                         | 71,913.20                                   | 50.48    |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:  
From 03/01/2018  
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|       |                                                     | Wkst. A Line<br>Number | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |       |
|-------|-----------------------------------------------------|------------------------|--------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|-------|
|       |                                                     | 1.00                   | 2.00               | 3.00                                                    | 4.00                                        | 5.00                                              | 6.00                                        |       |
| 28.00 | Administrative & General under contract (see inst.) |                        | 2,987,820          | 0                                                       | 2,987,820                                   | 91,529.58                                         | 32.64                                       | 28.00 |
| 29.00 | Maintenance & Repairs                               | 6.00                   | 605,588            | 0                                                       | 605,588                                     | 18,929.05                                         | 31.99                                       | 29.00 |
| 30.00 | Operation of Plant                                  | 7.00                   | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 30.00 |
| 31.00 | Laundry & Linen Service                             | 8.00                   | 166,956            | 0                                                       | 166,956                                     | 10,014.92                                         | 16.67                                       | 31.00 |
| 32.00 | Housekeeping                                        | 9.00                   | 727,202            | 0                                                       | 727,202                                     | 52,833.77                                         | 13.76                                       | 32.00 |
| 33.00 | Housekeeping under contract (see instructions)      |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 33.00 |
| 34.00 | Dietary                                             | 10.00                  | 798,704            | 0                                                       | 798,704                                     | 49,539.28                                         | 16.12                                       | 34.00 |
| 35.00 | Dietary under contract (see instructions)           |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 35.00 |
| 36.00 | Cafeteria                                           | 11.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 36.00 |
| 37.00 | Maintenance of Personnel                            | 12.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 37.00 |
| 38.00 | Nursing Administration                              | 13.00                  | 357,293            | 0                                                       | 357,293                                     | 8,504.75                                          | 42.01                                       | 38.00 |
| 39.00 | Central Services and Supply                         | 14.00                  | 146,920            | 0                                                       | 146,920                                     | 8,176.05                                          | 17.97                                       | 39.00 |
| 40.00 | Pharmacy                                            | 15.00                  | 950,875            | 0                                                       | 950,875                                     | 23,290.25                                         | 40.83                                       | 40.00 |
| 41.00 | Medical Records & Medical Records Library           | 16.00                  | 562,851            | 0                                                       | 562,851                                     | 21,729.00                                         | 25.90                                       | 41.00 |
| 42.00 | Social Service                                      | 17.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 42.00 |
| 43.00 | Other General Service                               | 18.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 43.00 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:  
From 03/01/2018  
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Part III  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                        | Worksheet A<br>Line Number                       | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from<br>Worksheet A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |      |
|----------------------------------------|--------------------------------------------------|--------------------|-------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|------|
|                                        | 1.00                                             | 2.00               | 3.00                                                        | 4.00                                        | 5.00                                              | 6.00                                        |      |
| PART III - HOSPITAL WAGE INDEX SUMMARY |                                                  |                    |                                                             |                                             |                                                   |                                             |      |
| 1.00                                   | Net salaries (see instructions)                  | 46,173,587         | 1,293,585                                                   | 47,467,172                                  | 294,029.66                                        | 161.44                                      | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 8,950,891          | 0                                                           | 8,950,891                                   | 124,267.23                                        | 72.03                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 37,222,696         | 1,293,585                                                   | 38,516,281                                  | 169,762.43                                        | 226.88                                      | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 20,459,754         | 0                                                           | 20,459,754                                  | 587,380.38                                        | 34.83                                       | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 1,091,370          | 0                                                           | 1,091,370                                   | 0.00                                              | 2.83                                        | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 58,773,820         | 1,293,585                                                   | 60,067,405                                  | 757,142.81                                        | 79.33                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 18,782,356         | 0                                                           | 18,782,356                                  | 363,133.85                                        | 51.72                                       | 7.00 |

| HOSPITAL WAGE RELATED COSTS                               |                                                                                                                             | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S-3<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                                           |                                                                                                                             |                       |                                             | Amount<br>Reported                                                     |
|                                                           |                                                                                                                             |                       |                                             | 1.00                                                                   |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                       |                                             |                                                                        |
| Part A - Core List                                        |                                                                                                                             |                       |                                             |                                                                        |
| RETIREMENT COST                                           |                                                                                                                             |                       |                                             |                                                                        |
| 1.00                                                      | 401K Employer Contributions                                                                                                 |                       | 0                                           | 1.00                                                                   |
| 2.00                                                      | Tax Sheltered Annuity (TSA) Employer Contribution                                                                           |                       | 0                                           | 2.00                                                                   |
| 3.00                                                      | Nonqualified Defined Benefit Plan Cost (see instructions)                                                                   |                       | 0                                           | 3.00                                                                   |
| 4.00                                                      | Qualified Defined Benefit Plan Cost (see instructions)                                                                      |                       | 622,217                                     | 4.00                                                                   |
| PLAN ADMINISTRATIVE COSTS (Paid to External Organization) |                                                                                                                             |                       |                                             |                                                                        |
| 5.00                                                      | 401K/TSA Plan Administration fees                                                                                           |                       | 0                                           | 5.00                                                                   |
| 6.00                                                      | Legal/Accounting/Management Fees-Pension Plan                                                                               |                       | 0                                           | 6.00                                                                   |
| 7.00                                                      | Employee Managed Care Program Administration Fees                                                                           |                       | 0                                           | 7.00                                                                   |
| HEALTH AND INSURANCE COST                                 |                                                                                                                             |                       |                                             |                                                                        |
| 8.00                                                      | Health Insurance (Purchased or Self Funded)                                                                                 |                       | 0                                           | 8.00                                                                   |
| 8.01                                                      | Health Insurance (Self Funded without a Third Party Administrator)                                                          |                       | 0                                           | 8.01                                                                   |
| 8.02                                                      | Health Insurance (Self Funded with a Third Party Administrator)                                                             |                       | 106,218                                     | 8.02                                                                   |
| 8.03                                                      | Health Insurance (Purchased)                                                                                                |                       | 0                                           | 8.03                                                                   |
| 9.00                                                      | Prescription Drug Plan                                                                                                      |                       | 0                                           | 9.00                                                                   |
| 10.00                                                     | Dental, Hearing and Vision Plan                                                                                             |                       | 0                                           | 10.00                                                                  |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        |                       | 0                                           | 11.00                                                                  |
| 12.00                                                     | Accident Insurance (If employee is owner or beneficiary)                                                                    |                       | 0                                           | 12.00                                                                  |
| 13.00                                                     | Disability Insurance (If employee is owner or beneficiary)                                                                  |                       | 7,275                                       | 13.00                                                                  |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              |                       | 0                                           | 14.00                                                                  |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            |                       | 223                                         | 15.00                                                                  |
| 16.00                                                     | Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion) |                       | 0                                           | 16.00                                                                  |
| TAXES                                                     |                                                                                                                             |                       |                                             |                                                                        |
| 17.00                                                     | FICA-Employers Portion Only                                                                                                 |                       | 667,266                                     | 17.00                                                                  |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     |                       | 156,054                                     | 18.00                                                                  |
| 19.00                                                     | Unemployment Insurance                                                                                                      |                       | 0                                           | 19.00                                                                  |
| 20.00                                                     | State or Federal Unemployment Taxes                                                                                         |                       | 0                                           | 20.00                                                                  |
| OTHER                                                     |                                                                                                                             |                       |                                             |                                                                        |
| 21.00                                                     | Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))        |                       | 0                                           | 21.00                                                                  |
| 22.00                                                     | Day Care Cost and Allowances                                                                                                |                       | 0                                           | 22.00                                                                  |
| 23.00                                                     | Tuition Reimbursement                                                                                                       |                       | 0                                           | 23.00                                                                  |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                |                       | 1,559,253                                   | 24.00                                                                  |
| Part B - Other than Core Related Cost                     |                                                                                                                             |                       |                                             |                                                                        |
| 25.00                                                     | OTHER WAGE RELATED COSTS (SPECIFY)                                                                                          |                       | 0                                           | 25.00                                                                  |

## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet S-3  
Part V  
Date/Time Prepared:  
11/30/2018 11:45 am

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

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet S-7

Date/Time Prepared:  
11/30/2018 11:45 am

|       |                                                                                                                                                                                                          | 1.00  |          | 2.00               |                           |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|--------------------|---------------------------|
| 1.00  | If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet. |       |          |                    | 1.00                      |
| 2.00  | Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.   |       |          |                    | 2.00                      |
|       |                                                                                                                                                                                                          | Group | SNF Days | Swing Bed SNF Days | Total (sum of col. 2 + 3) |
|       |                                                                                                                                                                                                          | 1.00  | 2.00     | 3.00               | 4.00                      |
| 3.00  |                                                                                                                                                                                                          | RUX   | 0        | 0                  | 0 3.00                    |
| 4.00  |                                                                                                                                                                                                          | RUL   | 63       | 0                  | 63 4.00                   |
| 5.00  |                                                                                                                                                                                                          | RVX   | 7        | 0                  | 7 5.00                    |
| 6.00  |                                                                                                                                                                                                          | RVL   | 42       | 0                  | 42 6.00                   |
| 7.00  |                                                                                                                                                                                                          | RHX   | 0        | 0                  | 0 7.00                    |
| 8.00  |                                                                                                                                                                                                          | RHL   | 28       | 0                  | 28 8.00                   |
| 9.00  |                                                                                                                                                                                                          | RMX   | 0        | 0                  | 0 9.00                    |
| 10.00 |                                                                                                                                                                                                          | RML   | 0        | 0                  | 0 10.00                   |
| 11.00 |                                                                                                                                                                                                          | RLX   | 0        | 0                  | 0 11.00                   |
| 12.00 |                                                                                                                                                                                                          | RUC   | 14       | 0                  | 14 12.00                  |
| 13.00 |                                                                                                                                                                                                          | RUB   | 144      | 0                  | 144 13.00                 |
| 14.00 |                                                                                                                                                                                                          | RUA   | 275      | 0                  | 275 14.00                 |
| 15.00 |                                                                                                                                                                                                          | RVC   | 7        | 0                  | 7 15.00                   |
| 16.00 |                                                                                                                                                                                                          | RVB   | 287      | 0                  | 287 16.00                 |
| 17.00 |                                                                                                                                                                                                          | RVA   | 302      | 0                  | 302 17.00                 |
| 18.00 |                                                                                                                                                                                                          | RHC   | 0        | 0                  | 0 18.00                   |
| 19.00 |                                                                                                                                                                                                          | RHB   | 61       | 0                  | 61 19.00                  |
| 20.00 |                                                                                                                                                                                                          | RHA   | 19       | 0                  | 19 20.00                  |
| 21.00 |                                                                                                                                                                                                          | RMC   | 0        | 0                  | 0 21.00                   |
| 22.00 |                                                                                                                                                                                                          | RMB   | 6        | 0                  | 6 22.00                   |
| 23.00 |                                                                                                                                                                                                          | RMA   | 17       | 0                  | 17 23.00                  |
| 24.00 |                                                                                                                                                                                                          | RLB   | 0        | 0                  | 0 24.00                   |
| 25.00 |                                                                                                                                                                                                          | RLA   | 0        | 0                  | 0 25.00                   |
| 26.00 |                                                                                                                                                                                                          | ES3   | 0        | 0                  | 0 26.00                   |
| 27.00 |                                                                                                                                                                                                          | ES2   | 0        | 0                  | 0 27.00                   |
| 28.00 |                                                                                                                                                                                                          | ES1   | 11       | 0                  | 11 28.00                  |
| 29.00 |                                                                                                                                                                                                          | HE2   | 0        | 0                  | 0 29.00                   |
| 30.00 |                                                                                                                                                                                                          | HE1   | 0        | 0                  | 0 30.00                   |
| 31.00 |                                                                                                                                                                                                          | HD2   | 0        | 0                  | 0 31.00                   |
| 32.00 |                                                                                                                                                                                                          | HD1   | 0        | 0                  | 0 32.00                   |
| 33.00 |                                                                                                                                                                                                          | HC2   | 0        | 0                  | 0 33.00                   |
| 34.00 |                                                                                                                                                                                                          | HC1   | 0        | 0                  | 0 34.00                   |
| 35.00 |                                                                                                                                                                                                          | HB2   | 0        | 0                  | 0 35.00                   |
| 36.00 |                                                                                                                                                                                                          | HB1   | 0        | 0                  | 0 36.00                   |
| 37.00 |                                                                                                                                                                                                          | LE2   | 0        | 0                  | 0 37.00                   |
| 38.00 |                                                                                                                                                                                                          | LE1   | 0        | 0                  | 0 38.00                   |
| 39.00 |                                                                                                                                                                                                          | LD2   | 0        | 0                  | 0 39.00                   |
| 40.00 |                                                                                                                                                                                                          | LD1   | 53       | 0                  | 53 40.00                  |
| 41.00 |                                                                                                                                                                                                          | LC2   | 0        | 0                  | 0 41.00                   |
| 42.00 |                                                                                                                                                                                                          | LC1   | 0        | 0                  | 0 42.00                   |
| 43.00 |                                                                                                                                                                                                          | LB2   | 0        | 0                  | 0 43.00                   |
| 44.00 |                                                                                                                                                                                                          | LB1   | 0        | 0                  | 0 44.00                   |
| 45.00 |                                                                                                                                                                                                          | CE2   | 0        | 0                  | 0 45.00                   |
| 46.00 |                                                                                                                                                                                                          | CE1   | 0        | 0                  | 0 46.00                   |
| 47.00 |                                                                                                                                                                                                          | CD2   | 0        | 0                  | 0 47.00                   |
| 48.00 |                                                                                                                                                                                                          | CD1   | 6        | 0                  | 6 48.00                   |
| 49.00 |                                                                                                                                                                                                          | CC2   | 0        | 0                  | 0 49.00                   |
| 50.00 |                                                                                                                                                                                                          | CC1   | 11       | 0                  | 11 50.00                  |
| 51.00 |                                                                                                                                                                                                          | CB2   | 0        | 0                  | 0 51.00                   |
| 52.00 |                                                                                                                                                                                                          | CB1   | 12       | 0                  | 12 52.00                  |
| 53.00 |                                                                                                                                                                                                          | CA2   | 0        | 0                  | 0 53.00                   |
| 54.00 |                                                                                                                                                                                                          | CA1   | 4        | 0                  | 4 54.00                   |
| 55.00 |                                                                                                                                                                                                          | SE3   | 0        | 0                  | 0 55.00                   |
| 56.00 |                                                                                                                                                                                                          | SE2   | 0        | 0                  | 0 56.00                   |
| 57.00 |                                                                                                                                                                                                          | SE1   | 0        | 0                  | 0 57.00                   |
| 58.00 |                                                                                                                                                                                                          | SSC   | 0        | 0                  | 0 58.00                   |
| 59.00 |                                                                                                                                                                                                          | SSB   | 0        | 0                  | 0 59.00                   |
| 60.00 |                                                                                                                                                                                                          | SSA   | 0        | 0                  | 0 60.00                   |
| 61.00 |                                                                                                                                                                                                          | IB2   | 0        | 0                  | 0 61.00                   |
| 62.00 |                                                                                                                                                                                                          | IB1   | 0        | 0                  | 0 62.00                   |
| 63.00 |                                                                                                                                                                                                          | IA2   | 0        | 0                  | 0 63.00                   |
| 64.00 |                                                                                                                                                                                                          | IA1   | 0        | 0                  | 0 64.00                   |
| 65.00 |                                                                                                                                                                                                          | BB2   | 0        | 0                  | 0 65.00                   |
| 66.00 |                                                                                                                                                                                                          | BB1   | 0        | 0                  | 0 66.00                   |
| 67.00 |                                                                                                                                                                                                          | BA2   | 0        | 0                  | 0 67.00                   |
| 68.00 |                                                                                                                                                                                                          | BA1   | 0        | 0                  | 0 68.00                   |

## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet S-7

Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | Group | SNF Days | Swing Bed SNF Days                         | Total (sum of col. 2 + 3)                                            |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|--------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | 1.00  | 2.00     | 3.00                                       | 4.00                                                                 |        |
| 69.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PE2   | 0        | 0                                          | 0                                                                    | 69.00  |
| 70.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PE1   | 0        | 0                                          | 0                                                                    | 70.00  |
| 71.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PD2   | 0        | 0                                          | 0                                                                    | 71.00  |
| 72.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PD1   | 3        | 0                                          | 3                                                                    | 72.00  |
| 73.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PC2   | 0        | 0                                          | 0                                                                    | 73.00  |
| 74.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PC1   | 0        | 0                                          | 0                                                                    | 74.00  |
| 75.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PB2   | 0        | 0                                          | 0                                                                    | 75.00  |
| 76.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PB1   | 0        | 0                                          | 0                                                                    | 76.00  |
| 77.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PA2   | 0        | 0                                          | 0                                                                    | 77.00  |
| 78.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          | PA1   | 0        | 0                                          | 0                                                                    | 78.00  |
| 199.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          | AAA   | 0        | 0                                          | 0                                                                    | 199.00 |
| 200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOTAL                                                                                                                                                                                                                                                    |       | 1,372    | 0                                          | 1,372                                                                | 200.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |       |          | CBSA at Beginning of Cost Reporting Period | CBSA on/after October 1 of the Cost Reporting Period (if applicable) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |       |          | 1.00                                       | 2.00                                                                 |        |
| SNF SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                          |       |          |                                            |                                                                      |        |
| 201.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). |       |          | 16974                                      | 16974                                                                | 201.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |       | Expenses | Percentage                                 | Associated with Direct Patient Care and Related Expenses?            |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |       | 1.00     | 2.00                                       | 3.00                                                                 |        |
| A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions) |                                                                                                                                                                                                                                                          |       |          |                                            |                                                                      |        |
| 202.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Staffing                                                                                                                                                                                                                                                 |       | 0        | 0.00                                       |                                                                      | 202.00 |
| 203.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Recruitment                                                                                                                                                                                                                                              |       | 0        | 0.00                                       |                                                                      | 203.00 |
| 204.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Retention of employees                                                                                                                                                                                                                                   |       | 0        | 0.00                                       |                                                                      | 204.00 |
| 205.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Training                                                                                                                                                                                                                                                 |       | 0        | 0.00                                       |                                                                      | 205.00 |
| 206.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OTHER (SPECIFY)                                                                                                                                                                                                                                          |       | 0        | 0.00                                       |                                                                      | 206.00 |
| 207.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)                                                                                                                                                                                              |       | 0        |                                            |                                                                      | 207.00 |

| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA                                                                                                   |                                                                                                                                                                             | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet S-10<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------|-------|
|                                                                                                                                                 |                                                                                                                                                                             |                       | 1.00                                        |                                                              |       |
| <b>Uncompensated and indigent care cost computation</b>                                                                                         |                                                                                                                                                                             |                       |                                             |                                                              |       |
| 1.00                                                                                                                                            | Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)                                                                                   |                       | 0.111231                                    | 1.00                                                         |       |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |                       |                                             |                                                              |       |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   |                       | 10,066,255                                  | 2.00                                                         |       |
| 3.00                                                                                                                                            | Did you receive DSH or supplemental payments from Medicaid?                                                                                                                 |                       | Y                                           | 3.00                                                         |       |
| 4.00                                                                                                                                            | If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?                                                                                   |                       | N                                           | 4.00                                                         |       |
| 5.00                                                                                                                                            | If line 4 is no, then enter DSH and/or supplemental payments from Medicaid                                                                                                  |                       | 6,877,426                                   | 5.00                                                         |       |
| 6.00                                                                                                                                            | Medicaid charges                                                                                                                                                            |                       | 115,213,014                                 | 6.00                                                         |       |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         |                       | 12,815,259                                  | 7.00                                                         |       |
| 8.00                                                                                                                                            | Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)                                                |                       | 0                                           | 8.00                                                         |       |
| <b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>                                                              |                                                                                                                                                                             |                       |                                             |                                                              |       |
| 9.00                                                                                                                                            | Net revenue from stand-alone CHIP                                                                                                                                           |                       | 0                                           | 9.00                                                         |       |
| 10.00                                                                                                                                           | Stand-alone CHIP charges                                                                                                                                                    |                       | 0                                           | 10.00                                                        |       |
| 11.00                                                                                                                                           | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                |                       | 0                                           | 11.00                                                        |       |
| 12.00                                                                                                                                           | Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)                                                             |                       | 0                                           | 12.00                                                        |       |
| <b>Other state or local government indigent care program (see instructions for each line)</b>                                                   |                                                                                                                                                                             |                       |                                             |                                                              |       |
| 13.00                                                                                                                                           | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)                                                                                     |                       | 0                                           | 13.00                                                        |       |
| 14.00                                                                                                                                           | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     |                       | 0                                           | 14.00                                                        |       |
| 15.00                                                                                                                                           | State or local indigent care program cost (line 1 times line 14)                                                                                                            |                       | 0                                           | 15.00                                                        |       |
| 16.00                                                                                                                                           | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)                                        |                       | 0                                           | 16.00                                                        |       |
| <b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b> |                                                                                                                                                                             |                       |                                             |                                                              |       |
| 17.00                                                                                                                                           | Private grants, donations, or endowment income restricted to funding charity care                                                                                           |                       | 0                                           | 17.00                                                        |       |
| 18.00                                                                                                                                           | Government grants, appropriations or transfers for support of hospital operations                                                                                           |                       | 0                                           | 18.00                                                        |       |
| 19.00                                                                                                                                           | Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)                                                           |                       | 0                                           | 19.00                                                        |       |
|                                                                                                                                                 |                                                                                                                                                                             | Uninsured patients    | Insured patients                            | Total (col. 1 + col. 2)                                      |       |
|                                                                                                                                                 |                                                                                                                                                                             | 1.00                  | 2.00                                        | 3.00                                                         |       |
| <b>Uncompensated Care (see instructions for each line)</b>                                                                                      |                                                                                                                                                                             |                       |                                             |                                                              |       |
| 20.00                                                                                                                                           | Charity care charges and uninsured discounts for the entire facility (see instructions)                                                                                     | 19,541,246            | 0                                           | 19,541,246                                                   | 20.00 |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 2,173,592             | 0                                           | 2,173,592                                                    | 21.00 |
| 22.00                                                                                                                                           | Payments received from patients for amounts previously written off as charity care                                                                                          | 0                     | 0                                           | 0                                                            | 22.00 |
| 23.00                                                                                                                                           | Cost of charity care (line 21 minus line 22)                                                                                                                                | 2,173,592             | 0                                           | 2,173,592                                                    | 23.00 |
|                                                                                                                                                 |                                                                                                                                                                             |                       | 1.00                                        |                                                              |       |
| 24.00                                                                                                                                           | Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program? |                       | N                                           | 24.00                                                        |       |
| 25.00                                                                                                                                           | If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit                                                               |                       | 0                                           | 25.00                                                        |       |
| 26.00                                                                                                                                           | Total bad debt expense for the entire hospital complex (see instructions)                                                                                                   |                       | 4,406,151                                   | 26.00                                                        |       |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |                       | 245,162                                     | 27.00                                                        |       |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |                       | 377,171                                     | 27.01                                                        |       |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            |                       | 4,028,980                                   | 28.00                                                        |       |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |                       | 580,156                                     | 29.00                                                        |       |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |                       | 2,753,748                                   | 30.00                                                        |       |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |                       | 2,753,748                                   | 31.00                                                        |       |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

Period:

From 03/01/2018  
To 06/30/2018

Worksheet A

Date/Time Prepared:

11/30/2018 11:45 am

| Cost Center Description                       |       |                                        | Salaries   | Other      | Total (col. 1<br>+ col. 2) | Reclassification<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +<br>col. 4) |        |
|-----------------------------------------------|-------|----------------------------------------|------------|------------|----------------------------|-----------------------------------|-------------------------------------------------------|--------|
|                                               |       |                                        | 1.00       | 2.00       | 3.00                       | 4.00                              | 5.00                                                  |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |            |            |                            |                                   |                                                       |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |            | 0          | 0                          | 1,443,401                         | 1,443,401                                             | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |            | 0          | 0                          | 1,822,658                         | 1,822,658                                             | 2.00   |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                    |            | 0          | 0                          | 0                                 | 0                                                     | 3.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 7,847,637  | 177,601    | 8,025,238                  | -14,410                           | 8,010,828                                             | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               | 3,630,510  | 19,773,176 | 23,403,686                 | -2,683,955                        | 20,719,731                                            | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 605,588    | 2,470,298  | 3,075,886                  | -238,870                          | 2,837,016                                             | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0          | 0          | 0                          | 0                                 | 0                                                     | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 166,956    | 106,849    | 273,805                    | 10,657                            | 284,462                                               | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 727,202    | 305,754    | 1,032,956                  | -215                              | 1,032,741                                             | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 798,704    | 452,425    | 1,251,129                  | -5,363                            | 1,245,766                                             | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0          | 0          | 0                          | 0                                 | 0                                                     | 11.00  |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL               | 0          | 0          | 0                          | 0                                 | 0                                                     | 12.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 357,293    | 18,586     | 375,879                    | -561                              | 375,318                                               | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 146,920    | -71,840    | 75,080                     | -18,081                           | 56,999                                                | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 950,875    | 1,938,620  | 2,889,495                  | -1,724,337                        | 1,165,158                                             | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 562,851    | 118,678    | 681,529                    | 0                                 | 681,529                                               | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0          | 0          | 0                          | 0                                 | 0                                                     | 17.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS              | 0          | 0          | 0                          | 0                                 | 0                                                     | 19.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 0          | 0          | 0                          | 0                                 | 0                                                     | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 3,339,500  | 752,579    | 4,092,079                  | -2,046,164                        | 2,045,915                                             | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0          | 0          | 0                          | 2,046,164                         | 2,046,164                                             | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0          | 0          | 0                          | 0                                 | 0                                                     | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |            |            |                            |                                   |                                                       |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 6,395,904  | 560,578    | 6,956,482                  | -186,522                          | 6,769,960                                             | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 980,347    | 172,460    | 1,152,807                  | -73,653                           | 1,079,154                                             | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 720,023    | 366,967    | 1,086,990                  | -1,482                            | 1,085,508                                             | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | 321,399    | 53,092     | 374,491                    | -2,951                            | 371,540                                               | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | 314,224    | 149,402    | 463,626                    | -9,857                            | 453,769                                               | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 642,706    | 52,748     | 695,454                    | -17,114                           | 678,340                                               | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |            |            |                            |                                   |                                                       |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 1,639,265  | 5,150,568  | 6,789,833                  | -3,658,905                        | 3,130,928                                             | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 159,887    | 12,034     | 171,921                    | -7,405                            | 164,516                                               | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 653,051    | 664,925    | 1,317,976                  | -53,783                           | 1,264,193                                             | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 194,374    | 600,850    | 795,224                    | -248,161                          | 547,063                                               | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,074,570  | 3,844,833  | 4,919,403                  | -1,119,554                        | 3,799,849                                             | 54.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 110,568    | 133,353    | 243,921                    | -886                              | 243,035                                               | 56.00  |
| 56.01                                         | 03630 | ULTRA SOUND                            | 310,513    | 24,193     | 334,706                    | -15,498                           | 319,208                                               | 56.01  |
| 56.02                                         | 03440 | MAMMOGRAPHY                            | 259,776    | 122,452    | 382,228                    | -11,594                           | 370,634                                               | 56.02  |
| 57.00                                         | 05700 | CT SCAN                                | 213,376    | 180,351    | 393,727                    | -62,239                           | 331,488                                               | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 143,695    | 58,627     | 202,322                    | -30,901                           | 171,421                                               | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 352,115    | 1,943,662  | 2,295,777                  | -1,195,077                        | 1,100,700                                             | 59.00  |
| 59.01                                         | 05901 | GASTRO INTESTINAL                      | 452,414    | 468,802    | 921,216                    | -90,500                           | 830,716                                               | 59.01  |
| 60.00                                         | 06000 | LABORATORY                             | 64,156     | 5,237      | 69,393                     | 0                                 | 69,393                                                | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0          | 0          | 0                          | 0                                 | 0                                                     | 62.30  |
| 63.00                                         | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0          | 212,916    | 212,916                    | 0                                 | 212,916                                               | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 392,230    | 162,444    | 554,674                    | -78,121                           | 476,553                                               | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 671,687    | 12,808     | 684,495                    | -3,565                            | 680,930                                               | 66.00  |
| 66.01                                         | 06601 | TCU REHAB                              | 0          | 1,137      | 1,137                      | -353                              | 784                                                   | 66.01  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 352,611    | 96         | 352,707                    | 0                                 | 352,707                                               | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 172,312    | 12,707     | 185,019                    | -11,718                           | 173,301                                               | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 254,962    | 109,125    | 364,087                    | -2,817                            | 361,270                                               | 69.00  |
| 69.01                                         | 06901 | CARDIAC HEHAB                          | 68,933     | 3,825      | 72,758                     | -490                              | 72,268                                                | 69.01  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0          | 0          | 0                          | 2,211,877                         | 2,211,877                                             | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0          | 0          | 0                          | 3,244,559                         | 3,244,559                                             | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0          | 0          | 0                          | 3,545,260                         | 3,545,260                                             | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 44,156     | 283,109    | 327,265                    | -29                               | 327,236                                               | 74.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0          | 0          | 0                          | 0                                 | 0                                                     | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0          | 0          | 0                          | 0                                 | 0                                                     | 76.98  |
| 76.99                                         | 07699 | LITHOTRIPSY                            | 0          | 0          | 0                          | 0                                 | 0                                                     | 76.99  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |            |            |                            |                                   |                                                       |        |
| 91.00                                         | 09100 | EMERGENCY                              | 1,968,071  | 736,461    | 2,704,532                  | -156,481                          | 2,548,051                                             | 91.00  |
| 91.01                                         | 09101 | FAMILY PRACTICES                       | 1,276,358  | 1,878,233  | 3,154,591                  | -501,005                          | 2,653,586                                             | 91.01  |
| 91.02                                         | 09102 | PSYCH DAY HOSPITAL                     | 74,758     | 14,557     | 89,315                     | 0                                 | 89,315                                                | 91.02  |
| 91.03                                         | 09103 | WOUND CARE                             | 125,289    | 91,757     | 217,046                    | -83,383                           | 133,663                                               | 91.03  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |            |            |                            |                                   |                                                       | 92.00  |
| 93.99                                         | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0          | 0          | 0                          | 0                                 | 0                                                     | 93.99  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |            |            |                            |                                   |                                                       |        |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 39,537,766 | 44,127,035 | 83,664,801                 | -31,424                           | 83,633,377                                            | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |            |            |                            |                                   |                                                       |        |
| 190.00                                        | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0          | 0          | 0                          | 0                                 | 0                                                     | 190.00 |
| 191.00                                        | 19100 | RESEARCH                               | 0          | -2,245     | -2,245                     | 0                                 | -2,245                                                | 191.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                      | Salaries   | Other      | Total (col. 1<br>+ col. 2) | Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4) |        |
|-------------------------|-------|--------------------------------------|------------|------------|----------------------------|---------------------------------|--------------------------------------------------------|--------|
|                         |       |                                      | 1.00       | 2.00       | 3.00                       | 4.00                            | 5.00                                                   |        |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES           | 7,064,364  | 4,271,371  | 11,335,735                 | 31,590                          | 11,367,325                                             | 192.00 |
| 194.00                  | 07950 | MARKETING                            | 143,129    | 163,221    | 306,350                    | 0                               | 306,350                                                | 194.00 |
| 194.01                  | 07951 | MACNEAL SCHOOL                       | 0          | 0          | 0                          | 0                               | 0                                                      | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS                  | 59,270     | 73,744     | 133,014                    | -166                            | 132,848                                                | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                      | 0          | 0          | 0                          | 0                               | 0                                                      | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS                 | 0          | 0          | 0                          | 0                               | 0                                                      | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                        | 0          | 0          | 0                          | 0                               | 0                                                      | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                         | 0          | 0          | 0                          | 0                               | 0                                                      | 194.06 |
| 200.00                  |       | TOTAL (SUM OF LINES 118 through 199) | 46,804,529 | 48,633,126 | 95,437,655                 | 0                               | 95,437,655                                             | 200.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                       |       |                                        | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|-----------------------------------------------|-------|----------------------------------------|--------------------------|--------------------------------|--------|
|                                               |       |                                        | 6.00                     | 7.00                           |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                          |                                |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              | -3,009,010               | -1,565,609                     | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              | 1,143,595                | 2,966,253                      | 2.00   |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                    | 0                        | 0                              | 3.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | -38,492                  | 7,972,336                      | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               | -2,375,706               | 18,344,025                     | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | -832,259                 | 2,004,757                      | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0                        | 0                              | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | -3,969                   | 280,493                        | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 0                        | 1,032,741                      | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | -253,992                 | 991,774                        | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                        | 0                              | 11.00  |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL               | 0                        | 0                              | 12.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | -550                     | 374,768                        | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | -32,127                  | 24,872                         | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | -235,610                 | 929,548                        | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | -5,255                   | 676,274                        | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0                        | 0                              | 17.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                        | 0                              | 19.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 0                        | 0                              | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                        | 2,045,915                      | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | -104,800                 | 1,941,364                      | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                        | 0                              | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                          |                                |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | -132,796                 | 6,637,164                      | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | -26,955                  | 1,052,199                      | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | -336,201                 | 749,307                        | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | -33,600                  | 337,940                        | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | -120,000                 | 333,769                        | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                        | 678,340                        | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                          |                                |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | -424,327                 | 2,706,601                      | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | -2,385                   | 162,131                        | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | -557,870                 | 706,323                        | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | -277,963                 | 269,100                        | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | -200,975                 | 3,598,874                      | 54.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 0                        | 243,035                        | 56.00  |
| 56.01                                         | 03630 | ULTRA SOUND                            | -11,219                  | 307,989                        | 56.01  |
| 56.02                                         | 03440 | MAMMOGRAPHY                            | 0                        | 370,634                        | 56.02  |
| 57.00                                         | 05700 | CT SCAN                                | -8,185                   | 323,303                        | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 0                        | 171,421                        | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | -15,813                  | 1,084,887                      | 59.00  |
| 59.01                                         | 05901 | GASTRO INTESTINAL                      | 0                        | 830,716                        | 59.01  |
| 60.00                                         | 06000 | LABORATORY                             | -17,995                  | 51,398                         | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                        | 0                              | 62.30  |
| 63.00                                         | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0                        | 212,916                        | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 0                        | 476,553                        | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | -3,282                   | 677,648                        | 66.00  |
| 66.01                                         | 06601 | TCU REHAB                              | 0                        | 784                            | 66.01  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | -2,038                   | 350,669                        | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | -1,143                   | 172,158                        | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | -70,449                  | 290,821                        | 69.00  |
| 69.01                                         | 06901 | CARDIAC HEHAB                          | 0                        | 72,268                         | 69.01  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                        | 2,211,877                      | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                        | 3,244,559                      | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                        | 3,545,260                      | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 0                        | 327,236                        | 74.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0                        | 0                              | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                        | 0                              | 76.98  |
| 76.99                                         | 07699 | LITHOTRIPSY                            | 0                        | 0                              | 76.99  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                          |                                |        |
| 91.00                                         | 09100 | EMERGENCY                              | -281,501                 | 2,266,550                      | 91.00  |
| 91.01                                         | 09101 | FAMILY PRACTICES                       | -756,904                 | 1,896,682                      | 91.01  |
| 91.02                                         | 09102 | PSYCH DAY HOSPITAL                     | -10,107                  | 79,208                         | 91.02  |
| 91.03                                         | 09103 | WOUND CARE                             | 0                        | 133,663                        | 91.03  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                          |                                | 92.00  |
| 93.99                                         | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                        | 0                              | 93.99  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                          |                                |        |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | -9,039,883               | 74,593,494                     | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                          |                                |        |
| 190.00                                        | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                        | 0                              | 190.00 |
| 191.00                                        | 19100 | RESEARCH                               | 0                        | -2,245                         | 191.00 |
| 192.00                                        | 19200 | PHYSICIANS PRIVATE OFFICES             | 0                        | 11,367,325                     | 192.00 |
| 194.00                                        | 07950 | MARKETING                              | 0                        | 306,350                        | 194.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                      | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|-------------------------|-------|--------------------------------------|--------------------------|--------------------------------|--------|
|                         |       |                                      | 6.00                     | 7.00                           |        |
| 194.01                  | 07951 | MACNEAL SCHOOL                       | 0                        | 0                              | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS                  | 0                        | 132,848                        | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                      | 0                        | 0                              | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS                 | 0                        | 0                              | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                        | 0                        | 0                              | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                         | 0                        | 0                              | 194.06 |
| 200.00                  |       | TOTAL (SUM OF LINES 118 through 199) | -9,039,883               | 86,397,772                     | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/30/2018 11:45 am

| Increases               |                                     |        |       |           |       |  |
|-------------------------|-------------------------------------|--------|-------|-----------|-------|--|
| Cost Center             | Line #                              | Salary | Other |           |       |  |
| 2.00                    | 3.00                                | 4.00   | 5.00  |           |       |  |
| A - TAXES               |                                     |        |       |           |       |  |
| 1.00                    | CAP REL COSTS-BLDG & FIXT           | 1.00   | 0     | 1,397,891 | 1.00  |  |
| 2.00                    |                                     | 0.00   | 0     | 0         | 2.00  |  |
| 3.00                    |                                     | 0.00   | 0     | 0         | 3.00  |  |
|                         | 0                                   |        | 0     | 1,397,891 |       |  |
| B - DEPRECIATION        |                                     |        |       |           |       |  |
| 1.00                    | CAP REL COSTS-BLDG & FIXT           | 1.00   | 0     | 9,346     | 1.00  |  |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP           | 2.00   | 0     | 1,499,879 | 2.00  |  |
|                         | 0                                   |        | 0     | 1,509,225 |       |  |
| C - LEASES RENTALS      |                                     |        |       |           |       |  |
| 1.00                    | CAP REL COSTS-BLDG & FIXT           | 1.00   | 0     | 15,017    | 1.00  |  |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP           | 2.00   | 0     | 305,310   | 2.00  |  |
| 3.00                    | MAINTENANCE & REPAIRS               | 6.00   | 0     | 25,448    | 3.00  |  |
| 4.00                    |                                     | 0.00   | 0     | 0         | 4.00  |  |
| 5.00                    |                                     | 0.00   | 0     | 0         | 5.00  |  |
| 6.00                    |                                     | 0.00   | 0     | 0         | 6.00  |  |
| 7.00                    |                                     | 0.00   | 0     | 0         | 7.00  |  |
|                         | 0                                   |        | 0     | 345,775   |       |  |
| D - CHARGEABLE DRUGS    |                                     |        |       |           |       |  |
| 1.00                    | CENTRAL SERVICES & SUPPLY           | 14.00  | 0     | 726       | 1.00  |  |
| 2.00                    | PHYSICAL THERAPY                    | 66.00  | 0     | 9         | 2.00  |  |
| 3.00                    | TCU REHAB                           | 66.01  | 0     | 250       | 3.00  |  |
| 4.00                    | DRUGS CHARGED TO PATIENTS           | 73.00  | 0     | 3,551,089 | 4.00  |  |
| 5.00                    | PHYSICIANS PRIVATE OFFICES          | 192.00 | 0     | 31,590    | 5.00  |  |
| 6.00                    |                                     | 0.00   | 0     | 0         | 6.00  |  |
| 7.00                    |                                     | 0.00   | 0     | 0         | 7.00  |  |
| 8.00                    |                                     | 0.00   | 0     | 0         | 8.00  |  |
| 9.00                    |                                     | 0.00   | 0     | 0         | 9.00  |  |
| 10.00                   |                                     | 0.00   | 0     | 0         | 10.00 |  |
| 11.00                   |                                     | 0.00   | 0     | 0         | 11.00 |  |
| 12.00                   |                                     | 0.00   | 0     | 0         | 12.00 |  |
| 13.00                   |                                     | 0.00   | 0     | 0         | 13.00 |  |
| 14.00                   |                                     | 0.00   | 0     | 0         | 14.00 |  |
| 15.00                   |                                     | 0.00   | 0     | 0         | 15.00 |  |
| 16.00                   |                                     | 0.00   | 0     | 0         | 16.00 |  |
| 17.00                   |                                     | 0.00   | 0     | 0         | 17.00 |  |
| 18.00                   |                                     | 0.00   | 0     | 0         | 18.00 |  |
| 19.00                   |                                     | 0.00   | 0     | 0         | 19.00 |  |
| 20.00                   |                                     | 0.00   | 0     | 0         | 20.00 |  |
| 21.00                   |                                     | 0.00   | 0     | 0         | 21.00 |  |
| 22.00                   |                                     | 0.00   | 0     | 0         | 22.00 |  |
| 23.00                   |                                     | 0.00   | 0     | 0         | 23.00 |  |
| 24.00                   |                                     | 0.00   | 0     | 0         | 24.00 |  |
| 25.00                   |                                     | 0.00   | 0     | 0         | 25.00 |  |
| 26.00                   |                                     | 0.00   | 0     | 0         | 26.00 |  |
| 27.00                   |                                     | 0.00   | 0     | 0         | 27.00 |  |
| 28.00                   |                                     | 0.00   | 0     | 0         | 28.00 |  |
| 29.00                   |                                     | 0.00   | 0     | 0         | 29.00 |  |
| 30.00                   |                                     | 0.00   | 0     | 0         | 30.00 |  |
|                         | 0                                   |        | 0     | 3,583,664 |       |  |
| E - CHARGEABLE SUPPLIES |                                     |        |       |           |       |  |
| 1.00                    | PHARMACY                            | 15.00  | 0     | 35        | 1.00  |  |
| 2.00                    | MEDICAL SUPPLIES CHARGED TO PATIENT | 71.00  | 0     | 2,211,877 | 2.00  |  |
| 3.00                    |                                     | 0.00   | 0     | 0         | 3.00  |  |
| 4.00                    |                                     | 0.00   | 0     | 0         | 4.00  |  |
| 5.00                    |                                     | 0.00   | 0     | 0         | 5.00  |  |
| 6.00                    |                                     | 0.00   | 0     | 0         | 6.00  |  |
| 7.00                    |                                     | 0.00   | 0     | 0         | 7.00  |  |
| 8.00                    |                                     | 0.00   | 0     | 0         | 8.00  |  |
| 9.00                    |                                     | 0.00   | 0     | 0         | 9.00  |  |
| 10.00                   |                                     | 0.00   | 0     | 0         | 10.00 |  |
| 11.00                   |                                     | 0.00   | 0     | 0         | 11.00 |  |
| 12.00                   |                                     | 0.00   | 0     | 0         | 12.00 |  |
| 13.00                   |                                     | 0.00   | 0     | 0         | 13.00 |  |
| 14.00                   |                                     | 0.00   | 0     | 0         | 14.00 |  |
| 15.00                   |                                     | 0.00   | 0     | 0         | 15.00 |  |
| 16.00                   |                                     | 0.00   | 0     | 0         | 16.00 |  |
| 17.00                   |                                     | 0.00   | 0     | 0         | 17.00 |  |
| 18.00                   |                                     | 0.00   | 0     | 0         | 18.00 |  |
| 19.00                   |                                     | 0.00   | 0     | 0         | 19.00 |  |
| 20.00                   |                                     | 0.00   | 0     | 0         | 20.00 |  |
| 21.00                   |                                     | 0.00   | 0     | 0         | 21.00 |  |
| 22.00                   |                                     | 0.00   | 0     | 0         | 22.00 |  |

## RECLASSIFICATIONS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/30/2018 11:45 am

|        | Increases                            |        |           |            |  |        |
|--------|--------------------------------------|--------|-----------|------------|--|--------|
|        | Cost Center                          | Line # | Salary    | Other      |  |        |
|        | 2.00                                 | 3.00   | 4.00      | 5.00       |  |        |
| 23.00  |                                      | 0.00   | 0         | 0          |  | 23.00  |
| 24.00  |                                      | 0.00   | 0         | 0          |  | 24.00  |
| 25.00  |                                      | 0.00   | 0         | 0          |  | 25.00  |
| 26.00  |                                      | 0.00   | 0         | 0          |  | 26.00  |
| 27.00  |                                      | 0.00   | 0         | 0          |  | 27.00  |
| 28.00  |                                      | 0.00   | 0         | 0          |  | 28.00  |
| 29.00  |                                      | 0.00   | 0         | 0          |  | 29.00  |
| 30.00  |                                      | 0.00   | 0         | 0          |  | 30.00  |
| 31.00  |                                      | 0.00   | 0         | 0          |  | 31.00  |
| 32.00  |                                      | 0.00   | 0         | 0          |  | 32.00  |
| 33.00  |                                      | 0.00   | 0         | 0          |  | 33.00  |
| 34.00  |                                      | 0.00   | 0         | 0          |  | 34.00  |
| 35.00  |                                      | 0.00   | 0         | 0          |  | 35.00  |
|        |                                      |        | 0         | 2,211,912  |  |        |
|        | F - INSURANCE                        |        |           |            |  |        |
| 1.00   | CAP REL COSTS-BLDG & FIXT            | 1.00   | 0         | 21,147     |  | 1.00   |
|        |                                      |        | 0         | 21,147     |  |        |
|        | G - INTEREST EXPENSE                 |        |           |            |  |        |
| 1.00   | CAP REL COSTS-MVBLE EQUIP            | 2.00   | 0         | 17,469     |  | 1.00   |
|        |                                      |        | 0         | 17,469     |  |        |
|        | H - IMPLANTABLE DEVICE               |        |           |            |  |        |
| 1.00   | IMPL. DEV. CHARGED TO PATIENTS       | 72.00  | 0         | 3,244,559  |  | 1.00   |
| 2.00   |                                      | 0.00   | 0         | 0          |  | 2.00   |
| 3.00   |                                      | 0.00   | 0         | 0          |  | 3.00   |
| 4.00   |                                      | 0.00   | 0         | 0          |  | 4.00   |
| 5.00   |                                      | 0.00   | 0         | 0          |  | 5.00   |
| 6.00   |                                      | 0.00   | 0         | 0          |  | 6.00   |
| 7.00   |                                      | 0.00   | 0         | 0          |  | 7.00   |
|        |                                      |        | 0         | 3,244,559  |  |        |
|        | I - LINEN                            |        |           |            |  |        |
| 1.00   | LAUNDRY & LINEN SERVICE              | 8.00   | 0         | 12,940     |  | 1.00   |
| 2.00   | RADIOLOGY-DIAGNOSTIC                 | 54.00  | 0         | 2,877      |  | 2.00   |
| 3.00   | RADIOISOTOPE                         | 56.00  | 0         | 1,960      |  | 3.00   |
| 4.00   | ULTRA SOUND                          | 56.01  | 0         | 5,110      |  | 4.00   |
| 5.00   | MRI                                  | 58.00  | 0         | 2,400      |  | 5.00   |
| 6.00   | WOUND CARE                           | 91.03  | 0         | 1,785      |  | 6.00   |
| 7.00   |                                      | 0.00   | 0         | 0          |  | 7.00   |
| 8.00   |                                      | 0.00   | 0         | 0          |  | 8.00   |
| 9.00   |                                      | 0.00   | 0         | 0          |  | 9.00   |
| 10.00  |                                      | 0.00   | 0         | 0          |  | 10.00  |
| 11.00  |                                      | 0.00   | 0         | 0          |  | 11.00  |
| 12.00  |                                      | 0.00   | 0         | 0          |  | 12.00  |
| 13.00  |                                      | 0.00   | 0         | 0          |  | 13.00  |
| 14.00  |                                      | 0.00   | 0         | 0          |  | 14.00  |
| 15.00  |                                      | 0.00   | 0         | 0          |  | 15.00  |
|        |                                      |        | 0         | 27,072     |  |        |
|        | J - INTERNS AND RESIDENTS OTHER PROG |        |           |            |  |        |
| 1.00   | I&R SERVICES-OTHER PRGM COSTS APPRV  | 22.00  | 1,293,585 | 0          |  | 1.00   |
|        |                                      |        | 1,293,585 | 0          |  |        |
|        | K - INTERNS AND RESIDENTS            |        |           |            |  |        |
| 1.00   | I&R SERVICES-OTHER PRGM COSTS APPRV  | 22.00  |           | 752,579    |  | 1.00   |
| 2.00   |                                      |        |           | 0          |  | 2.00   |
|        |                                      |        |           | 752,579    |  |        |
| 500.00 | Grand Total: Increases               |        | 1,293,585 | 13,111,293 |  | 500.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/30/2018 11:45 am

|       | Decreases                           |        |        |           |                |  |       |
|-------|-------------------------------------|--------|--------|-----------|----------------|--|-------|
|       | Cost Center                         | Line # | Salary | Other     | Wkst. A-7 Ref. |  |       |
|       | 6.00                                | 7.00   | 8.00   | 9.00      | 10.00          |  |       |
|       | A - TAXES                           |        |        |           |                |  |       |
| 1.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0      | 1,109,220 | 13             |  | 1.00  |
| 2.00  | MAINTENANCE & REPAIRS               | 6.00   | 0      | 262,863   | 0              |  | 2.00  |
| 3.00  | MRI                                 | 58.00  | 0      | 25,808    | 0              |  | 3.00  |
|       | 0                                   |        | 0      | 1,397,891 |                |  |       |
|       | B - DEPRECIATION                    |        |        |           |                |  |       |
| 1.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0      | 1,509,225 | 9              |  | 1.00  |
| 2.00  |                                     | 0.00   | 0      | 0         | 9              |  | 2.00  |
|       | 0                                   |        | 0      | 1,509,225 |                |  |       |
|       | C - LEASES RENTALS                  |        |        |           |                |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0      | 449       | 10             |  | 1.00  |
| 2.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0      | 26,831    | 10             |  | 2.00  |
| 3.00  | DIETARY                             | 10.00  | 0      | 697       | 0              |  | 3.00  |
| 4.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0      | 1         | 0              |  | 4.00  |
| 5.00  | PHARMACY                            | 15.00  | 0      | 105,533   | 0              |  | 5.00  |
| 6.00  | OPERATING ROOM                      | 50.00  | 0      | 171,799   | 0              |  | 6.00  |
| 7.00  | CT SCAN                             | 57.00  | 0      | 40,465    | 0              |  | 7.00  |
|       | 0                                   |        | 0      | 345,775   |                |  |       |
|       | D - CHARGEABLE DRUGS                |        |        |           |                |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0      | 12,033    | 0              |  | 1.00  |
| 2.00  | MAINTENANCE & REPAIRS               | 6.00   | 0      | 15        | 0              |  | 2.00  |
| 3.00  | DIETARY                             | 10.00  | 0      | 4,660     | 0              |  | 3.00  |
| 4.00  | NURSING ADMINISTRATION              | 13.00  | 0      | 13        | 0              |  | 4.00  |
| 5.00  | PHARMACY                            | 15.00  | 0      | 1,598,126 | 0              |  | 5.00  |
| 6.00  | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 0      | 5,829     | 0              |  | 6.00  |
| 7.00  | ADULTS & PEDIATRICS                 | 30.00  | 0      | 73,581    | 0              |  | 7.00  |
| 8.00  | INTENSIVE CARE UNIT                 | 31.00  | 0      | 18,921    | 0              |  | 8.00  |
| 9.00  | SUBPROVIDER - IPF                   | 40.00  | 0      | 70        | 0              |  | 9.00  |
| 10.00 | SUBPROVIDER - IRF                   | 41.00  | 0      | 242       | 0              |  | 10.00 |
| 11.00 | NURSERY                             | 43.00  | 0      | 1,632     | 0              |  | 11.00 |
| 12.00 | SKILLED NURSING FACILITY            | 44.00  | 0      | 2,915     | 0              |  | 12.00 |
| 13.00 | OPERATING ROOM                      | 50.00  | 0      | 47,093    | 0              |  | 13.00 |
| 14.00 | RECOVERY ROOM                       | 51.00  | 0      | 1,381     | 0              |  | 14.00 |
| 15.00 | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0      | 10,932    | 0              |  | 15.00 |
| 16.00 | ANESTHESIOLOGY                      | 53.00  | 0      | 148,306   | 0              |  | 16.00 |
| 17.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0      | 1,055,219 | 0              |  | 17.00 |
| 18.00 | RADIOISOTOPE                        | 56.00  | 0      | 2,312     | 0              |  | 18.00 |
| 19.00 | ULTRA SOUND                         | 56.01  | 0      | 151       | 0              |  | 19.00 |
| 20.00 | MAMMOGRAPHY                         | 56.02  | 0      | 7,037     | 0              |  | 20.00 |
| 21.00 | CT SCAN                             | 57.00  | 0      | 2,420     | 0              |  | 21.00 |
| 22.00 | MRI                                 | 58.00  | 0      | 1,112     | 0              |  | 22.00 |
| 23.00 | CARDIAC CATHETERIZATION             | 59.00  | 0      | 6,310     | 0              |  | 23.00 |
| 24.00 | GASTRO INTESTINAL                   | 59.01  | 0      | 24,377    | 0              |  | 24.00 |
| 25.00 | RESPIRATORY THERAPY                 | 65.00  | 0      | 709       | 0              |  | 25.00 |
| 26.00 | ELECTROCARDIOLOGY                   | 69.00  | 0      | 445       | 0              |  | 26.00 |
| 27.00 | RENAL DIALYSIS                      | 74.00  | 0      | 29        | 0              |  | 27.00 |
| 28.00 | EMERGENCY                           | 91.00  | 0      | 81,235    | 0              |  | 28.00 |
| 29.00 | FAMILY PRACTICES                    | 91.01  | 0      | 466,617   | 0              |  | 29.00 |
| 30.00 | WOUND CARE                          | 91.03  | 0      | 9,942     | 0              |  | 30.00 |
|       | 0                                   |        | 0      | 3,583,664 |                |  |       |
|       | E - CHARGEABLE SUPPLIES             |        |        |           |                |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0      | 1,128     | 0              |  | 1.00  |
| 2.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0      | 63        | 0              |  | 2.00  |
| 3.00  | MAINTENANCE & REPAIRS               | 6.00   | 0      | 1,440     | 0              |  | 3.00  |
| 4.00  | LAUNDRY & LINEN SERVICE             | 8.00   | 0      | 2,283     | 0              |  | 4.00  |
| 5.00  | DIETARY                             | 10.00  | 0      | 6         | 0              |  | 5.00  |
| 6.00  | NURSING ADMINISTRATION              | 13.00  | 0      | 548       | 0              |  | 6.00  |
| 7.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0      | 18,789    | 0              |  | 7.00  |
| 8.00  | ADULTS & PEDIATRICS                 | 30.00  | 0      | 110,936   | 0              |  | 8.00  |
| 9.00  | INTENSIVE CARE UNIT                 | 31.00  | 0      | 52,292    | 0              |  | 9.00  |
| 10.00 | SUBPROVIDER - IPF                   | 40.00  | 0      | 1,289     | 0              |  | 10.00 |
| 11.00 | SUBPROVIDER - IRF                   | 41.00  | 0      | 2,709     | 0              |  | 11.00 |
| 12.00 | NURSERY                             | 43.00  | 0      | 7,406     | 0              |  | 12.00 |
| 13.00 | SKILLED NURSING FACILITY            | 44.00  | 0      | 14,139    | 0              |  | 13.00 |
| 14.00 | OPERATING ROOM                      | 50.00  | 0      | 1,315,414 | 0              |  | 14.00 |
| 15.00 | RECOVERY ROOM                       | 51.00  | 0      | 6,024     | 0              |  | 15.00 |
| 16.00 | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0      | 41,667    | 0              |  | 16.00 |
| 17.00 | ANESTHESIOLOGY                      | 53.00  | 0      | 99,855    | 0              |  | 17.00 |
| 18.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0      | 34,427    | 0              |  | 18.00 |
| 19.00 | RADIOISOTOPE                        | 56.00  | 0      | 534       | 0              |  | 19.00 |
| 20.00 | ULTRA SOUND                         | 56.01  | 0      | 20,457    | 0              |  | 20.00 |
| 21.00 | MAMMOGRAPHY                         | 56.02  | 0      | 4,557     | 0              |  | 21.00 |
| 22.00 | CT SCAN                             | 57.00  | 0      | 1,014     | 0              |  | 22.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/30/2018 11:45 am

| Decreases                            |                                     |        |           |            |    | Wkst. A-7 Ref. |  |
|--------------------------------------|-------------------------------------|--------|-----------|------------|----|----------------|--|
| Cost Center                          | Line #                              | Salary | Other     |            |    |                |  |
| 6.00                                 | 7.00                                | 8.00   | 9.00      | 10.00      |    |                |  |
| 23.00                                | MRI                                 | 58.00  | 0         | 6,381      | 0  | 23.00          |  |
| 24.00                                | CARDIAC CATHETERIZATION             | 59.00  | 0         | 160,582    | 0  | 24.00          |  |
| 25.00                                | GASTRO INTESTINAL                   | 59.01  | 0         | 56,872     | 0  | 25.00          |  |
| 26.00                                | RESPIRATORY THERAPY                 | 65.00  | 0         | 77,412     | 0  | 26.00          |  |
| 27.00                                | PHYSICAL THERAPY                    | 66.00  | 0         | 3,544      | 0  | 27.00          |  |
| 28.00                                | TCU REHAB                           | 66.01  | 0         | 603        | 0  | 28.00          |  |
| 29.00                                | SPEECH PATHOLOGY                    | 68.00  | 0         | 11,718     | 0  | 29.00          |  |
| 30.00                                | ELECTROCARDIOLOGY                   | 69.00  | 0         | 2,372      | 0  | 30.00          |  |
| 31.00                                | CARDIAC HEHAB                       | 69.01  | 0         | 490        | 0  | 31.00          |  |
| 32.00                                | EMERGENCY                           | 91.00  | 0         | 74,096     | 0  | 32.00          |  |
| 33.00                                | FAMILY PRACTICES                    | 91.01  | 0         | 5,473      | 0  | 33.00          |  |
| 34.00                                | WOUND CARE                          | 91.03  | 0         | 75,226     | 0  | 34.00          |  |
| 35.00                                | COMMUNITY RELATIONS                 | 194.02 | 0         | 166        | 0  | 35.00          |  |
|                                      |                                     |        | 0         | 2,211,912  |    |                |  |
| F - INSURANCE                        |                                     |        |           |            |    |                |  |
| 1.00                                 | ADMINISTRATIVE & GENERAL            | 5.00   | 0         | 21,147     | 12 | 1.00           |  |
|                                      |                                     |        | 0         | 21,147     |    |                |  |
| G - INTEREST EXPENSE                 |                                     |        |           |            |    |                |  |
| 1.00                                 | ADMINISTRATIVE & GENERAL            | 5.00   | 0         | 17,469     | 11 | 1.00           |  |
|                                      |                                     |        | 0         | 17,469     |    |                |  |
| H - IMPLANTABLE DEVICE               |                                     |        |           |            |    |                |  |
| 1.00                                 | PHARMACY                            | 15.00  | 0         | 20,713     | 0  | 1.00           |  |
| 2.00                                 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 1,359      | 0  | 2.00           |  |
| 3.00                                 | OPERATING ROOM                      | 50.00  | 0         | 2,124,229  | 0  | 3.00           |  |
| 4.00                                 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 32,785     | 0  | 4.00           |  |
| 5.00                                 | CARDIAC CATHETERIZATION             | 59.00  | 0         | 1,028,185  | 0  | 5.00           |  |
| 6.00                                 | GASTRO INTESTINAL                   | 59.01  | 0         | 8,905      | 0  | 6.00           |  |
| 7.00                                 | FAMILY PRACTICES                    | 91.01  | 0         | 28,383     | 0  | 7.00           |  |
|                                      |                                     |        | 0         | 3,244,559  |    |                |  |
| I - LINEN                            |                                     |        |           |            |    |                |  |
| 1.00                                 | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0         | 800        | 0  | 1.00           |  |
| 2.00                                 | HOUSEKEEPING                        | 9.00   | 0         | 215        | 0  | 2.00           |  |
| 3.00                                 | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 17         | 0  | 3.00           |  |
| 4.00                                 | ADULTS & PEDIATRICS                 | 30.00  | 0         | 2,005      | 0  | 4.00           |  |
| 5.00                                 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 1,081      | 0  | 5.00           |  |
| 6.00                                 | SUBPROVIDER - IPF                   | 40.00  | 0         | 123        | 0  | 6.00           |  |
| 7.00                                 | NURSERY                             | 43.00  | 0         | 819        | 0  | 7.00           |  |
| 8.00                                 | SKILLED NURSING FACILITY            | 44.00  | 0         | 60         | 0  | 8.00           |  |
| 9.00                                 | OPERATING ROOM                      | 50.00  | 0         | 370        | 0  | 9.00           |  |
| 10.00                                | DELIVERY ROOM & LABOR ROOM          | 52.00  | 0         | 1,184      | 0  | 10.00          |  |
| 11.00                                | CT SCAN                             | 57.00  | 0         | 18,340     | 0  | 11.00          |  |
| 12.00                                | GASTRO INTESTINAL                   | 59.01  | 0         | 346        | 0  | 12.00          |  |
| 13.00                                | PHYSICAL THERAPY                    | 66.00  | 0         | 30         | 0  | 13.00          |  |
| 14.00                                | EMERGENCY                           | 91.00  | 0         | 1,150      | 0  | 14.00          |  |
| 15.00                                | FAMILY PRACTICES                    | 91.01  | 0         | 532        | 0  | 15.00          |  |
|                                      |                                     |        | 0         | 27,072     |    |                |  |
| J - INTERNS AND RESIDENTS OTHER PROG |                                     |        |           |            |    |                |  |
| 1.00                                 | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 1,293,585 | 0          | 0  | 1.00           |  |
|                                      |                                     |        | 1,293,585 | 0          |    |                |  |
| K - INTERNS AND RESIDENTS            |                                     |        |           |            |    |                |  |
| 1.00                                 | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  |           | 746,750    |    | 1.00           |  |
| 2.00                                 | DRUGS CHARGED TO PATIENTS           | 73.00  |           | 5,829      |    | 2.00           |  |
|                                      |                                     |        | 0         | 752,579    |    |                |  |
| 500.00                               | Grand Total: Decreases              |        | 1,293,585 | 13,111,293 |    | 500.00         |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet A-7  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|       |                                                        | Beginning<br>Balances | Acquisitions                   |          |           | Disposals and<br>Retirements |       |  |
|-------|--------------------------------------------------------|-----------------------|--------------------------------|----------|-----------|------------------------------|-------|--|
|       |                                                        |                       | Purchases                      | Donation | Total     |                              |       |  |
|       |                                                        |                       |                                |          |           |                              |       |  |
|       |                                                        | 1.00                  | 2.00                           | 3.00     | 4.00      | 5.00                         |       |  |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                       |                                |          |           |                              |       |  |
| 1.00  | Land                                                   | 0                     | 0                              | 0        | 0         | 0                            | 1.00  |  |
| 2.00  | Land Improvements                                      | 2,867,991             | 0                              | 0        | 0         | 0                            | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 137,640,105           | 244,484                        | 0        | 244,484   | 0                            | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              | 0        | 0         | 0                            | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 0                     | 0                              | 0        | 0         | 0                            | 5.00  |  |
| 6.00  | Movable Equipment                                      | 213,660,462           | 776,563                        | 0        | 776,563   | 0                            | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              | 0        | 0         | 0                            | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 354,168,558           | 1,021,047                      | 0        | 1,021,047 | 0                            | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              | 0        | 0         | 0                            | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 354,168,558           | 1,021,047                      | 0        | 1,021,047 | 0                            | 10.00 |  |
|       |                                                        | Ending Balance        | Fully<br>Depreciated<br>Assets |          |           |                              |       |  |
|       |                                                        |                       |                                |          |           |                              |       |  |
|       |                                                        | 6.00                  | 7.00                           |          |           |                              |       |  |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES |                       |                                |          |           |                              |       |  |
| 1.00  | Land                                                   | 0                     | 0                              |          |           |                              | 1.00  |  |
| 2.00  | Land Improvements                                      | 2,867,991             | 0                              |          |           |                              | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 137,884,589           | 0                              |          |           |                              | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              |          |           |                              | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 0                     | 0                              |          |           |                              | 5.00  |  |
| 6.00  | Movable Equipment                                      | 214,437,025           | 0                              |          |           |                              | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              |          |           |                              | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 355,189,605           | 0                              |          |           |                              | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              |          |           |                              | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 355,189,605           | 0                              |          |           |                              | 10.00 |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet A-7  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |                                                                               | SUMMARY OF CAPITAL                             |                                       |          |                              |                          |      |
|-------------------------|-------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|----------|------------------------------|--------------------------|------|
|                         |                                                                               | Depreciation                                   | Lease                                 | Interest | Insurance (see instructions) | Taxes (see instructions) |      |
|                         |                                                                               | 9.00                                           | 10.00                                 | 11.00    | 12.00                        | 13.00                    |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                                                |                                       |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 0                                              | 0                                     | 0        | 0                            | 0                        | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                              | 0                                     | 0        | 0                            | 0                        | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                              | 0                                     | 0        | 0                            | 0                        | 3.00 |
| Cost Center Description |                                                                               | SUMMARY OF CAPITAL                             |                                       |          |                              |                          |      |
|                         |                                                                               | Other Capital-Related Costs (see instructions) | Total (1) (sum of cols. 9 through 14) |          |                              |                          |      |
|                         |                                                                               | 14.00                                          | 15.00                                 |          |                              |                          |      |
|                         |                                                                               |                                                |                                       |          |                              |                          |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                                                |                                       |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 0                                              | 0                                     |          |                              |                          | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                              | 0                                     |          |                              |                          | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                              | 0                                     |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet A-7  
Part III  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                          | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio (col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    | 1.00                        | 2.00                         | 3.00                                     | 4.00                                           | 5.00                                  |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 140,752,580                 | 0                            | 140,752,580                              | 0.396274                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 214,437,025                 | 0                            | 214,437,025                              | 0.603726                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 355,189,605                 | 0                            | 355,189,605                              | 1.000000                                       | 0                                     | 3.00 |
| Cost Center Description |                                                    | ALLOCATION OF OTHER CAPITAL |                              |                                          | SUMMARY OF CAPITAL                             |                                       |      |
|                         |                                                    | Taxes                       | Other Capital-Related Costs  | Total (sum of cols. 5 through 7)         | Depreciation                                   | Lease                                 |      |
|                         |                                                    | 6.00                        | 7.00                         | 8.00                                     | 9.00                                           | 10.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 0                           | 0                            | 0                                        | -2,772,915                                     | 15,017                                | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 2,643,474                                      | 305,310                               | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | -129,441                                       | 320,327                               | 3.00 |
| Cost Center Description |                                                    | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                         |                                                    | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                         |                                                    | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | -226,749                    | 21,147                       | 1,397,891                                | 0                                              | -1,565,609                            | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 17,469                      | 0                            | 0                                        | 0                                              | 2,966,253                             | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | -209,280                    | 21,147                       | 1,397,891                                | 0                                              | 1,400,644                             | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |                                                                                         | Basis/Code (2) | Amount     | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|-------------------------|-----------------------------------------------------------------------------------------|----------------|------------|-------------------------------------------------------------------------------------|--------|----------------|-------|
|                         |                                                                                         |                |            | Cost Center                                                                         | Line # |                |       |
| 1.00                    |                                                                                         | B              | 2.00       | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                               | B              | -226,749   | CAP REL COSTS-BLDG & FIXT                                                           | 1.00   | 11             | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                | 0          | CAP REL COSTS-MVBLE EQUIP                                                           | 2.00   | 0              | 2.00  |
| 3.00                    | Investment income - other (chapter 2)                                                   |                | 0          |                                                                                     | 0.00   | 0              | 3.00  |
| 4.00                    | Trade, quantity, and time discounts (chapter 8)                                         |                | 0          |                                                                                     | 0.00   | 0              | 4.00  |
| 5.00                    | Refunds and rebates of expenses (chapter 8)                                             |                | 0          |                                                                                     | 0.00   | 0              | 5.00  |
| 6.00                    | Rental of provider space by suppliers (chapter 8)                                       |                | 0          |                                                                                     | 0.00   | 0              | 6.00  |
| 7.00                    | Telephone services (pay stations excluded) (chapter 21)                                 |                | 0          |                                                                                     | 0.00   | 0              | 7.00  |
| 8.00                    | Television and radio service (chapter 21)                                               |                | 0          |                                                                                     | 0.00   | 0              | 8.00  |
| 9.00                    | Parking lot (chapter 21)                                                                |                | 0          |                                                                                     | 0.00   | 0              | 9.00  |
| 10.00                   | Provider-based physician adjustment                                                     | A-8-2          | -3,047,885 |                                                                                     |        | 0              | 10.00 |
| 11.00                   | Sale of scrap, waste, etc. (chapter 23)                                                 |                | 0          |                                                                                     | 0.00   | 0              | 11.00 |
| 12.00                   | Related organization transactions (chapter 10)                                          | A-8-1          | -3,212,557 |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                | 0          |                                                                                     | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              | -246,384   | DIETARY                                                                             | 10.00  | 0              | 14.00 |
| 15.00                   | Rental of quarters to employee and others                                               |                | 0          |                                                                                     | 0.00   | 0              | 15.00 |
| 16.00                   | Sale of medical and surgical supplies to other than patients                            |                | 0          |                                                                                     | 0.00   | 0              | 16.00 |
| 17.00                   | Sale of drugs to other than patients                                                    |                | 0          |                                                                                     | 0.00   | 0              | 17.00 |
| 18.00                   | Sale of medical records and abstracts                                                   |                | 0          |                                                                                     | 0.00   | 0              | 18.00 |
| 19.00                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                | 0          |                                                                                     | 0.00   | 0              | 19.00 |
| 20.00                   | Vending machines                                                                        | B              | -7,651     | DIETARY                                                                             | 10.00  | 0              | 20.00 |
| 21.00                   | Income from imposition of interest, finance or penalty charges (chapter 21)             |                | 0          |                                                                                     | 0.00   | 0              | 21.00 |
| 22.00                   | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                | 0          |                                                                                     | 0.00   | 0              | 22.00 |
| 23.00                   | Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | A-8-3          | 0          | RESPIRATORY THERAPY                                                                 | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          | 0          | PHYSICAL THERAPY                                                                    | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                | 0          | *** Cost Center Deleted ***                                                         | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - CAP REL COSTS-BLDG & FIXT                                                | A              | -2,852,527 | CAP REL COSTS-BLDG & FIXT                                                           | 1.00   | 9              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                | A              | 1,143,595  | CAP REL COSTS-MVBLE EQUIP                                                           | 2.00   | 9              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                | 0          | NONPHYSICIAN ANESTHETISTS                                                           | 19.00  |                | 28.00 |
| 29.00                   | Physicians' assistant                                                                   |                | 0          |                                                                                     | 0.00   | 0              | 29.00 |
| 30.00                   | Adjustment for occupational therapy costs in excess of limitation (chapter 14)          | A-8-3          | 0          | OCCUPATIONAL THERAPY                                                                | 67.00  |                | 30.00 |
| 30.99                   | Hospice (non-distinct) (see instructions)                                               |                | 0          | ADULTS & PEDIATRICS                                                                 | 30.00  |                | 30.99 |
| 31.00                   | Adjustment for speech pathology costs in excess of limitation (chapter 14)              | A-8-3          | 0          | SPEECH PATHOLOGY                                                                    | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                                        |                | 0          |                                                                                     | 0.00   | 0              | 32.00 |
| 33.00                   | PATIENT PHONES-DIRECT                                                                   | A              | -51,326    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 33.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |                          | Basis/Code (2) | Amount   | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |  | Line # | Wkst. A-7 Ref. |
|-------------------------|--------------------------|----------------|----------|-------------------------------------------------------------------------------------|--|--------|----------------|
|                         |                          |                |          | Cost Center                                                                         |  |        |                |
|                         |                          | 1.00           | 2.00     | 3.00                                                                                |  | 4.00   | 5.00           |
| 33.01                   | PATIENT PHONES-BENEFITS  | A              |          | 0EMPLOYEE BENEFITS DEPARTMENT                                                       |  | 4.00   | 0 33.01        |
| 33.02                   | PATIENT PHONES-DEPREC.   | A              |          | 0CAP REL COSTS-MVBLE EQUIP                                                          |  | 2.00   | 9 33.02        |
| 33.03                   | TELEVISION-DEPREC        | A              | -4,583   | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 9 33.03        |
| 33.04                   | TELEVISION-CABLE         | A              |          | 0ADMINISTRATIVE & GENERAL                                                           |  | 5.00   | 0 33.04        |
| 33.05                   | TELEVISION-CABLE         | A              | -982     | ANESTHESIOLOGY                                                                      |  | 53.00  | 0 33.05        |
| 33.06                   | TELEVISION-CABLE         | A              | -3,404   | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.06        |
| 33.07                   | OTHER OPERATING REVENUE  | B              |          | 0EMPLOYEE BENEFITS DEPARTMENT                                                       |  | 4.00   | 0 33.07        |
| 33.08                   | TELEPHONE REVENUE        | B              | -80,046  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.08        |
| 33.09                   | OTHER OPERATING REVENUE  | B              | 412,862  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.09        |
| 33.10                   | RENT INCOME              | B              |          | 0MAINTENANCE & REPAIRS                                                              |  | 6.00   | 0 33.10        |
| 33.11                   | OTHER OPERATING REVENUE  | B              | -3,969   | LAUNDRY & LINEN SERVICE                                                             |  | 8.00   | 0 33.11        |
| 33.12                   | OTHER OPERATING REVENUE  | B              | 43       | DIETARY                                                                             |  | 10.00  | 0 33.12        |
| 33.13                   | OTHER OPERATING REVENUE  | B              | -32,127  | CENTRAL SERVICES & SUPPLY                                                           |  | 14.00  | 0 33.13        |
| 33.14                   | OTHER OPERATING REVENUE  | B              | -235,610 | PHARMACY                                                                            |  | 15.00  | 0 33.14        |
| 33.15                   | OTHER OPERATING REVENUE  | B              | -5,255   | MEDICAL RECORDS & LIBRARY                                                           |  | 16.00  | 0 33.15        |
| 33.16                   | OTHER OPERATING REVENUE  | B              | -4,800   | I&R SERVICES-OTHER PRGM                                                             |  | 22.00  | 0 33.16        |
| 33.17                   | RENT INCOME              | B              | -126,201 | COSTS APPRV                                                                         |  |        |                |
| 33.18                   | OTHER OPERATING REVENUE  | B              | -1,250   | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0 33.17        |
| 33.19                   | OTHER OPERATING REVENUE  | B              | 1,010    | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0 33.18        |
| 33.20                   | OTHER OPERATING REVENUE  | B              | -2,385   | OPERATING ROOM                                                                      |  | 50.00  | 0 33.19        |
| 33.21                   | OTHER OPERATING REVENUE  | B              |          | RECOVERY ROOM                                                                       |  | 51.00  | 0 33.20        |
| 33.22                   | OTHER OPERATING REVENUE  | B              |          | 0DELIVERY ROOM & LABOR ROOM                                                         |  | 52.00  | 0 33.21        |
| 33.23                   | OTHER OPERATING REVENUE  | B              |          | 0ANESTHESIOLOGY                                                                     |  | 53.00  | 0 33.22        |
| 33.24                   | OTHER OPERATING REVENUE  | B              | -82,372  | RADIOLOGY-DIAGNOSTIC                                                                |  | 54.00  | 0 33.23        |
| 33.25                   | OTHER OPERATING REVENUE  | B              | -11,219  | ULTRA SOUND                                                                         |  | 56.01  | 0 33.24        |
| 33.26                   | OTHER OPERATING REVENUE  | B              | -8,185   | CT SCAN                                                                             |  | 57.00  | 0 33.25        |
| 33.27                   | OTHER OPERATING REVENUE  | B              | -17,995  | LABORATORY                                                                          |  | 60.00  | 0 33.26        |
| 33.28                   | OTHER OPERATING REVENUE  | B              |          | 0BLOOD STORING PROCESSING & TRANS.                                                  |  | 63.00  | 0 33.27        |
| 33.29                   | OTHER OPERATING REVENUE  | B              |          | 0RESPIRATORY THERAPY                                                                |  | 65.00  | 0 33.28        |
| 33.30                   | OTHER OPERATING REVENUE  | B              | -3,282   | PHYSICAL THERAPY                                                                    |  | 66.00  | 0 33.29        |
| 33.31                   | OTHER OPERATING REVENUE  | B              | -2,038   | OCCUPATIONAL THERAPY                                                                |  | 67.00  | 0 33.30        |
| 33.32                   | OTHER OPERATING REVENUE  | B              | -393     | ELECTROCARDIOLOGY                                                                   |  | 69.00  | 0 33.31        |
| 33.33                   | OTHER OPERATING REVENUE  | B              | -1,143   | SPEECH PATHOLOGY                                                                    |  | 68.00  | 0 33.32        |
| 33.34                   | OTHER OPERATING REVENUE  | B              | 19,419   | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.33        |
| 33.35                   | INTEREST INCOME          | B              | 0        |                                                                                     |  | 0.00   | 0 33.34        |
| 33.36                   | ADVERTISING              | A              |          | 0ADMINISTRATIVE & GENERAL                                                           |  | 5.00   | 0 33.35        |
| 33.37                   | ADVERTISING              | A              |          | 0ADMINISTRATIVE & GENERAL                                                           |  | 5.00   | 0 33.36        |
| 33.38                   | ADVERTISING              | A              |          | 0I&R SERVICES-OTHER PRGM                                                            |  | 22.00  | 0 33.37        |
| 33.39                   | ADVERTISING              | A              |          | COSTS APPRV                                                                         |  |        |                |
| 33.40                   | ADVERTISING              | A              |          | 0ADULTS & PEDIATRICS                                                                |  | 30.00  | 0 33.38        |
| 33.41                   | ADVERTISING              | A              |          | 0SUBPROVIDER - IRF                                                                  |  | 41.00  | 0 33.39        |
| 33.42                   | ADVERTISING              | A              |          | 0SKILLED NURSING FACILITY                                                           |  | 44.00  | 0 33.40        |
| 33.43                   | ADVERTISING              | A              | -926     | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.41        |
| 33.44                   | ADVERTISING              | A              |          | 0PSYCH DAY HOSPITAL                                                                 |  | 91.02  | 0 33.42        |
| 33.45                   | ADVERTISING              | A              | 0        |                                                                                     |  | 0.00   | 0 33.43        |
| 33.46                   | OTHER OPERATING EXPENSES | A              | -110,859 | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.44        |
| 33.47                   | OTHER OPERATING EXPENSES | A              |          | 0NURSING ADMINISTRATION                                                             |  | 13.00  | 0 33.45        |
| 33.48                   | OTHER OPERATING EXPENSES | A              |          | 0ADULTS & PEDIATRICS                                                                |  | 30.00  | 0 33.46        |
| 33.49                   | OTHER OPERATING EXPENSES | A              |          | 0INTENSIVE CARE UNIT                                                                |  | 31.00  | 0 33.47        |
| 33.50                   | OTHER OPERATING EXPENSES | A              |          | 0SUBPROVIDER - IRF                                                                  |  | 41.00  | 0 33.48        |
| 33.51                   | OTHER OPERATING EXPENSES | A              |          | 0SKILLED NURSING FACILITY                                                           |  | 44.00  | 0 33.49        |
| 33.52                   | OTHER OPERATING EXPENSES | A              |          | 0DELIVERY ROOM & LABOR ROOM                                                         |  | 52.00  | 0 33.50        |
| 33.53                   | OTHER OPERATING EXPENSES | A              |          | 0CARDIAC CATHETERIZATION                                                            |  | 59.00  | 0 33.51        |
| 33.54                   | OTHER OPERATING EXPENSES | A              |          | 0EMERGENCY                                                                          |  | 91.00  | 0 33.52        |
| 33.55                   | OTHER OPERATING EXPENSES | A              | -2,432   | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.53        |
| 33.56                   | OTHER OPERATING EXPENSES | A              | 0        |                                                                                     |  | 0.00   | 0 33.54        |
| 33.57                   | PHYSICIAN RECRUITMENT    | A              |          | 0ADMINISTRATIVE & GENERAL                                                           |  | 5.00   | 0 33.55        |
| 33.58                   | PHYSICIAN RECRUITMENT    | A              |          | 0EMPLOYEE BENEFITS DEPARTMENT                                                       |  | 4.00   | 0 33.56        |
| 33.59                   | NON-ALLOWABLE MEALS      | A              | -31,311  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.57        |
| 33.60                   | NON-ALLOWABLE MEALS      | A              | -73      | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.58        |
| 33.61                   | NON-ALLOWABLE TRAVEL     | A              | -1,499   | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.59        |
| 33.62                   | NON-ALLOWABLE TRAVEL     | A              | -888     | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.60        |
| 33.63                   | NON-ALLOWABLE TRAVEL     | A              | -18      | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.61        |
| 33.64                   | NON-ALLOWABLE TRAVEL     | A              | 0        | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.62        |
| 33.65                   | DUES & SUBSCRIPTIONS     | A              | -17,777  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.63        |
| 33.66                   | DUES & SUBSCRIPTIONS     | A              | -41      | FAMILY PRACTICES                                                                    |  | 91.01  | 0 33.64        |
| 33.67                   | LOBBYING DUES            | A              | -12,098  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.65        |
| 33.68                   | PURCHASED SERVICES       | A              | -48,539  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0 33.66        |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |                                                                                     | Basis/Code (2) | Amount     | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |  | Line # | Wkst. A-7 Ref. |       |
|-------------------------|-------------------------------------------------------------------------------------|----------------|------------|-------------------------------------------------------------------------------------|--|--------|----------------|-------|
|                         |                                                                                     |                |            | Cost Center                                                                         |  |        |                |       |
|                         |                                                                                     | 1.00           | 2.00       | 3.00                                                                                |  | 4.00   | 5.00           |       |
| 33.67                   | PURCHASED SERVICES                                                                  | A              | -801       | DELIVERY ROOM & LABOR ROOM                                                          |  | 52.00  | 0              | 33.67 |
| 33.68                   | DONATIONS & CONTRIBUTIONS                                                           | A              | -1,500     | EMERGENCY                                                                           |  | 91.00  | 0              | 33.68 |
| 33.69                   | DONATIONS & CONTRIBUTIONS                                                           | A              |            | NURSING ADMINISTRATION                                                              |  | 13.00  | 0              | 33.69 |
| 33.70                   | PATIENT TRANSPORTATION                                                              | A              |            | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 33.70 |
| 33.71                   | PATIENT TRANSPORTATION                                                              | A              |            | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.71 |
| 33.72                   | PATIENT TRANSPORTATION                                                              | A              |            | NURSING ADMINISTRATION                                                              |  | 13.00  | 0              | 33.72 |
| 33.73                   | PATIENT TRANSPORTATION                                                              | A              |            | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0              | 33.73 |
| 33.74                   | PATIENT TRANSPORTATION                                                              | A              |            | INTENSIVE CARE UNIT                                                                 |  | 31.00  | 0              | 33.74 |
| 33.75                   | PATIENT TRANSPORTATION                                                              | A              |            | SUBPROVIDER - IPF                                                                   |  | 40.00  | 0              | 33.75 |
| 33.76                   | PATIENT TRANSPORTATION                                                              | A              |            | DELIVERY ROOM & LABOR ROOM                                                          |  | 52.00  | 0              | 33.76 |
| 33.77                   | PATIENT TRANSPORTATION                                                              | A              |            | EMERGENCY                                                                           |  | 91.00  | 0              | 33.77 |
| 33.78                   | PATIENT TRANSPORTATION                                                              | A              |            | FAMILY PRACTICES                                                                    |  | 91.01  | 0              | 33.78 |
| 33.79                   | PATIENT TRANSPORTATION                                                              | A              |            | PSYCH DAY HOSPITAL                                                                  |  | 91.02  | 0              | 33.79 |
| 33.80                   | ALCOHOL & LIQUOR                                                                    | A              |            | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.80 |
| 33.81                   | ALCOHOL & LIQUOR                                                                    | A              |            | I&R SERVICES-OTHER PRGM                                                             |  | 22.00  | 0              | 33.81 |
|                         |                                                                                     |                |            | COSTS APPRV                                                                         |  |        |                |       |
| 33.82                   | PENALTIES & FINES                                                                   | A              | -22        | MAINTENANCE & REPAIRS                                                               |  | 6.00   | 0              | 33.82 |
| 33.83                   | PENALTIES & FINES                                                                   | A              | -4,637     | OPERATING ROOM                                                                      |  | 50.00  | 0              | 33.83 |
| 33.84                   | MSO FEES                                                                            | A              |            | DIETARY                                                                             |  | 10.00  | 0              | 33.84 |
| 33.85                   | MSO FEES                                                                            | A              |            | ELECTROCARDIOLOGY                                                                   |  | 69.00  | 0              | 33.85 |
| 33.86                   | MSO FEES                                                                            | A              |            | FAMILY PRACTICES                                                                    |  | 91.01  | 0              | 33.86 |
| 33.87                   | PHYSICIAN CONTINUING EDUCATION                                                      | A              |            | FAMILY PRACTICES                                                                    |  | 91.01  | 0              | 33.87 |
| 33.88                   | PHYSICIAN RELOCATION EXPENSE                                                        | A              | -47,036    | FAMILY PRACTICES                                                                    |  | 91.01  | 0              | 33.88 |
| 33.89                   | EMPLOYEE BENEFITS                                                                   | A              |            | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 33.89 |
| 33.90                   | PROPERTY TAXES                                                                      | A              |            | CAP REL COSTS-BLDG & FIXT                                                           |  | 1.00   | 13             | 33.90 |
| 33.91                   | LEGAL                                                                               | A              | -64,037    | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.91 |
| 33.92                   | LEGAL                                                                               | A              |            | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0              | 33.92 |
| 33.93                   | MEDICAL STAFF RELATIONS                                                             | A              |            | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.93 |
| 33.94                   | MEDICAL STAFF RELATIONS                                                             | A              |            | I&R SERVICES-OTHER PRGM                                                             |  | 22.00  | 0              | 33.94 |
|                         |                                                                                     |                |            | COSTS APPRV                                                                         |  |        |                |       |
| 33.95                   | IDPA TAX ASSESSMENT                                                                 | A              |            | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.95 |
| 33.96                   | H.O. WORKER COMPENSATION                                                            | A              |            | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 33.96 |
| 33.97                   | PERIOD 13 ADJUSTMENT                                                                | A              |            | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 33.97 |
| 33.98                   | PERIOD 13 ADJUSTMENT                                                                | A              |            | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.98 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | -9,039,883 |                                                                                     |  |        |                | 50.00 |

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:

11/30/2018 11:45 am

|                                                                                                                                 | Line No. | Cost Center                                                                                        | Expense Items             | Amount of Allowable Cost | Amount Included in wks. A, column 5 |      |
|---------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------|---------------------------|--------------------------|-------------------------------------|------|
|                                                                                                                                 | 1.00     | 2.00                                                                                               | 3.00                      | 4.00                     | 5.00                                |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |          |                                                                                                    |                           |                          |                                     |      |
| 1.00                                                                                                                            | 1.00     | CAP REL COSTS-BLDG & FIXT                                                                          | Capital - Buildings       | 91,413                   | 21,147                              | 1.00 |
| 2.00                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 2.00 |
| 3.00                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 3.00 |
| 3.01                                                                                                                            | 4.00     | EMPLOYEE BENEFITS DEPARTMENT                                                                       | Workers Compensation      | 0                        | 38,492                              | 3.01 |
| 3.02                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL                                                                           | Workers Compensation IC   | 221                      | 54,991                              | 3.02 |
| 4.00                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 4.00 |
| 4.01                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 4.01 |
| 4.02                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL                                                                           | Admin & General IC        | 3,977,436                | 4,496,135                           | 4.02 |
| 4.03                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL                                                                           | Malpractice Insurance     | 0                        | 1,412,506                           | 4.03 |
| 4.04                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL                                                                           | Benefits & Insurance      | 0                        | 203,300                             | 4.04 |
| 4.05                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL                                                                           | Admin & General Insurance | 0                        | 123,384                             | 4.05 |
| 4.06                                                                                                                            | 6.00     | MAINTENANCE & REPAIRS                                                                              | Repairs & Maintenance IC  | 0                        | 831,672                             | 4.06 |
| 4.07                                                                                                                            | 22.00    | I&R SERVICES-OTHER PRGM COST                                                                       | Malpractice I&R           | 0                        | 100,000                             | 4.07 |
| 4.08                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 4.08 |
| 4.09                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 4.09 |
| 4.10                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 4.10 |
| 4.11                                                                                                                            | 0.00     |                                                                                                    |                           | 0                        | 0                                   | 4.11 |
| 5.00                                                                                                                            |          | TOTALS (sum of lines 1-4).<br>Transfer column 6, line 5 to<br>Worksheet A-8, column 2,<br>line 12. |                           | 4,069,070                | 7,281,627                           | 5.00 |

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

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

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

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

|        |                                                |  |      |                |        |        |
|--------|------------------------------------------------|--|------|----------------|--------|--------|
| 6.00   | B                                              |  | 0.00 | TENET HLTHCARE | 100.00 | 6.00   |
| 7.00   | G                                              |  | 0.00 | GENESIS        | 1.00   | 7.00   |
| 8.00   | G                                              |  | 0.00 | REGIONAL       | 1.00   | 8.00   |
| 9.00   |                                                |  | 0.00 |                | 0.00   | 9.00   |
| 10.00  |                                                |  | 0.00 |                | 0.00   | 10.00  |
| 100.00 | G. Other (financial or non-financial) specify: |  |      |                |        | 100.00 |

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

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

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

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                                                                                 | Net<br>Adjustments<br>(col. 4 minus<br>col. 5)* | Wkst. A-7 Ref. |  |      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--|------|
|                                                                                                                                 | 6.00                                            | 7.00           |  |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |                                                 |                |  |      |
| 1.00                                                                                                                            | 70,266                                          | 9              |  | 1.00 |
| 2.00                                                                                                                            | 0                                               | 9              |  | 2.00 |
| 3.00                                                                                                                            | 0                                               | 0              |  | 3.00 |
| 3.01                                                                                                                            | -38,492                                         | 0              |  | 3.01 |
| 3.02                                                                                                                            | -54,770                                         | 0              |  | 3.02 |
| 4.00                                                                                                                            | 0                                               | 0              |  | 4.00 |
| 4.01                                                                                                                            | 0                                               | 9              |  | 4.01 |
| 4.02                                                                                                                            | -518,699                                        | 9              |  | 4.02 |
| 4.03                                                                                                                            | -1,412,506                                      | 0              |  | 4.03 |
| 4.04                                                                                                                            | -203,300                                        | 0              |  | 4.04 |
| 4.05                                                                                                                            | -123,384                                        | 0              |  | 4.05 |
| 4.06                                                                                                                            | -831,672                                        | 0              |  | 4.06 |
| 4.07                                                                                                                            | -100,000                                        | 0              |  | 4.07 |
| 4.08                                                                                                                            | 0                                               | 0              |  | 4.08 |
| 4.09                                                                                                                            | 0                                               | 0              |  | 4.09 |
| 4.10                                                                                                                            | 0                                               | 0              |  | 4.10 |
| 4.11                                                                                                                            | 0                                               | 0              |  | 4.11 |
| 5.00                                                                                                                            | -3,212,557                                      |                |  | 5.00 |

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

|  |                                               |  |
|--|-----------------------------------------------|--|
|  | Related Organization(s)<br>and/or Home Office |  |
|  | Type of Business                              |  |
|  | 6.00                                          |  |

## B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

|        |            |  |        |
|--------|------------|--|--------|
| 6.00   | HEALTHCARE |  | 6.00   |
| 7.00   | LAB        |  | 7.00   |
| 8.00   | HEALTHCARE |  | 8.00   |
| 9.00   |            |  | 9.00   |
| 10.00  |            |  | 10.00  |
| 100.00 |            |  | 100.00 |

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:

11/30/2018 11:45 am

|        | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration                  | Professional Component            | Provider Component                         | RCE Amount                          | Physician/Provider Component Hours      |        |
|--------|----------------|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|--------|
|        | 1.00           | 2.00                             | 3.00                                | 4.00                              | 5.00                                       | 6.00                                | 7.00                                    |        |
| 1.00   | 5.00           | ADMINISTRATIVE & GENERAL         | 52,946                              | 52,946                            | 0                                          | 179,000                             | 0                                       | 1.00   |
| 2.00   | 6.00           | MAINTENANCE & REPAIRS            | 565                                 | 565                               | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 13.00          | NURSING ADMINISTRATION           | 1,238                               | -1                                | 1,238                                      | 179,000                             | 8                                       | 3.00   |
| 4.00   | 30.00          | ADULTS & PEDIATRICS              | 5,345                               | 5,345                             | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 31.00          | INTENSIVE CARE UNIT              | 31,000                              | 23,950                            | 7,050                                      | 179,000                             | 47                                      | 5.00   |
| 6.00   | 40.00          | SUBPROVIDER - IPF                | 336,201                             | 336,201                           | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 41.00          | SUBPROVIDER - IRF                | 33,600                              | 33,600                            | 0                                          | 211,500                             | 0                                       | 7.00   |
| 8.00   | 43.00          | NURSERY                          | 120,000                             | 120,000                           | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 50.00          | OPERATING ROOM                   | 420,700                             | 420,700                           | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 557,069                             | 557,069                           | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 53.00          | ANESTHESIOLOGY                   | 276,981                             | 276,981                           | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 54.00          | RADIOLOGY-DIAGNOSTIC             | 118,603                             | 118,603                           | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 59.00          | CARDIAC CATHETERIZATION          | 25,365                              | 6,038                             | 19,327                                     | 179,000                             | 111                                     | 13.00  |
| 14.00  | 69.00          | ELECTROCARDIOLOGY                | 70,056                              | 70,056                            | 0                                          | 0                                   | 0                                       | 14.00  |
| 15.00  | 91.00          | EMERGENCY                        | 280,001                             | 280,001                           | 0                                          | 0                                   | 0                                       | 15.00  |
| 16.00  | 91.01          | FAMILY PRACTICES                 | 722,479                             | 722,333                           | 146                                        | 179,000                             | 1                                       | 16.00  |
| 17.00  | 91.02          | PSYCH DAY HOSPITAL               | 11,140                              | 9,460                             | 1,680                                      | 179,000                             | 12                                      | 17.00  |
| 200.00 |                |                                  | 3,063,289                           | 3,033,847                         | 29,441                                     |                                     | 179                                     | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit                | 5 Percent of Unadjusted RCE Limit | Cost of Memberships & Continuing Education | Provider Component Share of col. 12 | Physician Cost of Malpractice Insurance |        |
|        | 1.00           | 2.00                             | 8.00                                | 9.00                              | 12.00                                      | 13.00                               | 14.00                                   |        |
| 1.00   | 5.00           | ADMINISTRATIVE & GENERAL         | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 6.00           | MAINTENANCE & REPAIRS            | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 13.00          | NURSING ADMINISTRATION           | 688                                 | 34                                | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 31.00          | INTENSIVE CARE UNIT              | 4,045                               | 202                               | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 41.00          | SUBPROVIDER - IRF                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 43.00          | NURSERY                          | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 50.00          | OPERATING ROOM                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 59.00          | CARDIAC CATHETERIZATION          | 9,552                               | 478                               | 0                                          | 0                                   | 0                                       | 13.00  |
| 14.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 14.00  |
| 15.00  | 91.00          | EMERGENCY                        | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 15.00  |
| 16.00  | 91.01          | FAMILY PRACTICES                 | 86                                  | 4                                 | 0                                          | 0                                   | 0                                       | 16.00  |
| 17.00  | 91.02          | PSYCH DAY HOSPITAL               | 1,033                               | 52                                | 0                                          | 0                                   | 0                                       | 17.00  |
| 200.00 |                |                                  | 15,404                              | 770                               | 0                                          | 0                                   | 0                                       | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Provider Component Share of col. 14 | Adjusted RCE Limit                | RCE Disallowance                           | Adjustment                          |                                         |        |
|        | 1.00           | 2.00                             | 15.00                               | 16.00                             | 17.00                                      | 18.00                               |                                         |        |
| 1.00   | 5.00           | ADMINISTRATIVE & GENERAL         | 0                                   | 0                                 | 0                                          | 52,946                              |                                         | 1.00   |
| 2.00   | 6.00           | MAINTENANCE & REPAIRS            | 0                                   | 0                                 | 0                                          | 565                                 |                                         | 2.00   |
| 3.00   | 13.00          | NURSING ADMINISTRATION           | 0                                   | 688                               | 550                                        | 550                                 |                                         | 3.00   |
| 4.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                                 | 0                                          | 5,345                               |                                         | 4.00   |
| 5.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 4,045                             | 3,005                                      | 26,955                              |                                         | 5.00   |
| 6.00   | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                                 | 0                                          | 336,201                             |                                         | 6.00   |
| 7.00   | 41.00          | SUBPROVIDER - IRF                | 0                                   | 0                                 | 0                                          | 33,600                              |                                         | 7.00   |
| 8.00   | 43.00          | NURSERY                          | 0                                   | 0                                 | 0                                          | 120,000                             |                                         | 8.00   |
| 9.00   | 50.00          | OPERATING ROOM                   | 0                                   | 0                                 | 0                                          | 420,700                             |                                         | 9.00   |
| 10.00  | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                                 | 0                                          | 557,069                             |                                         | 10.00  |
| 11.00  | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 276,981                             |                                         | 11.00  |
| 12.00  | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                                   | 0                                 | 0                                          | 118,603                             |                                         | 12.00  |
| 13.00  | 59.00          | CARDIAC CATHETERIZATION          | 0                                   | 9,552                             | 9,775                                      | 15,813                              |                                         | 13.00  |
| 14.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 0                                 | 0                                          | 70,056                              |                                         | 14.00  |
| 15.00  | 91.00          | EMERGENCY                        | 0                                   | 0                                 | 0                                          | 280,001                             |                                         | 15.00  |
| 16.00  | 91.01          | FAMILY PRACTICES                 | 0                                   | 86                                | 60                                         | 722,393                             |                                         | 16.00  |
| 17.00  | 91.02          | PSYCH DAY HOSPITAL               | 0                                   | 1,033                             | 647                                        | 10,107                              |                                         | 17.00  |
| 200.00 |                |                                  | 0                                   | 15,404                            | 14,037                                     | 3,047,885                           |                                         | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS                                             |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal  |            |
|----------------------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|-----------|------------|
|                                        |       |                                        | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT | MVBLE EQUIP                        |           |            |
|                                        |       |                                        | 0                                                                 | 1.00        | 2.00                               | 4.00      | 4A         |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                                   |             |                                    |           |            |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | -1,565,609                                                        | -1,565,609  |                                    |           | 1.00       |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              | 2,966,253                                                         |             | 2,966,253                          |           | 2.00       |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 7,972,336                                                         | 0           | 0                                  | 7,972,336 | 4.00       |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 18,344,025                                                        | 0           | 276,052                            | 742,966   | 5.00       |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 2,004,757                                                         | 0           | 1,092,650                          | 123,931   | 6.00       |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                                                                 | 0           | 0                                  | 0         | 7.00       |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 280,493                                                           | 0           | 1,718                              | 34,167    | 8.00       |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 1,032,741                                                         | 0           | 22,460                             | 148,818   | 9.00       |
| 10.00                                  | 01000 | DIETARY                                | 991,774                                                           | 0           | 65,206                             | 163,451   | 10.00      |
| 11.00                                  | 01100 | CAFETERIA                              | 0                                                                 | 0           | 24,640                             | 0         | 11.00      |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                                                                 | 0           | 0                                  | 0         | 12.00      |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 374,768                                                           | 0           | 5,039                              | 73,118    | 13.00      |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 24,872                                                            | 0           | 14,044                             | 30,066    | 14.00      |
| 15.00                                  | 01500 | PHARMACY                               | 929,548                                                           | 0           | 17,368                             | 194,592   | 15.00      |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 676,274                                                           | 0           | 18,095                             | 115,185   | 16.00      |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                                                 | 0           | 0                                  | 0         | 17.00      |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                                                 | 0           | 0                                  | 0         | 19.00      |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                                                                 | 0           | 0                                  | 0         | 20.00      |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 2,045,915                                                         | 0           | 0                                  | 418,686   | 21.00      |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 1,941,364                                                         | 0           | 21,058                             | 264,726   | 22.00      |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)             | 0                                                                 | 0           | 0                                  | 0         | 23.00      |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                                   |             |                                    |           |            |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 6,637,164                                                         | 0           | 320,046                            | 1,308,890 | 30.00      |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 1,052,199                                                         | 0           | 28,214                             | 200,623   | 31.00      |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 749,307                                                           | 0           | 52,649                             | 147,349   | 40.00      |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 337,940                                                           | 0           | 34,919                             | 65,773    | 41.00      |
| 43.00                                  | 04300 | NURSERY                                | 333,769                                                           | 0           | 12,713                             | 64,304    | 43.00      |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 678,340                                                           | 0           | 25,836                             | 131,527   | 44.00      |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                                                   |             |                                    |           |            |
| 50.00                                  | 05000 | OPERATING ROOM                         | 2,706,601                                                         | 0           | 106,446                            | 335,467   | 50.00      |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 162,131                                                           | 0           | 9,884                              | 32,720    | 51.00      |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 706,323                                                           | 0           | 27,901                             | 133,644   | 52.00      |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 269,100                                                           | 0           | 671                                | 39,778    | 53.00      |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 3,598,874                                                         | 0           | 76,402                             | 219,905   | 54.00      |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 243,035                                                           | 0           | 7,279                              | 22,627    | 56.00      |
| 56.01                                  | 03630 | ULTRA SOUND                            | 307,989                                                           | 0           | 0                                  | 63,545    | 56.01      |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 370,634                                                           | 0           | 16,820                             | 53,162    | 56.02      |
| 57.00                                  | 05700 | CT SCAN                                | 323,303                                                           | 0           | 6,895                              | 43,666    | 57.00      |
| 58.00                                  | 05800 | MRI                                    | 171,421                                                           | 0           | 0                                  | 29,406    | 58.00      |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 1,084,887                                                         | 0           | 14,055                             | 72,059    | 59.00      |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 830,716                                                           | 0           | 25,985                             | 92,584    | 59.01      |
| 60.00                                  | 06000 | LABORATORY                             | 51,398                                                            | 0           | 69,030                             | 13,129    | 60.00      |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                                                 | 0           | 0                                  | 0         | 62.30      |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 212,916                                                           | 0           | 3,992                              | 0         | 63.00      |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 476,553                                                           | 0           | 7,887                              | 80,268    | 65.00      |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 677,648                                                           | 0           | 30,026                             | 137,457   | 66.00      |
| 66.01                                  | 06601 | TCU REHAB                              | 784                                                               | 0           | 5,382                              | 0         | 66.01      |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 350,669                                                           | 0           | 0                                  | 72,160    | 67.00      |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 172,158                                                           | 0           | 4,905                              | 35,263    | 68.00      |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 290,821                                                           | 0           | 0                                  | 52,177    | 69.00      |
| 69.01                                  | 06901 | CARDIAC REHAB                          | 72,268                                                            | 0           | 27,342                             | 14,107    | 69.01      |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 2,211,877                                                         | 0           | 0                                  | 0         | 71.00      |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 3,244,559                                                         | 0           | 0                                  | 0         | 72.00      |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 3,545,260                                                         | 0           | 0                                  | 0         | 73.00      |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 327,236                                                           | 0           | 1,099                              | 9,036     | 74.00      |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                                                 | 0           | 0                                  | 0         | 76.97      |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                                                 | 0           | 0                                  | 0         | 76.98      |
| 76.99                                  | 07699 | LITHOTRIPS                             | 0                                                                 | 0           | 0                                  | 0         | 76.99      |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                                                   |             |                                    |           |            |
| 91.00                                  | 09100 | EMERGENCY                              | 2,266,550                                                         | 0           | 48,713                             | 402,756   | 91.00      |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 1,896,682                                                         | 0           | 48,095                             | 261,200   | 91.01      |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 79,208                                                            | 0           | 19,634                             | 15,299    | 91.02      |
| 91.03                                  | 09103 | WOUND CARE                             | 133,663                                                           | 0           | 0                                  | 25,640    | 91.03      |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                                                   |             |                                    |           | 92.00      |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                                                 | 0           | 0                                  | 0         | 93.99      |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                                   |             |                                    |           |            |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 74,593,494                                                        | 0           | 2,591,150                          | 6,485,227 | 74,296,891 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description      |       |                                   | CAPITAL RELATED COSTS                                             |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal  |                   |
|------------------------------|-------|-----------------------------------|-------------------------------------------------------------------|-------------|------------------------------------|-----------|-------------------|
|                              |       |                                   | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT | MVBLE EQUIP                        |           |                   |
|                              |       |                                   | 0                                                                 | 1.00        | 2.00                               | 4.00      | 4A                |
| NONREIMBURSABLE COST CENTERS |       |                                   |                                                                   |             |                                    |           |                   |
| 190.00                       | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN | 0                                                                 | 0           | 3,653                              | 0         | 3,653 190.00      |
| 191.00                       | 19100 | RESEARCH                          | -2,245                                                            | 0           | 0                                  | 0         | -2,245 191.00     |
| 192.00                       | 19200 | PHYSICIANS PRIVATE OFFICES        | 11,367,325                                                        | 0           | 342,752                            | 1,445,689 | 13,155,766 192.00 |
| 194.00                       | 07950 | MARKETING                         | 306,350                                                           | 0           | 5,348                              | 29,291    | 340,989 194.00    |
| 194.01                       | 07951 | MACNEAL SCHOOL                    | 0                                                                 | 0           | 0                                  | 0         | 0 194.01          |
| 194.02                       | 07952 | COMMUNITY RELATIONS               | 132,848                                                           | 0           | 0                                  | 12,129    | 144,977 194.02    |
| 194.03                       | 07953 | RETAIL PHARMACY                   | 0                                                                 | 0           | 23,350                             | 0         | 23,350 194.03     |
| 194.04                       | 07954 | HOME DELIVERED MEALS              | 0                                                                 | 0           | 0                                  | 0         | 0 194.04          |
| 194.05                       | 07955 | CATERED MEALS                     | 0                                                                 | 0           | 0                                  | 0         | 0 194.05          |
| 194.06                       | 07956 | VACANT SPACE                      | 0                                                                 | 0           | 0                                  | 0         | 0 194.06          |
| 200.00                       |       | Cross Foot Adjustments            |                                                                   |             |                                    |           | 0 200.00          |
| 201.00                       |       | Negative Cost Centers             |                                                                   | -1,565,609  | 0                                  | 0         | -1,565,609 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201) | 86,397,772                                                        | -1,565,609  | 2,966,253                          | 7,972,336 | 86,397,772 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                                        |       |                                        | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |                          |                       |                            |              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |                          |                       |                            |              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |                          |                       |                            |              | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 19,363,043                  |                          |                       |                            |              | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 909,219                     | 4,130,557                |                       |                            |              | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                           | 0                        | 0                     |                            |              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 89,297                      | 4,385                    | 0                     | 410,060                    |              | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 339,833                     | 57,323                   | 0                     | 0                          | 1,601,175    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 344,465                     | 166,424                  | 0                     | 2,847                      | 65,491       | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 6,955                       | 62,888                   | 0                     | 0                          | 24,748       | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                           | 0                        | 0                     | 0                          | 0            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 127,838                     | 12,861                   | 0                     | 0                          | 5,061        | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 19,470                      | 35,844                   | 0                     | 5,428                      | 14,105       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 322,189                     | 44,329                   | 0                     | 0                          | 17,444       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 228,496                     | 46,184                   | 0                     | 0                          | 18,174       | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                           | 0                        | 0                     | 0                          | 0            | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                           | 0                        | 0                     | 0                          | 0            | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                           | 0                        | 0                     | 0                          | 0            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 695,631                     | 0                        | 0                     | 0                          | 0            | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 628,610                     | 53,746                   | 0                     | 411                        | 21,150       | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)             | 0                           | 0                        | 0                     | 0                          | 0            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 2,333,098                   | 816,850                  | 0                     | 165,490                    | 321,447      | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 361,571                     | 72,011                   | 0                     | 15,932                     | 28,338       | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 267,940                     | 134,375                  | 0                     | 16,751                     | 52,879       | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 123,803                     | 89,124                   | 0                     | 13,938                     | 35,072       | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 115,944                     | 32,448                   | 0                     | 0                          | 12,769       | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 235,876                     | 65,942                   | 0                     | 17,106                     | 25,949       | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                          |                       |                            |              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 888,665                     | 271,681                  | 0                     | 17,151                     | 106,912      | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 57,786                      | 25,228                   | 0                     | 9,905                      | 9,928        | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 244,955                     | 71,212                   | 0                     | 14,957                     | 28,023       | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 87,370                      | 1,712                    | 0                     | 2,288                      | 674          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,099,411                   | 194,999                  | 0                     | 29,523                     | 76,736       | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 77,037                      | 18,578                   | 0                     | 0                          | 7,311        | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 104,865                     | 0                        | 0                     | 0                          | 0            | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 124,363                     | 42,931                   | 0                     | 6,808                      | 16,894       | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 105,523                     | 17,598                   | 0                     | 0                          | 6,925        | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 56,683                      | 0                        | 0                     | 0                          | 0            | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 330,514                     | 35,872                   | 0                     | 5,801                      | 14,116       | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 267,935                     | 66,322                   | 0                     | 20,149                     | 26,099       | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 37,696                      | 176,183                  | 0                     | 0                          | 69,332       | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                           | 0                        | 0                     | 0                          | 0            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 61,222                      | 10,188                   | 0                     | 0                          | 4,009        | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 159,388                     | 20,129                   | 0                     | 0                          | 7,921        | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 238,537                     | 76,634                   | 0                     | 7,377                      | 30,157       | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 1,740                       | 13,736                   | 0                     | 0                          | 5,405        | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 119,343                     | 0                        | 0                     | 0                          | 0            | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 59,929                      | 12,519                   | 0                     | 0                          | 4,926        | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 96,811                      | 0                        | 0                     | 1,156                      | 0            | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 32,097                      | 69,785                   | 0                     | 220                        | 27,462       | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 624,300                     | 0                        | 0                     | 0                          | 0            | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 915,774                     | 0                        | 0                     | 0                          | 0            | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 1,000,646                   | 0                        | 0                     | 0                          | 0            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 95,223                      | 2,806                    | 0                     | 0                          | 1,104        | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                           | 0                        | 0                     | 0                          | 0            | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                           | 0                        | 0                     | 0                          | 0            | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                           | 0                        | 0                     | 0                          | 0            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                             |                          |                       |                            |              |        |
| 91.00                                  | 09100 | EMERGENCY                              | 767,158                     | 124,330                  | 0                     | 47,083                     | 48,926       | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 622,635                     | 122,751                  | 0                     | 481                        | 48,305       | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 32,216                      | 50,113                   | 0                     | 0                          | 19,720       | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 44,963                      | 0                        | 0                     | 0                          | 0            | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                          |                       |                            |              | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                           | 0                        | 0                     | 0                          | 0            | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 15,505,020                  | 3,120,041                | 0                     | 400,802                    | 1,203,512    | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 1,031                       | 9,322                    | 0                     | 0                          | 3,669        | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0                           | 0                        | 0                     | 0                          | 0            | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 3,713,237                   | 874,799                  | 0                     | 9,258                      | 344,255      | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 96,244                      | 13,651                   | 0                     | 0                          | 5,372        | 194.00 |
| 194.01                                 | 07951 | MACNEAL SCHOOL                         | 0                           | 0                        | 0                     | 0                          | 0            | 194.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|-------------------------|-------|-----------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                         |       |                                   | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 40,920                      | 0                        | 0                     | 0                          | 0            | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 6,591                       | 59,597                   | 0                     | 0                          | 23,453       | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0                           | 0                        | 0                     | 0                          | 0            | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0                           | 0                        | 0                     | 0                          | 0            | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0                           | 53,147                   | 0                     | 0                          | 20,914       | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |                             |                          |                       |                            |              | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                           | 0                        | 0                     | 0                          | 0            | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 19,363,043                  | 4,130,557                | 0                     | 410,060                    | 1,601,175    | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       | DIETARY                                | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|----------------------------------------|-------|----------------------------------------|-----------|--------------------------|------------------------|---------------------------|--------|
|                                        |       | 10.00                                  | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |           |                          |                        |                           |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |           |                          |                        |                           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |           |                          |                        |                           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |           |                          |                        |                           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |           |                          |                        |                           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |           |                          |                        |                           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |           |                          |                        |                           | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |           |                          |                        |                           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |           |                          |                        |                           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 1,799,658 |                          |                        |                           | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0         | 119,231                  |                        |                           | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0         | 0                        | 0                      |                           | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0         | 0                        | 0                      | 598,685                   | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0         | 0                        | 0                      | 0                         | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0         | 0                        | 0                      | 0                         | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0         | 0                        | 0                      | 0                         | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0         | 0                        | 0                      | 0                         | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0         | 0                        | 0                      | 0                         | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0         | 0                        | 0                      | 0                         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0         | 30,867                   | 0                      | 0                         | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0         | 19,522                   | 0                      | 0                         | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0         | 0                        | 0                      | 0                         | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |           |                          |                        |                           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 1,223,777 | 3,953                    | 0                      | 0                         | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 108,634   | 0                        | 0                      | 0                         | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 204,329   | 0                        | 0                      | 0                         | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 79,854    | 0                        | 0                      | 0                         | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0         | 0                        | 0                      | 0                         | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 183,064   | 0                        | 0                      | 0                         | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |           |                          |                        |                           |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0         | 0                        | 0                      | 0                         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0         | 0                        | 0                      | 0                         | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0         | 0                        | 0                      | 0                         | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0         | 0                        | 0                      | 0                         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0         | 0                        | 0                      | 0                         | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0         | 0                        | 0                      | 0                         | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0         | 0                        | 0                      | 0                         | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0         | 0                        | 0                      | 0                         | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0         | 0                        | 0                      | 0                         | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0         | 0                        | 0                      | 0                         | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0         | 0                        | 0                      | 0                         | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0         | 0                        | 0                      | 0                         | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0         | 0                        | 0                      | 0                         | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0         | 0                        | 0                      | 0                         | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0         | 0                        | 0                      | 0                         | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0         | 0                        | 0                      | 0                         | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0         | 0                        | 0                      | 0                         | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0         | 0                        | 0                      | 0                         | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0         | 0                        | 0                      | 0                         | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0         | 0                        | 0                      | 0                         | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0         | 0                        | 0                      | 0                         | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0         | 0                        | 0                      | 0                         | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0         | 0                        | 0                      | 0                         | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0         | 0                        | 0                      | 0                         | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0         | 0                        | 0                      | 0                         | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0         | 0                        | 0                      | 0                         | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0         | 0                        | 0                      | 0                         | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0         | 0                        | 0                      | 0                         | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0         | 0                        | 0                      | 0                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |           |                          |                        |                           |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0         | 0                        | 0                      | 0                         | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 0         | 0                        | 0                      | 0                         | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0         | 0                        | 0                      | 0                         | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0         | 0                        | 0                      | 0                         | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0         | 0                        | 0                      | 0                         | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0         | 0                        | 0                      | 0                         | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |           |                          |                        |                           |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,799,658 | 54,342                   | 0                      | 0                         | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |           |                          |                        |                           |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0         | 0                        | 0                      | 0                         | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0         | 0                        | 0                      | 0                         | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 0         | 64,889                   | 0                      | 598,685                   | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 0         | 0                        | 0                      | 0                         | 194.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | DIETARY   | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|-------------------------|-------|-----------------------------------|-----------|-----------|--------------------------|------------------------|---------------------------|--------|
|                         |       |                                   | 10.00     | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| 194.01                  | 07951 | MACNEAL SCHOOL                    | 0         | 0         | 0                        | 0                      | 0                         | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 0         | 0         | 0                        | 0                      | 0                         | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 0         | 0         | 0                        | 0                      | 0                         | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0         | 0         | 0                        | 0                      | 0                         | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0         | 0         | 0                        | 0                      | 0                         | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0         | 0         | 0                        | 0                      | 0                         | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |           |           |                          |                        |                           | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0         | 0         | 0                        | 0                      | 0                         | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 1,799,658 | 119,231   | 0                        | 598,685                | 143,829                   | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL |        |
|----------------------------------------|-------|----------------------------------------|-----------|---------------------------------|----------------|------------------------------|----------------|--------|
|                                        |       |                                        | 15.00     | 16.00                           | 17.00          | 19.00                        | 20.00          |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |           |                                 |                |                              |                |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |           |                                 |                |                              |                | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |           |                                 |                |                              |                | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |           |                                 |                |                              |                | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |           |                                 |                |                              |                | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |           |                                 |                |                              |                | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |           |                                 |                |                              |                | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |           |                                 |                |                              |                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |           |                                 |                |                              |                | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |           |                                 |                |                              |                | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |           |                                 |                |                              |                | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |           |                                 |                |                              |                | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |           |                                 |                |                              |                | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |           |                                 |                |                              |                | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 1,525,470 |                                 |                |                              |                | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0         | 1,102,408                       |                |                              |                | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0         | 0                               | 0              |                              |                | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0         | 0                               | 0              | 0                            |                | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0         | 0                               | 0              | 0                            | 0              | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0         | 0                               | 0              | 0                            |                | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 2,504     | 0                               | 0              | 0                            |                | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0         | 0                               | 0              |                              |                | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |           |                                 |                |                              |                |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0         | 76,517                          | 0              | 0                            | 0              | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0         | 14,745                          | 0              | 0                            | 0              | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 0         | 9,426                           | 0              | 0                            | 0              | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0         | 2,798                           | 0              | 0                            | 0              | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0         | 3,758                           | 0              | 0                            | 0              | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0         | 2,898                           | 0              | 0                            | 0              | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |           |                                 |                |                              |                |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0         | 98,365                          | 0              | 0                            | 0              | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0         | 12,336                          | 0              | 0                            | 0              | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0         | 11,682                          | 0              | 0                            | 0              | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0         | 35,919                          | 0              | 0                            | 0              | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0         | 43,553                          | 0              | 0                            | 0              | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0         | 11,926                          | 0              | 0                            | 0              | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0         | 22,943                          | 0              | 0                            | 0              | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0         | 18,846                          | 0              | 0                            | 0              | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0         | 95,454                          | 0              | 0                            | 0              | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0         | 27,880                          | 0              | 0                            | 0              | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0         | 32,656                          | 0              | 0                            | 0              | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0         | 45,966                          | 0              | 0                            | 0              | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0         | 79,039                          | 0              | 0                            | 0              | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0         | 0                               | 0              | 0                            | 0              | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0         | 2,588                           | 0              | 0                            | 0              | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0         | 7,027                           | 0              | 0                            | 0              | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0         | 14,797                          | 0              | 0                            | 0              | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0         | 0                               | 0              | 0                            | 0              | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0         | 6,610                           | 0              | 0                            | 0              | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0         | 2,782                           | 0              | 0                            | 0              | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0         | 26,699                          | 0              | 0                            | 0              | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0         | 1,831                           | 0              | 0                            | 0              | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0         | 54,756                          | 0              | 0                            | 0              | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0         | 38,458                          | 0              | 0                            | 0              | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 1,522,966 | 153,357                         | 0              | 0                            | 0              | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0         | 961                             | 0              | 0                            | 0              | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0         | 0                               | 0              | 0                            | 0              | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0         | 0                               | 0              | 0                            | 0              | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0         | 0                               | 0              | 0                            | 0              | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |           |                                 |                |                              |                |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0         | 95,200                          | 0              | 0                            | 0              | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 0         | 4,235                           | 0              | 0                            | 0              | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0         | 3,864                           | 0              | 0                            | 0              | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0         | 1,124                           | 0              | 0                            | 0              | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |           |                                 |                |                              |                | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0         | 0                               | 0              | 0                            | 0              | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |           |                                 |                |                              |                |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,525,470 | 1,060,996                       | 0              | 0                            | 0              | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |           |                                 |                |                              |                |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0         | 0                               | 0              | 0                            | 0              | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0         | 0                               | 0              | 0                            | 0              | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 0         | 41,392                          | 0              | 0                            | 0              | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 0         | 0                               | 0              | 0                            | 0              | 194.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | PHARMACY  | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL |        |
|-------------------------|-------|-----------------------------------|-----------|---------------------------------|----------------|------------------------------|----------------|--------|
|                         |       |                                   | 15.00     | 16.00                           | 17.00          | 19.00                        | 20.00          |        |
| 194.01                  | 07951 | MACNEAL SCHOOL                    | 0         | 0                               | 0              | 0                            | 0              | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 0         | 20                              | 0              | 0                            | 0              | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 0         | 0                               | 0              | 0                            | 0              | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0         | 0                               | 0              | 0                            | 0              | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0         | 0                               | 0              | 0                            | 0              | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0         | 0                               | 0              | 0                            | 0              | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |           |                                 |                |                              |                | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0         | 0                               | 0              | 0                            | 0              | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 1,525,470 | 1,102,408                       | 0              | 0                            | 0              | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS             |                                 | PARAMED ED PRGM | Subtotal   | Intern & Residents Cost & Post Stepdown Adjustments |        |
|----------------------------------------|-------|----------------------------------------|---------------------------------|---------------------------------|-----------------|------------|-----------------------------------------------------|--------|
|                                        |       |                                        | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |                 |            |                                                     |        |
|                                        |       |                                        | 21.00                           | 22.00                           | 23.00           | 24.00      | 25.00                                               |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                 |                                 |                 |            |                                                     | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                 |                                 |                 |            |                                                     | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                 |                                 |                 |            |                                                     | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                 |                                 |                 |            |                                                     | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                 |                                 |                 |            |                                                     | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                 |                                 |                 |            |                                                     | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                 |                                 |                 |            |                                                     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                 |                                 |                 |            |                                                     | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                 |                                 |                 |            |                                                     | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                 |                                 |                 |            |                                                     | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                 |                                 |                 |            |                                                     | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                 |                                 |                 |            |                                                     | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                 |                                 |                 |            |                                                     | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                 |                                 |                 |            |                                                     | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |                                 |                                 |                 |            |                                                     | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |                                 |                                 |                 |            |                                                     | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |                                 |                                 |                 |            |                                                     | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         |                                 |                                 |                 |            |                                                     | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 3,191,099                       |                                 |                 |            |                                                     | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    |                                 | 2,953,091                       |                 |            |                                                     | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |                                 |                                 | 0               |            |                                                     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 1,788,612                       | 1,655,208                       | 0               | 16,651,080 | -3,443,820                                          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                               | 0                               | 0               | 1,882,267  | 0                                                   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 12,445                          | 11,517                          | 0               | 1,658,967  | -23,962                                             | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0                               | 0                               | 0               | 783,221    | 0                                                   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                               | 0                               | 0               | 575,705    | 0                                                   | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                               | 0                               | 0               | 1,366,538  | 0                                                   | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 134,664                         | 124,620                         | 0               | 4,790,572  | -259,284                                            | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                               | 0                               | 0               | 319,918    | 0                                                   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                               | 0                               | 0               | 1,238,697  | 0                                                   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                               | 0                               | 0               | 437,512    | 0                                                   | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                               | 0                               | 0               | 5,339,403  | 0                                                   | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0                               | 0                               | 0               | 387,793    | 0                                                   | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0                               | 0                               | 0               | 499,342    | 0                                                   | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0                               | 0                               | 0               | 650,458    | 0                                                   | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0                               | 0                               | 0               | 599,364    | 0                                                   | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                               | 0                               | 0               | 285,390    | 0                                                   | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                               | 0                               | 0               | 1,589,960  | 0                                                   | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0                               | 0                               | 0               | 1,375,756  | 0                                                   | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0                               | 0                               | 0               | 495,807    | 0                                                   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                               | 0                               | 0               | 0          | 0                                                   | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0                               | 0                               | 0               | 294,915    | 0                                                   | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                               | 0                               | 0               | 759,173    | 0                                                   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                               | 0                               | 0               | 1,212,633  | 0                                                   | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0                               | 0                               | 0               | 27,047     | 0                                                   | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                               | 0                               | 0               | 548,782    | 0                                                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                               | 0                               | 0               | 292,482    | 0                                                   | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                               | 0                               | 0               | 467,664    | 0                                                   | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0                               | 0                               | 0               | 245,112    | 0                                                   | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                               | 0                               | 0               | 3,023,886  | 0                                                   | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                               | 0                               | 0               | 4,198,791  | 0                                                   | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                               | 0                               | 0               | 6,222,229  | 0                                                   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                               | 0                               | 0               | 437,486    | 0                                                   | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                               | 0                               | 0               | 0          | 0                                                   | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                               | 0                               | 0               | 0          | 0                                                   | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                               | 0                               | 0               | 0          | 0                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 91.00                                  | 09100 | EMERGENCY                              | 91,265                          | 84,458                          | 0               | 3,976,439  | -175,723                                            | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 1,164,113                       | 1,077,288                       | 0               | 5,246,684  | -2,241,401                                          | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0                               | 0                               | 0               | 220,054    | 0                                                   | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0                               | 0                               | 0               | 205,390    | 0                                                   | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0                               | 0                               | 0               | 0          | 0                                                   | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                               | 0                               | 0               | 0          | 0                                                   | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                 |                                 |                 |            |                                                     |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 3,191,099                       | 2,953,091                       | 0               | 68,306,517 | -6,144,190                                          | 118.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description      |       |                                   | INTERNS & RESIDENTS             |                                 | PARAMED ED PRGM | Subtotal   | Intern & Residents Cost & Post Stepdown Adjustments |        |
|------------------------------|-------|-----------------------------------|---------------------------------|---------------------------------|-----------------|------------|-----------------------------------------------------|--------|
|                              |       |                                   | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |                 |            |                                                     |        |
|                              |       |                                   | 21.00                           | 22.00                           |                 |            |                                                     |        |
| NONREIMBURSABLE COST CENTERS |       |                                   |                                 |                                 |                 |            |                                                     |        |
| 190.00                       | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN | 0                               | 0                               | 0               | 17,675     | 0                                                   | 190.00 |
| 191.00                       | 19100 | RESEARCH                          | 0                               | 0                               | 0               | -2,245     | 0                                                   | 191.00 |
| 192.00                       | 19200 | PHYSICIANS PRIVATE OFFICES        | 0                               | 0                               | 0               | 18,812,209 | 0                                                   | 192.00 |
| 194.00                       | 07950 | MARKETING                         | 0                               | 0                               | 0               | 456,256    | 0                                                   | 194.00 |
| 194.01                       | 07951 | MACNEAL SCHOOL                    | 0                               | 0                               | 0               | 0          | 0                                                   | 194.01 |
| 194.02                       | 07952 | COMMUNITY RELATIONS               | 0                               | 0                               | 0               | 185,917    | 0                                                   | 194.02 |
| 194.03                       | 07953 | RETAIL PHARMACY                   | 0                               | 0                               | 0               | 112,991    | 0                                                   | 194.03 |
| 194.04                       | 07954 | HOME DELIVERED MEALS              | 0                               | 0                               | 0               | 0          | 0                                                   | 194.04 |
| 194.05                       | 07955 | CATERED MEALS                     | 0                               | 0                               | 0               | 0          | 0                                                   | 194.05 |
| 194.06                       | 07956 | VACANT SPACE                      | 0                               | 0                               | 0               | 74,061     | 0                                                   | 194.06 |
| 200.00                       |       | Cross Foot Adjustments            | 0                               | 0                               | 0               | 0          | 0                                                   | 200.00 |
| 201.00                       |       | Negative Cost Centers             | 0                               | 0                               | 0               | -1,565,609 | 0                                                   | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201) | 3,191,099                       | 2,953,091                       | 0               | 86,397,772 | -6,144,190                                          | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | Total      |        |
|----------------------------------------|-------|----------------------------------------|------------|--------|
|                                        |       |                                        | 26.00      |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |            |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |            | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |            | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |            | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |            | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |            | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |            | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |            | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |            | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |            | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |            | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |            | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |            | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |            | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |            | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |            | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |            | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         |            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    |            | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    |            | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |            |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 13,207,260 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 1,882,267  | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 1,635,005  | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 783,221    | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 575,705    | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 1,366,538  | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |            |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 4,531,288  | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 319,918    | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 1,238,697  | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 437,512    | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 5,339,403  | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 387,793    | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 499,342    | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 650,458    | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 599,364    | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 285,390    | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 1,589,960  | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 1,375,756  | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 495,807    | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0          | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 294,915    | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 759,173    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 1,212,633  | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 27,047     | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 548,782    | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 292,482    | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 467,664    | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 245,112    | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 3,023,886  | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 4,198,791  | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 6,222,229  | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 437,486    | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0          | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0          | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |            |        |
| 91.00                                  | 09100 | EMERGENCY                              | 3,800,716  | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 3,005,283  | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 220,054    | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 205,390    | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |            | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0          | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |            |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 62,162,327 | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |            |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 17,675     | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | -2,245     | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 18,812,209 | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 456,256    | 194.00 |
| 194.01                                 | 07951 | MACNEAL SCHOOL                         | 0          | 194.01 |
| 194.02                                 | 07952 | COMMUNITY RELATIONS                    | 185,917    | 194.02 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | Total      |        |
|-------------------------|-------|-----------------------------------|------------|--------|
|                         |       |                                   | 26.00      |        |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 112,991    | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0          | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0          | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 74,061     | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            | 0          | 200.00 |
| 201.00                  |       | Negative Cost Centers             | -1,565,609 | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 80,253,582 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS                       |             | Subtotal    | EMPLOYEE BENEFITS DEPARTMENT |        |
|----------------------------------------|-------|----------------------------------------|---------------------------------------------|-------------|-------------|------------------------------|--------|
|                                        |       |                                        | Directly Assigned New Capital Related Costs | BLDG & FIXT | MVBLE EQUIP |                              |        |
|                                        |       |                                        | 0                                           | 1.00        | 2.00        | 2A                           | 4.00   |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                             |             |             |                              |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                             |             |             |                              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                             |             |             |                              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 0                                           | 0           | 0           | 0                            | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 0                                           | 0           | 276,052     | 276,052                      | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                                           | 0           | 1,092,650   | 1,092,650                    | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                                           | 0           | 0           | 0                            | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 0                                           | 0           | 1,718       | 1,718                        | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 0                                           | 0           | 22,460      | 22,460                       | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 0                                           | 0           | 65,206      | 65,206                       | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0                                           | 0           | 24,640      | 24,640                       | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                                           | 0           | 0           | 0                            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0                                           | 0           | 5,039       | 5,039                        | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0                                           | 0           | 14,044      | 14,044                       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0                                           | 0           | 17,368      | 17,368                       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0                                           | 0           | 18,095      | 18,095                       | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                           | 0           | 0           | 0                            | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                           | 0           | 0           | 0                            | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                                           | 0           | 0           | 0                            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                           | 0           | 0           | 0                            | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                                           | 0           | 21,058      | 21,058                       | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                                           | 0           | 0           | 0                            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                             |             |             |                              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                                           | 0           | 320,046     | 320,046                      | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                                           | 0           | 28,214      | 28,214                       | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 0                                           | 0           | 52,649      | 52,649                       | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0                                           | 0           | 34,919      | 34,919                       | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                           | 0           | 12,713      | 12,713                       | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                                           | 0           | 25,836      | 25,836                       | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                             |             |             |                              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                                           | 0           | 106,446     | 106,446                      | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                                           | 0           | 9,884       | 9,884                        | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                           | 0           | 27,901      | 27,901                       | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                                           | 0           | 671         | 671                          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                           | 0           | 76,402      | 76,402                       | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0                                           | 0           | 7,279       | 7,279                        | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0                                           | 0           | 0           | 0                            | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0                                           | 0           | 16,820      | 16,820                       | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0                                           | 0           | 6,895       | 6,895                        | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                                           | 0           | 0           | 0                            | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                                           | 0           | 14,055      | 14,055                       | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0                                           | 0           | 25,985      | 25,985                       | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0                                           | 0           | 69,030      | 69,030                       | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                           | 0           | 0           | 0                            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0                                           | 0           | 3,992       | 3,992                        | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                           | 0           | 7,887       | 7,887                        | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                                           | 0           | 30,026      | 30,026                       | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0                                           | 0           | 5,382       | 5,382                        | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                                           | 0           | 0           | 0                            | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                                           | 0           | 4,905       | 4,905                        | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                                           | 0           | 0           | 0                            | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0                                           | 0           | 27,342      | 27,342                       | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                           | 0           | 0           | 0                            | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                           | 0           | 0           | 0                            | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                           | 0           | 0           | 0                            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                           | 0           | 1,099       | 1,099                        | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                           | 0           | 0           | 0                            | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                           | 0           | 0           | 0                            | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                                           | 0           | 0           | 0                            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                             |             |             |                              |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0                                           | 0           | 48,713      | 48,713                       | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 0                                           | 0           | 48,095      | 48,095                       | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0                                           | 0           | 19,634      | 19,634                       | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0                                           | 0           | 0           | 0                            | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                             |             |             |                              | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                           | 0           | 0           | 0                            | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                             |             |             |                              |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                           | 0           | 2,591,150   | 2,591,150                    | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                             |             |             |                              |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                                           | 0           | 3,653       | 3,653                        | 190.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPITAL RELATED COSTS |             | Subtotal   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |        |
|-------------------------|-------|-----------------------------------|------------------------------------------------------|-----------------------|-------------|------------|------------------------------------|--------|
|                         |       |                                   |                                                      | BLDG & FIXT           | MVBLE EQUIP |            |                                    |        |
|                         |       |                                   | 0                                                    | 1.00                  | 2.00        | 2A         | 4.00                               |        |
| 191.00                  | 19100 | RESEARCH                          | 0                                                    | 0                     | 0           | 0          | 0                                  | 191.00 |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES        | 0                                                    | 0                     | 342,752     | 342,752    | 0                                  | 192.00 |
| 194.00                  | 07950 | MARKETING                         | 0                                                    | 0                     | 5,348       | 5,348      | 0                                  | 194.00 |
| 194.01                  | 07951 | MACNEAL SCHOOL                    | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 0                                                    | 0                     | 23,350      | 23,350     | 0                                  | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |                                                      |                       |             | 0          |                                    | 200.00 |
| 201.00                  |       | Negative Cost Centers             |                                                      | -1,565,609            | 0           | -1,565,609 | 0                                  | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 0                                                    | -1,565,609            | 2,966,253   | 1,400,644  | 0                                  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                                        |       |                                        | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |                          |                       |                            |              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |                          |                       |                            |              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |                          |                       |                            |              | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 276,052                     |                          |                       |                            |              | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 12,963                      | 1,105,613                |                       |                            |              | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                           | 0                        | 0                     |                            |              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 1,273                       | 1,174                    | 0                     | 4,165                      |              | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 4,845                       | 15,343                   | 0                     | 0                          | 42,648       | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 4,911                       | 44,546                   | 0                     | 29                         | 1,744        | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 99                          | 16,833                   | 0                     | 0                          | 659          | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                           | 0                        | 0                     | 0                          | 0            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 1,823                       | 3,442                    | 0                     | 0                          | 135          | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 278                         | 9,594                    | 0                     | 55                         | 376          | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 4,593                       | 11,865                   | 0                     | 0                          | 465          | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 3,258                       | 12,362                   | 0                     | 0                          | 484          | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                           | 0                        | 0                     | 0                          | 0            | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                           | 0                        | 0                     | 0                          | 0            | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                           | 0                        | 0                     | 0                          | 0            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 9,918                       | 0                        | 0                     | 0                          | 0            | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 8,962                       | 14,386                   | 0                     | 4                          | 563          | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)             | 0                           | 0                        | 0                     | 0                          | 0            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 33,263                      | 218,644                  | 0                     | 1,680                      | 8,562        | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 5,155                       | 19,275                   | 0                     | 162                        | 755          | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 3,820                       | 35,968                   | 0                     | 170                        | 1,408        | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 1,765                       | 23,855                   | 0                     | 142                        | 934          | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 1,653                       | 8,685                    | 0                     | 0                          | 340          | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 3,363                       | 17,650                   | 0                     | 174                        | 691          | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                          |                       |                            |              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 12,670                      | 72,720                   | 0                     | 174                        | 2,848        | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 824                         | 6,753                    | 0                     | 101                        | 264          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 3,492                       | 19,061                   | 0                     | 152                        | 746          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 1,246                       | 458                      | 0                     | 23                         | 18           | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 15,674                      | 52,195                   | 0                     | 300                        | 2,044        | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 1,098                       | 4,973                    | 0                     | 0                          | 195          | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 1,495                       | 0                        | 0                     | 0                          | 0            | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 1,773                       | 11,491                   | 0                     | 69                         | 450          | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 1,504                       | 4,710                    | 0                     | 0                          | 184          | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 808                         | 0                        | 0                     | 0                          | 0            | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 4,712                       | 9,602                    | 0                     | 59                         | 376          | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 3,820                       | 17,752                   | 0                     | 205                        | 695          | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 537                         | 47,158                   | 0                     | 0                          | 1,847        | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                           | 0                        | 0                     | 0                          | 0            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 873                         | 2,727                    | 0                     | 0                          | 107          | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 2,272                       | 5,388                    | 0                     | 0                          | 211          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 3,401                       | 20,512                   | 0                     | 75                         | 803          | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 25                          | 3,677                    | 0                     | 0                          | 144          | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 1,701                       | 0                        | 0                     | 0                          | 0            | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 854                         | 3,351                    | 0                     | 0                          | 131          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 1,380                       | 0                        | 0                     | 12                         | 0            | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 458                         | 18,679                   | 0                     | 2                          | 731          | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 8,901                       | 0                        | 0                     | 0                          | 0            | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 13,056                      | 0                        | 0                     | 0                          | 0            | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 14,266                      | 0                        | 0                     | 0                          | 0            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 1,358                       | 751                      | 0                     | 0                          | 29           | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                           | 0                        | 0                     | 0                          | 0            | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                           | 0                        | 0                     | 0                          | 0            | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                           | 0                        | 0                     | 0                          | 0            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                             |                          |                       |                            |              |        |
| 91.00                                  | 09100 | EMERGENCY                              | 10,937                      | 33,279                   | 0                     | 478                        | 1,303        | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 8,877                       | 32,856                   | 0                     | 5                          | 1,287        | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 459                         | 13,413                   | 0                     | 0                          | 525          | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 641                         | 0                        | 0                     | 0                          | 0            | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                          |                       |                            |              | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                           | 0                        | 0                     | 0                          | 0            | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 221,054                     | 835,128                  | 0                     | 4,071                      | 32,054       | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 15                          | 2,495                    | 0                     | 0                          | 98           | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0                           | 0                        | 0                     | 0                          | 0            | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 52,934                      | 234,158                  | 0                     | 94                         | 9,171        | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 1,372                       | 3,654                    | 0                     | 0                          | 143          | 194.00 |
| 194.01                                 | 07951 | MACNEAL SCHOOL                         | 0                           | 0                        | 0                     | 0                          | 0            | 194.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING |        |
|-------------------------|-------|-----------------------------------|-----------------------------|--------------------------|-----------------------|----------------------------|--------------|--------|
|                         |       |                                   | 5.00                        | 6.00                     | 7.00                  | 8.00                       | 9.00         |        |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 583                         | 0                        | 0                     | 0                          | 0            | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 94                          | 15,952                   | 0                     | 0                          | 625          | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0                           | 0                        | 0                     | 0                          | 0            | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0                           | 0                        | 0                     | 0                          | 0            | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0                           | 14,226                   | 0                     | 0                          | 557          | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |                             |                          |                       |                            |              | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                           | 0                        | 0                     | 0                          | 0            | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 276,052                     | 1,105,613                | 0                     | 4,165                      | 42,648       | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|----------------------------------------|-------|----------------------------------------|---------|-----------|--------------------------|------------------------|---------------------------|--------|
|                                        |       |                                        | 10.00   | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |         |           |                          |                        |                           |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |         |           |                          |                        |                           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |         |           |                          |                        |                           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |         |           |                          |                        |                           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |         |           |                          |                        |                           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |         |           |                          |                        |                           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |         |           |                          |                        |                           | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |         |           |                          |                        |                           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |         |           |                          |                        |                           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 116,436 |           |                          |                        |                           | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0       | 42,231    |                          |                        |                           | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0       | 0         | 0                        |                        |                           | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0       | 0         | 0                        | 10,439                 |                           | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0       | 0         | 0                        | 0                      | 24,347                    | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0       | 0         | 0                        | 0                      | 0                         | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0       | 0         | 0                        | 0                      | 0                         | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0       | 0         | 0                        | 0                      | 0                         | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0       | 0         | 0                        | 0                      | 0                         | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0       | 0         | 0                        | 0                      | 0                         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0       | 10,933    | 0                        | 0                      | 0                         | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0       | 6,915     | 0                        | 0                      | 0                         | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0       | 0         | 0                        | 0                      | 0                         | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |         |           |                          |                        |                           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 79,177  | 1,400     | 0                        | 0                      | 5                         | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 7,029   | 0         | 0                        | 0                      | 0                         | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 13,220  | 0         | 0                        | 0                      | 0                         | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 5,166   | 0         | 0                        | 0                      | 0                         | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0       | 0         | 0                        | 0                      | 0                         | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 11,844  | 0         | 0                        | 0                      | 0                         | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |         |           |                          |                        |                           |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0       | 0         | 0                        | 0                      | 0                         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0       | 0         | 0                        | 0                      | 0                         | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0       | 0         | 0                        | 0                      | 0                         | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0       | 0         | 0                        | 0                      | 0                         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0       | 0         | 0                        | 0                      | 0                         | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0       | 0         | 0                        | 0                      | 0                         | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0       | 0         | 0                        | 0                      | 0                         | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0       | 0         | 0                        | 0                      | 0                         | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0       | 0         | 0                        | 0                      | 0                         | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0       | 0         | 0                        | 0                      | 0                         | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0       | 0         | 0                        | 0                      | 0                         | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0       | 0         | 0                        | 0                      | 0                         | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0       | 0         | 0                        | 0                      | 0                         | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0       | 0         | 0                        | 0                      | 0                         | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0       | 0         | 0                        | 0                      | 0                         | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0       | 0         | 0                        | 0                      | 0                         | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0       | 0         | 0                        | 0                      | 0                         | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0       | 0         | 0                        | 0                      | 0                         | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0       | 0         | 0                        | 0                      | 0                         | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0       | 0         | 0                        | 0                      | 0                         | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0       | 0         | 0                        | 0                      | 0                         | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0       | 0         | 0                        | 0                      | 0                         | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0       | 0         | 0                        | 0                      | 22,505                    | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0       | 0         | 0                        | 0                      | 0                         | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0       | 0         | 0                        | 0                      | 0                         | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0       | 0         | 0                        | 0                      | 4                         | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0       | 0         | 0                        | 0                      | 0                         | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0       | 0         | 0                        | 0                      | 0                         | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0       | 0         | 0                        | 0                      | 0                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |         |           |                          |                        |                           |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0       | 0         | 0                        | 0                      | 0                         | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 0       | 0         | 0                        | 0                      | 152                       | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0       | 0         | 0                        | 0                      | 0                         | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0       | 0         | 0                        | 0                      | 0                         | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0       | 0         | 0                        | 0                      | 0                         | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0       | 0         | 0                        | 0                      | 0                         | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |         |           |                          |                        |                           |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 116,436 | 19,248    | 0                        | 0                      | 22,666                    | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |         |           |                          |                        |                           |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0       | 0         | 0                        | 0                      | 0                         | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0       | 0         | 0                        | 0                      | 0                         | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 0       | 22,983    | 0                        | 10,439                 | 1,681                     | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 0       | 0         | 0                        | 0                      | 0                         | 194.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |        |
|-------------------------|-------|-----------------------------------|---------|-----------|--------------------------|------------------------|---------------------------|--------|
|                         |       |                                   | 10.00   | 11.00     | 12.00                    | 13.00                  | 14.00                     |        |
| 194.01                  | 07951 | MACNEAL SCHOOL                    | 0       | 0         | 0                        | 0                      | 0                         | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 0       | 0         | 0                        | 0                      | 0                         | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 0       | 0         | 0                        | 0                      | 0                         | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0       | 0         | 0                        | 0                      | 0                         | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0       | 0         | 0                        | 0                      | 0                         | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0       | 0         | 0                        | 0                      | 0                         | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |         |           |                          |                        |                           | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0       | 0         | 0                        | 0                      | 0                         | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 116,436 | 42,231    | 0                        | 10,439                 | 24,347                    | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL |        |
|----------------------------------------|-------|----------------------------------------|----------|---------------------------------|----------------|------------------------------|----------------|--------|
|                                        |       |                                        | 15.00    | 16.00                           | 17.00          | 19.00                        | 20.00          |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |          |                                 |                |                              |                |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |          |                                 |                |                              |                | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |          |                                 |                |                              |                | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |          |                                 |                |                              |                | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |          |                                 |                |                              |                | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |          |                                 |                |                              |                | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |          |                                 |                |                              |                | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |          |                                 |                |                              |                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |          |                                 |                |                              |                | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |          |                                 |                |                              |                | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |          |                                 |                |                              |                | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |          |                                 |                |                              |                | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |          |                                 |                |                              |                | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |          |                                 |                |                              |                | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 34,291   |                                 |                |                              |                | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0        | 34,199                          |                |                              |                | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0        | 0                               | 0              |                              |                | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0        | 0                               | 0              | 0                            |                | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0        | 0                               | 0              |                              | 0              | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0        | 0                               | 0              |                              |                | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 56       | 0                               | 0              |                              |                | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0        | 0                               | 0              |                              |                | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |          |                                 |                |                              |                |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0        | 2,385                           | 0              |                              |                | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0        | 460                             | 0              |                              |                | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 0        | 294                             | 0              |                              |                | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0        | 87                              | 0              |                              |                | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0        | 117                             | 0              |                              |                | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0        | 90                              | 0              |                              |                | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |          |                                 |                |                              |                |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0        | 3,066                           | 0              |                              |                | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0        | 384                             | 0              |                              |                | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0        | 364                             | 0              |                              |                | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0        | 1,120                           | 0              |                              |                | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0        | 1,357                           | 0              |                              |                | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0        | 372                             | 0              |                              |                | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0        | 715                             | 0              |                              |                | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0        | 587                             | 0              |                              |                | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0        | 2,975                           | 0              |                              |                | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0        | 869                             | 0              |                              |                | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0        | 1,018                           | 0              |                              |                | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0        | 1,433                           | 0              |                              |                | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0        | 2,463                           | 0              |                              |                | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0        | 0                               | 0              |                              |                | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0        | 81                              | 0              |                              |                | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0        | 219                             | 0              |                              |                | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0        | 461                             | 0              |                              |                | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0        | 0                               | 0              |                              |                | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0        | 206                             | 0              |                              |                | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0        | 87                              | 0              |                              |                | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0        | 832                             | 0              |                              |                | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0        | 57                              | 0              |                              |                | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0        | 1,707                           | 0              |                              |                | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0        | 1,199                           | 0              |                              |                | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 34,235   | 4,619                           | 0              |                              |                | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0        | 30                              | 0              |                              |                | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0        | 0                               | 0              |                              |                | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0        | 0                               | 0              |                              |                | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0        | 0                               | 0              |                              |                | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |          |                                 |                |                              |                |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0        | 2,967                           | 0              |                              |                | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 0        | 132                             | 0              |                              |                | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0        | 120                             | 0              |                              |                | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0        | 35                              | 0              |                              |                | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |          |                                 |                |                              |                | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0        | 0                               | 0              |                              |                | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |          |                                 |                |                              |                |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 34,291   | 32,908                          | 0              | 0                            | 0              | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |          |                                 |                |                              |                |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0        | 0                               | 0              |                              |                | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0        | 0                               | 0              |                              |                | 191.00 |
| 192.00                                 | 19200 | PHYSICIANS PRIVATE OFFICES             | 0        | 1,290                           | 0              |                              |                | 192.00 |
| 194.00                                 | 07950 | MARKETING                              | 0        | 0                               | 0              |                              |                | 194.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL |        |
|-------------------------|-------|-----------------------------------|----------|---------------------------------|----------------|------------------------------|----------------|--------|
|                         |       |                                   | 15.00    | 16.00                           | 17.00          | 19.00                        | 20.00          |        |
| 194.01                  | 07951 | MACNEAL SCHOOL                    | 0        | 0                               | 0              |                              |                | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS               | 0        | 1                               | 0              |                              |                | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 0        | 0                               | 0              |                              |                | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0        | 0                               | 0              |                              |                | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0        | 0                               | 0              |                              |                | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 0        | 0                               | 0              |                              |                | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            |          |                                 |                | 0                            | 0              | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0        | 0                               | 0              | 0                            | 0              | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 34,291   | 34,199                          | 0              | 0                            | 0              | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS             |                                 | PARAMED ED PRGM | Subtotal  | Intern & Residents Cost & Post Stepdown Adjustments |        |
|----------------------------------------|-------|----------------------------------------|---------------------------------|---------------------------------|-----------------|-----------|-----------------------------------------------------|--------|
|                                        |       |                                        | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |                 |           |                                                     |        |
|                                        |       |                                        | 21.00                           | 22.00                           | 23.00           | 24.00     | 25.00                                               |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                 |                                 |                 |           |                                                     |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                 |                                 |                 |           |                                                     | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                 |                                 |                 |           |                                                     | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                 |                                 |                 |           |                                                     | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                 |                                 |                 |           |                                                     | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                 |                                 |                 |           |                                                     | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                 |                                 |                 |           |                                                     | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                 |                                 |                 |           |                                                     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                 |                                 |                 |           |                                                     | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                 |                                 |                 |           |                                                     | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                 |                                 |                 |           |                                                     | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                 |                                 |                 |           |                                                     | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                 |                                 |                 |           |                                                     | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                 |                                 |                 |           |                                                     | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                 |                                 |                 |           |                                                     | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |                                 |                                 |                 |           |                                                     | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |                                 |                                 |                 |           |                                                     | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |                                 |                                 |                 |           |                                                     | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         |                                 |                                 |                 |           |                                                     | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 20,851                          |                                 |                 |           |                                                     | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    |                                 | 51,944                          |                 |           |                                                     | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |                                 |                                 | 0               |           |                                                     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                 |                                 |                 |           |                                                     |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    |                                 |                                 |                 | 665,162   | 0                                                   | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    |                                 |                                 |                 | 61,050    | 0                                                   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      |                                 |                                 |                 | 107,529   | 0                                                   | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      |                                 |                                 |                 | 66,868    | 0                                                   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                |                                 |                                 |                 | 23,508    | 0                                                   | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               |                                 |                                 |                 | 59,648    | 0                                                   | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                 |                                 |                 |           |                                                     |        |
| 50.00                                  | 05000 | OPERATING ROOM                         |                                 |                                 |                 | 197,924   | 0                                                   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          |                                 |                                 |                 | 18,210    | 0                                                   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             |                                 |                                 |                 | 51,716    | 0                                                   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         |                                 |                                 |                 | 3,536     | 0                                                   | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   |                                 |                                 |                 | 147,972   | 0                                                   | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           |                                 |                                 |                 | 13,917    | 0                                                   | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            |                                 |                                 |                 | 2,210     | 0                                                   | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            |                                 |                                 |                 | 31,190    | 0                                                   | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                |                                 |                                 |                 | 16,268    | 0                                                   | 57.00  |
| 58.00                                  | 05800 | MRI                                    |                                 |                                 |                 | 1,677     | 0                                                   | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                |                                 |                                 |                 | 29,822    | 0                                                   | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      |                                 |                                 |                 | 49,890    | 0                                                   | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             |                                 |                                 |                 | 121,035   | 0                                                   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        |                                 |                                 |                 | 0         | 0                                                   | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      |                                 |                                 |                 | 7,780     | 0                                                   | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    |                                 |                                 |                 | 15,977    | 0                                                   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       |                                 |                                 |                 | 55,278    | 0                                                   | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              |                                 |                                 |                 | 9,228     | 0                                                   | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   |                                 |                                 |                 | 1,907     | 0                                                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       |                                 |                                 |                 | 9,328     | 0                                                   | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      |                                 |                                 |                 | 2,224     | 0                                                   | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          |                                 |                                 |                 | 47,269    | 0                                                   | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    |                                 |                                 |                 | 33,113    | 0                                                   | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         |                                 |                                 |                 | 14,255    | 0                                                   | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              |                                 |                                 |                 | 53,120    | 0                                                   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         |                                 |                                 |                 | 3,271     | 0                                                   | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 |                                 |                                 |                 | 0         | 0                                                   | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              |                                 |                                 |                 | 0         | 0                                                   | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            |                                 |                                 |                 | 0         | 0                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                 |                                 |                 |           |                                                     |        |
| 91.00                                  | 09100 | EMERGENCY                              |                                 |                                 |                 | 97,677    | 0                                                   | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       |                                 |                                 |                 | 91,404    | 0                                                   | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     |                                 |                                 |                 | 34,151    | 0                                                   | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             |                                 |                                 |                 | 676       | 0                                                   | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |                                 |                 |           | 0                                                   | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        |                                 |                                 |                 | 0         | 0                                                   | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                 |                                 |                 |           |                                                     |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                               | 0                               | 0               | 2,145,790 | 0                                                   | 118.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description      |       |                                   | INTERNS & RESIDENTS                    |                                       | PARAMED ED<br>PRGM | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments |        |
|------------------------------|-------|-----------------------------------|----------------------------------------|---------------------------------------|--------------------|------------|-----------------------------------------------------------------|--------|
|                              |       |                                   | SERVICES-SALAR<br>Y & FRINGES<br>APPRV | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |                    |            |                                                                 |        |
|                              |       |                                   | 21.00                                  | 22.00                                 | 23.00              | 24.00      | 25.00                                                           |        |
| NONREIMBURSABLE COST CENTERS |       |                                   |                                        |                                       |                    |            |                                                                 |        |
| 190.00                       | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN |                                        |                                       |                    | 6,261      | 0                                                               | 190.00 |
| 191.00                       | 19100 | RESEARCH                          |                                        |                                       |                    | 0          | 0                                                               | 191.00 |
| 192.00                       | 19200 | PHYSICIANS PRIVATE OFFICES        |                                        |                                       |                    | 675,502    | 0                                                               | 192.00 |
| 194.00                       | 07950 | MARKETING                         |                                        |                                       |                    | 10,517     | 0                                                               | 194.00 |
| 194.01                       | 07951 | MACNEAL SCHOOL                    |                                        |                                       |                    | 0          | 0                                                               | 194.01 |
| 194.02                       | 07952 | COMMUNITY RELATIONS               |                                        |                                       |                    | 584        | 0                                                               | 194.02 |
| 194.03                       | 07953 | RETAIL PHARMACY                   |                                        |                                       |                    | 40,021     | 0                                                               | 194.03 |
| 194.04                       | 07954 | HOME DELIVERED MEALS              |                                        |                                       |                    | 0          | 0                                                               | 194.04 |
| 194.05                       | 07955 | CATERED MEALS                     |                                        |                                       |                    | 0          | 0                                                               | 194.05 |
| 194.06                       | 07956 | VACANT SPACE                      |                                        |                                       |                    | 14,783     | 0                                                               | 194.06 |
| 200.00                       |       | Cross Foot Adjustments            | 20,851                                 | 51,944                                | 0                  | 72,795     | 0                                                               | 200.00 |
| 201.00                       |       | Negative Cost Centers             | 0                                      | 0                                     | 0                  | -1,565,609 | 0                                                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201) | 20,851                                 | 51,944                                | 0                  | 1,400,644  | 0                                                               | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                       |       |                                        | Total     |        |
|-----------------------------------------------|-------|----------------------------------------|-----------|--------|
|                                               |       |                                        | 26.00     |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |           |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |           | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |           | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |           | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               |           | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  |           | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     |           | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                |           | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           |           | 9.00   |
| 10.00                                         | 01000 | DIETARY                                |           | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              |           | 11.00  |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL               |           | 12.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 |           | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              |           | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               |           | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              |           | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         |           | 17.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS              |           | 19.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         |           | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    |           | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    |           | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-(SPECIFY)              |           | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |           |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 665,162   | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 61,050    | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 107,529   | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | 66,868    | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | 23,508    | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 59,648    | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |           |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 197,924   | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 18,210    | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 51,716    | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 3,536     | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 147,972   | 54.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 13,917    | 56.00  |
| 56.01                                         | 03630 | ULTRA SOUND                            | 2,210     | 56.01  |
| 56.02                                         | 03440 | MAMMOGRAPHY                            | 31,190    | 56.02  |
| 57.00                                         | 05700 | CT SCAN                                | 16,268    | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 1,677     | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 29,822    | 59.00  |
| 59.01                                         | 05901 | GASTRO INTESTINAL                      | 49,890    | 59.01  |
| 60.00                                         | 06000 | LABORATORY                             | 121,035   | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0         | 62.30  |
| 63.00                                         | 06300 | BLOOD STORING PROCESSING & TRANS.      | 7,780     | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 15,977    | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 55,278    | 66.00  |
| 66.01                                         | 06601 | TCU REHAB                              | 9,228     | 66.01  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 1,907     | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 9,328     | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 2,224     | 69.00  |
| 69.01                                         | 06901 | CARDIAC HEHAB                          | 47,269    | 69.01  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 33,113    | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 14,255    | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 53,120    | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 3,271     | 74.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0         | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0         | 76.98  |
| 76.99                                         | 07699 | LITHOTRIPSY                            | 0         | 76.99  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |           |        |
| 91.00                                         | 09100 | EMERGENCY                              | 97,677    | 91.00  |
| 91.01                                         | 09101 | FAMILY PRACTICES                       | 91,404    | 91.01  |
| 91.02                                         | 09102 | PSYCH DAY HOSPITAL                     | 34,151    | 91.02  |
| 91.03                                         | 09103 | WOUND CARE                             | 676       | 91.03  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |           | 92.00  |
| 93.99                                         | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0         | 93.99  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |           |        |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 2,145,790 | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |           |        |
| 190.00                                        | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 6,261     | 190.00 |
| 191.00                                        | 19100 | RESEARCH                               | 0         | 191.00 |
| 192.00                                        | 19200 | PHYSICIANS PRIVATE OFFICES             | 675,502   | 192.00 |
| 194.00                                        | 07950 | MARKETING                              | 10,517    | 194.00 |
| 194.01                                        | 07951 | MACNEAL SCHOOL                         | 0         | 194.01 |
| 194.02                                        | 07952 | COMMUNITY RELATIONS                    | 584       | 194.02 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                   | Total      |        |
|-------------------------|-------|-----------------------------------|------------|--------|
|                         |       |                                   | 26.00      |        |
| 194.03                  | 07953 | RETAIL PHARMACY                   | 40,021     | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS              | 0          | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                     | 0          | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                      | 14,783     | 194.06 |
| 200.00                  |       | Cross Foot Adjustments            | 72,795     | 200.00 |
| 201.00                  |       | Negative Cost Centers             | -1,565,609 | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 1,400,644  | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS        |                              | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM. COST) |        |
|----------------------------------------|-------|----------------------------------------|------------------------------|------------------------------|-----------------------------------------------------------|----------------|----------------------------------------------|--------|
|                                        |       |                                        | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(SQUARE FEET) |                                                           |                |                                              |        |
|                                        |       |                                        | 1.00                         | 2.00                         | 4.00                                                      | 5A             | 5.00                                         |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                              |                              |                                                           |                |                                              |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 801,447                      |                              |                                                           |                |                                              | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                              | 795,860                      |                                                           |                |                                              | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 0                            | 0                            | 38,956,892                                                |                |                                              | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 74,066                       | 74,066                       | 3,630,510                                                 | -19,363,043    | 68,602,583                                   | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 293,163                      | 293,163                      | 605,588                                                   | 0              | 3,221,338                                    | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                            | 0                            | 0                                                         | 0              | 0                                            | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 461                          | 461                          | 166,956                                                   | 0              | 316,378                                      | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 6,026                        | 6,026                        | 727,202                                                   | 0              | 1,204,019                                    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 17,495                       | 17,495                       | 798,704                                                   | 0              | 1,220,431                                    | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 6,611                        | 6,611                        | 0                                                         | 0              | 24,640                                       | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                            | 0                            | 0                                                         | 0              | 0                                            | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 1,352                        | 1,352                        | 357,293                                                   | 0              | 452,925                                      | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 3,768                        | 3,768                        | 146,920                                                   | 0              | 68,982                                       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 4,660                        | 4,660                        | 950,875                                                   | 0              | 1,141,508                                    | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 4,855                        | 4,855                        | 562,851                                                   | 0              | 809,554                                      | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                            | 0                            | 0                                                         | 0              | 0                                            | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                            | 0                            | 0                                                         | 0              | 0                                            | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                            | 0                            | 0                                                         | 0              | 0                                            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                            | 0                            | 2,045,915                                                 | 0              | 2,464,601                                    | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 5,650                        | 5,650                        | 1,293,585                                                 | 0              | 2,227,148                                    | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM- (SPECIFY)             | 0                            | 0                            | 0                                                         | 0              | 0                                            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                              |                              |                                                           |                |                                              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 85,870                       | 85,870                       | 6,395,904                                                 | 0              | 8,266,100                                    | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 7,570                        | 7,570                        | 980,347                                                   | 0              | 1,281,036                                    | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 14,126                       | 14,126                       | 720,023                                                   | 0              | 949,305                                      | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 9,369                        | 9,369                        | 321,399                                                   | 0              | 438,632                                      | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 3,411                        | 3,411                        | 314,224                                                   | 0              | 410,786                                      | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 6,932                        | 6,932                        | 642,706                                                   | 0              | 835,703                                      | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                              |                              |                                                           |                |                                              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 28,560                       | 28,560                       | 1,639,265                                                 | 0              | 3,148,514                                    | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 2,652                        | 2,652                        | 159,887                                                   | 0              | 204,735                                      | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 7,486                        | 7,486                        | 653,051                                                   | 0              | 867,868                                      | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 180                          | 180                          | 194,374                                                   | 0              | 309,549                                      | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 20,499                       | 20,499                       | 1,074,570                                                 | 0              | 3,895,181                                    | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 1,953                        | 1,953                        | 110,568                                                   | 0              | 272,941                                      | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0                            | 0                            | 310,513                                                   | 0              | 371,534                                      | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 4,513                        | 4,513                        | 259,776                                                   | 0              | 440,616                                      | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 1,850                        | 1,850                        | 213,376                                                   | 0              | 373,864                                      | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                            | 0                            | 143,695                                                   | 0              | 200,827                                      | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 3,771                        | 3,771                        | 352,115                                                   | 0              | 1,171,001                                    | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 6,972                        | 6,972                        | 452,414                                                   | 0              | 949,285                                      | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 18,521                       | 18,521                       | 64,156                                                    | 0              | 133,557                                      | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                            | 0                            | 0                                                         | 0              | 0                                            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 1,071                        | 1,071                        | 0                                                         | 0              | 216,908                                      | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 2,116                        | 2,116                        | 392,230                                                   | 0              | 564,708                                      | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 8,056                        | 8,056                        | 671,687                                                   | 0              | 845,131                                      | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 1,444                        | 1,444                        | 0                                                         | 0              | 6,166                                        | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                            | 0                            | 352,611                                                   | 0              | 422,829                                      | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 1,316                        | 1,316                        | 172,312                                                   | 0              | 212,326                                      | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                            | 0                            | 254,962                                                   | 0              | 342,998                                      | 69.00  |
| 69.01                                  | 06901 | CARDIAC REHAB                          | 7,336                        | 7,336                        | 68,933                                                    | 0              | 113,717                                      | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                            | 0                            | 0                                                         | 0              | 2,211,877                                    | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                            | 0                            | 0                                                         | 0              | 3,244,559                                    | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                            | 0                            | 0                                                         | 0              | 3,545,260                                    | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 295                          | 295                          | 44,156                                                    | 0              | 337,371                                      | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                            | 0                            | 0                                                         | 0              | 0                                            | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                            | 0                            | 0                                                         | 0              | 0                                            | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPS                             | 0                            | 0                            | 0                                                         | 0              | 0                                            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                              |                              |                                                           |                |                                              |        |
| 91.00                                  | 09100 | EMERGENCY                              | 13,070                       | 13,070                       | 1,968,071                                                 | 0              | 2,718,019                                    | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 12,904                       | 12,904                       | 1,276,358                                                 | 0              | 2,205,977                                    | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 5,268                        | 5,268                        | 74,758                                                    | 0              | 114,141                                      | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0                            | 0                            | 125,289                                                   | 0              | 159,303                                      | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                              |                              |                                                           |                |                                              | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                            | 0                            | 0                                                         | 0              | 0                                            | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                              |                              |                                                           |                |                                              |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 695,218                      | 695,218                      | 31,690,129                                                | -19,363,043    | 54,933,848                                   | 118.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description      |       |                                                        | CAPITAL RELATED COSTS        |                              | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM. COST) |        |
|------------------------------|-------|--------------------------------------------------------|------------------------------|------------------------------|-----------------------------------------------------------|----------------|----------------------------------------------|--------|
|                              |       |                                                        | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(SQUARE FEET) |                                                           |                |                                              |        |
|                              |       |                                                        | 1.00                         | 2.00                         | 4.00                                                      | 5A             | 5.00                                         |        |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                              |                              |                                                           |                |                                              |        |
| 190.00                       | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 980                          | 980                          | 0                                                         | 0              | 3,653                                        | 190.00 |
| 191.00                       | 19100 | RESEARCH                                               | 0                            | 0                            | 0                                                         | 2,245          | 0                                            | 191.00 |
| 192.00                       | 19200 | PHYSICIANS PRIVATE OFFICES                             | 91,962                       | 91,962                       | 7,064,364                                                 | 0              | 13,155,766                                   | 192.00 |
| 194.00                       | 07950 | MARKETING                                              | 1,435                        | 1,435                        | 143,129                                                   | 0              | 340,989                                      | 194.00 |
| 194.01                       | 07951 | MACNEAL SCHOOL                                         | 0                            | 0                            | 0                                                         | 0              | 0                                            | 194.01 |
| 194.02                       | 07952 | COMMUNITY RELATIONS                                    | 0                            | 0                            | 59,270                                                    | 0              | 144,977                                      | 194.02 |
| 194.03                       | 07953 | RETAIL PHARMACY                                        | 6,265                        | 6,265                        | 0                                                         | 0              | 23,350                                       | 194.03 |
| 194.04                       | 07954 | HOME DELIVERED MEALS                                   | 0                            | 0                            | 0                                                         | 0              | 0                                            | 194.04 |
| 194.05                       | 07955 | CATERED MEALS                                          | 0                            | 0                            | 0                                                         | 0              | 0                                            | 194.05 |
| 194.06                       | 07956 | VACANT SPACE                                           | 5,587                        | 0                            | 0                                                         | 0              | 0                                            | 194.06 |
| 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)             | -1,565,609                   | 2,966,253                    | 7,972,336                                                 |                | 19,363,043                                   | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                     | 3.727104                     | 0.204645                                                  |                | 0.282249                                     | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            |                              |                              | 0                                                         |                | 276,052                                      | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                |                              |                              | 0.000000                                                  |                | 0.004024                                     | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                              |                              |                                                           |                |                                              | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                              |                              |                                                           |                |                                              | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                       |       |                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) |        |
|-----------------------------------------------|-------|----------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|--------|
|                                               |       |                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                     |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                                           |                                        |                                                      |                               |                           | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                           |                                        |                                                      |                               |                           | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                           |                                        |                                                      |                               |                           | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               |                                           |                                        |                                                      |                               |                           | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 434,218                                   |                                        |                                                      |                               |                           | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0                                         | 0                                      |                                                      |                               |                           | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 461                                       | 0                                      | 569,628                                              |                               |                           | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 6,026                                     | 0                                      | 0                                                    | 427,731                       |                           | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 17,495                                    | 0                                      | 3,955                                                | 17,495                        | 99,861                    | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 6,611                                     | 0                                      | 0                                                    | 6,611                         | 0                         | 11.00  |
| 12.00                                         | 01200 | MAINTENANCE OF PERSONNEL               | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 12.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 1,352                                     | 0                                      | 0                                                    | 1,352                         | 0                         | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 3,768                                     | 0                                      | 7,540                                                | 3,768                         | 0                         | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 4,660                                     | 0                                      | 0                                                    | 4,660                         | 0                         | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 4,855                                     | 0                                      | 0                                                    | 4,855                         | 0                         | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 17.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 19.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 5,650                                     | 0                                      | 571                                                  | 5,650                         | 0                         | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 85,870                                    | 0                                      | 229,887                                              | 85,870                        | 67,906                    | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 7,570                                     | 0                                      | 22,131                                               | 7,570                         | 6,028                     | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 14,126                                    | 0                                      | 23,270                                               | 14,126                        | 11,338                    | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | 9,369                                     | 0                                      | 19,362                                               | 9,369                         | 4,431                     | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | 3,411                                     | 0                                      | 0                                                    | 3,411                         | 0                         | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 6,932                                     | 0                                      | 23,762                                               | 6,932                         | 10,158                    | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 28,560                                    | 0                                      | 23,825                                               | 28,560                        | 0                         | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 2,652                                     | 0                                      | 13,759                                               | 2,652                         | 0                         | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 7,486                                     | 0                                      | 20,777                                               | 7,486                         | 0                         | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 180                                       | 0                                      | 3,179                                                | 180                           | 0                         | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 20,499                                    | 0                                      | 41,012                                               | 20,499                        | 0                         | 54.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 1,953                                     | 0                                      | 0                                                    | 1,953                         | 0                         | 56.00  |
| 56.01                                         | 03630 | ULTRA SOUND                            | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 56.01  |
| 56.02                                         | 03440 | MAMMOGRAPHY                            | 4,513                                     | 0                                      | 9,457                                                | 4,513                         | 0                         | 56.02  |
| 57.00                                         | 05700 | CT SCAN                                | 1,850                                     | 0                                      | 0                                                    | 1,850                         | 0                         | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 3,771                                     | 0                                      | 8,058                                                | 3,771                         | 0                         | 59.00  |
| 59.01                                         | 05901 | GASTRO INTESTINAL                      | 6,972                                     | 0                                      | 27,989                                               | 6,972                         | 0                         | 59.01  |
| 60.00                                         | 06000 | LABORATORY                             | 18,521                                    | 0                                      | 0                                                    | 18,521                        | 0                         | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 62.30  |
| 63.00                                         | 06300 | BLOOD STORING PROCESSING & TRANS.      | 1,071                                     | 0                                      | 0                                                    | 1,071                         | 0                         | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 2,116                                     | 0                                      | 0                                                    | 2,116                         | 0                         | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 8,056                                     | 0                                      | 10,248                                               | 8,056                         | 0                         | 66.00  |
| 66.01                                         | 06601 | TCU REHAB                              | 1,444                                     | 0                                      | 0                                                    | 1,444                         | 0                         | 66.01  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 1,316                                     | 0                                      | 0                                                    | 1,316                         | 0                         | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 0                                         | 0                                      | 1,606                                                | 0                             | 0                         | 69.00  |
| 69.01                                         | 06901 | CARDIAC HEHAB                          | 7,336                                     | 0                                      | 306                                                  | 7,336                         | 0                         | 69.01  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 295                                       | 0                                      | 0                                                    | 295                           | 0                         | 74.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 76.98  |
| 76.99                                         | 07699 | LITHOTRIPSY                            | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 76.99  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 91.00                                         | 09100 | EMERGENCY                              | 13,070                                    | 0                                      | 65,405                                               | 13,070                        | 0                         | 91.00  |
| 91.01                                         | 09101 | FAMILY PRACTICES                       | 12,904                                    | 0                                      | 668                                                  | 12,904                        | 0                         | 91.01  |
| 91.02                                         | 09102 | PSYCH DAY HOSPITAL                     | 5,268                                     | 0                                      | 0                                                    | 5,268                         | 0                         | 91.02  |
| 91.03                                         | 09103 | WOUND CARE                             | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 91.03  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                           |                                        |                                                      |                               |                           | 92.00  |
| 93.99                                         | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 93.99  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 327,989                                   | 0                                      | 556,767                                              | 321,502                       | 99,861                    | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                           |        |
| 190.00                                        | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 980                                       | 0                                      | 0                                                    | 980                           | 0                         | 190.00 |
| 191.00                                        | 19100 | RESEARCH                               | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 191.00 |
| 192.00                                        | 19200 | PHYSICIANS PRIVATE OFFICES             | 91,962                                    | 0                                      | 12,861                                               | 91,962                        | 0                         | 192.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE FEET) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY &<br>LINEN SERVICE<br>(POUNDS OF<br>LAUNDRY) | HOUSEKEEPING<br>(SQUARE FEET) | DIETARY<br>(MEALS SERVED) |        |
|-------------------------|-------|--------------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|---------------------------|--------|
|                         |       |                                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                     |        |
| 194.00                  | 07950 | MARKETING                                              | 1,435                                     | 0                                      | 0                                                    | 1,435                         | 0                         | 194.00 |
| 194.01                  | 07951 | MACNEAL SCHOOL                                         | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS                                    | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                                        | 6,265                                     | 0                                      | 0                                                    | 6,265                         | 0                         | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS                                   | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                                          | 0                                         | 0                                      | 0                                                    | 0                             | 0                         | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                                           | 5,587                                     | 0                                      | 0                                                    | 5,587                         | 0                         | 194.06 |
| 200.00                  |       | Cross Foot Adjustments                                 |                                           |                                        |                                                      |                               |                           | 200.00 |
| 201.00                  |       | Negative Cost Centers                                  |                                           |                                        |                                                      |                               |                           | 201.00 |
| 202.00                  |       | Cost to be allocated (per Wkst. B, Part I)             | 4,130,557                                 | 0                                      | 410,060                                              | 1,601,175                     | 1,799,658                 | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 9.512634                                  | 0.000000                               | 0.719873                                             | 3.743416                      | 18.021630                 | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 1,105,613                                 | 0                                      | 4,165                                                | 42,648                        | 116,436                   | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 2.546216                                  | 0.000000                               | 0.007312                                             | 0.099708                      | 1.165981                  | 205.00 |
| 206.00                  |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                           |                                        |                                                      |                               |                           | 206.00 |
| 207.00                  |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                           |                                        |                                                      |                               |                           | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | CAFETERIA<br>(FTES) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSNG<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) |        |
|----------------------------------------|-------|----------------------------------------|---------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------|--------|
|                                        |       |                                        | 11.00               | 12.00                                             | 13.00                                              | 14.00                                                  | 15.00                           |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                     |                                                   |                                                    |                                                        |                                 |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                     |                                                   |                                                    |                                                        |                                 | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                     |                                                   |                                                    |                                                        |                                 | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                     |                                                   |                                                    |                                                        |                                 | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                     |                                                   |                                                    |                                                        |                                 | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                     |                                                   |                                                    |                                                        |                                 | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                     |                                                   |                                                    |                                                        |                                 | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                     |                                                   |                                                    |                                                        |                                 | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                     |                                                   |                                                    |                                                        |                                 | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                     |                                                   |                                                    |                                                        |                                 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 8,807               |                                                   |                                                    |                                                        |                                 | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               | 0                   | 0                                                 |                                                    |                                                        |                                 | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0                   | 0                                                 | 359                                                |                                                        |                                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0                   | 0                                                 | 0                                                  | 2,220,235                                              |                                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0                   | 0                                                 | 0                                                  | 0                                                      | 3,551,089                       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 2,280               | 0                                                 | 0                                                  | 0                                                      | 0                               | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 1,442               | 0                                                 | 0                                                  | 0                                                      | 5,829                           | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                     |                                                   |                                                    |                                                        |                                 |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 292                 | 0                                                 | 0                                                  | 430                                                    | 0                               | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                     |                                                   |                                                    |                                                        |                                 |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                   | 0                                                 | 0                                                  | 2,052,339                                              | 0                               | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                   | 0                                                 | 0                                                  | 0                                                      | 3,545,260                       | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                   | 0                                                 | 0                                                  | 320                                                    | 0                               | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                     |                                                   |                                                    |                                                        |                                 |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 0                   | 0                                                 | 0                                                  | 13,884                                                 | 0                               | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                     |                                                   |                                                    |                                                        |                                 |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 4,014               | 0                                                 | 0                                                  | 2,066,973                                              | 3,551,089                       | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                     |                                                   |                                                    |                                                        |                                 |        |
| 190.00                                 | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN      | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 190.00 |
| 191.00                                 | 19100 | RESEARCH                               | 0                   | 0                                                 | 0                                                  | 0                                                      | 0                               | 191.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description |       |                                                        | CAFETERIA<br>(FTES) | MAINTENANCE OF<br>PERSONNEL<br>(NUMBER<br>HOUSED) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSING<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) |        |
|-------------------------|-------|--------------------------------------------------------|---------------------|---------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|---------------------------------|--------|
|                         |       |                                                        | 11.00               | 12.00                                             | 13.00                                               | 14.00                                                  | 15.00                           |        |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES                             | 4,793               | 0                                                 | 359                                                 | 153,262                                                | 0                               | 192.00 |
| 194.00                  | 07950 | MARKETING                                              | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.00 |
| 194.01                  | 07951 | MACNEAL SCHOOL                                         | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.01 |
| 194.02                  | 07952 | COMMUNITY RELATIONS                                    | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.02 |
| 194.03                  | 07953 | RETAIL PHARMACY                                        | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.03 |
| 194.04                  | 07954 | HOME DELIVERED MEALS                                   | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.04 |
| 194.05                  | 07955 | CATERED MEALS                                          | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.05 |
| 194.06                  | 07956 | VACANT SPACE                                           | 0                   | 0                                                 | 0                                                   | 0                                                      | 0                               | 194.06 |
| 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)             | 119,231             | 0                                                 | 598,685                                             | 143,829                                                | 1,525,470                       | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 13.538208           | 0.000000                                          | 1,667.646240                                        | 0.064781                                               | 0.429578                        | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 42,231              | 0                                                 | 10,439                                              | 24,347                                                 | 34,291                          | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 4.795163            | 0.000000                                          | 29.077994                                           | 0.010966                                               | 0.009656                        | 205.00 |
| 206.00                  |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                     |                                                   |                                                     |                                                        |                                 | 206.00 |
| 207.00                  |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                     |                                                   |                                                     |                                                        |                                 | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                |       |                                        | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS CHAR<br>GES) | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING SCHOOL<br>(ASSIGNED<br>TIME) | INTERNS &<br>RESIDENTS<br>SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(ASSIGNED<br>TIME) |        |
|----------------------------------------|-------|----------------------------------------|--------------------------------------------------------|--------------------------------|----------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------|--------|
|                                        |       |                                        | 16.00                                                  | 17.00                          | 19.00                                              | 20.00                                | 21.00                                                                                  |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                        |                                |                                                    |                                      |                                                                                        |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                                        |                                |                                                    |                                      |                                                                                        | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                                        |                                |                                                    |                                      |                                                                                        | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                                        |                                |                                                    |                                      |                                                                                        | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                                        |                                |                                                    |                                      |                                                                                        | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                                        |                                |                                                    |                                      |                                                                                        | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                                        |                                |                                                    |                                      |                                                                                        | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                                        |                                |                                                    |                                      |                                                                                        | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                                        |                                |                                                    |                                      |                                                                                        | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                                        |                                |                                                    |                                      |                                                                                        | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                                        |                                |                                                    |                                      |                                                                                        | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                                        |                                |                                                    |                                      |                                                                                        | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                                        |                                |                                                    |                                      |                                                                                        | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                                        |                                |                                                    |                                      |                                                                                        | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                                        |                                |                                                    |                                      |                                                                                        | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 582,366,711                                            |                                |                                                    |                                      |                                                                                        | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                                      | 0                              |                                                    |                                      |                                                                                        | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              | 0                                                      | 0                              | 0                                                  |                                      |                                                                                        | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                                                      | 0                              |                                                    | 0                                    |                                                                                        | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                                                      | 0                              |                                                    |                                      | 10,000                                                                                 | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                                                      | 0                              |                                                    |                                      |                                                                                        | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              | 0                                                      | 0                              |                                                    |                                      |                                                                                        | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                        |                                |                                                    |                                      |                                                                                        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 40,421,213                                             | 0                              | 0                                                  | 0                                    | 5,605                                                                                  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 7,788,975                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 4,979,469                                              | 0                              | 0                                                  | 0                                    | 39                                                                                     | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 1,478,048                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 1,985,101                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 1,531,140                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                                        |                                |                                                    |                                      |                                                                                        |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 51,962,593                                             | 0                              | 0                                                  | 0                                    | 422                                                                                    | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 6,516,462                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 6,171,233                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 18,974,632                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 23,007,415                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 6,300,216                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 12,119,983                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 9,955,447                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 50,424,817                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 14,727,970                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 17,251,137                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 24,282,060                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 41,753,170                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                                      | 0                              | 0                                                  | 0                                    | 0                                                                                      | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 1,366,885                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 3,711,907                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 7,816,615                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0                                                      | 0                              | 0                                                  | 0                                    | 0                                                                                      | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 3,491,590                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 1,469,564                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 14,103,923                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 967,100                                                | 0                              | 0                                                  | 0                                    | 0                                                                                      | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 28,925,612                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 20,315,781                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 81,019,533                                             | 0                              | 0                                                  | 0                                    | 0                                                                                      | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 507,890                                                | 0                              | 0                                                  | 0                                    | 0                                                                                      | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                                      | 0                              | 0                                                  | 0                                    | 0                                                                                      | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                                      | 0                              | 0                                                  | 0                                    | 0                                                                                      | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPS                             | 0                                                      | 0                              | 0                                                  | 0                                    | 0                                                                                      | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                                        |                                |                                                    |                                      |                                                                                        |        |
| 91.00                                  | 09100 | EMERGENCY                              | 50,290,467                                             | 0                              | 0                                                  | 0                                    | 286                                                                                    | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 2,237,084                                              | 0                              | 0                                                  | 0                                    | 3,648                                                                                  | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 2,041,389                                              | 0                              | 0                                                  | 0                                    | 0                                                                                      | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 593,736                                                | 0                              | 0                                                  | 0                                    | 0                                                                                      | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                                        |                                |                                                    |                                      |                                                                                        | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                                      | 0                              | 0                                                  | 0                                    | 0                                                                                      | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                        |                                |                                                    |                                      |                                                                                        |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 560,490,157                                            | 0                              | 0                                                  | 0                                    | 10,000                                                                                 | 118.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description      |       |                                                        | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS CHARGES) | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) | NURSING SCHOOL<br>(ASSIGNED<br>TIME) | INTERNS &<br>RESIDENTS<br>SERVICES-SALARY & FRINGES<br>APPROV<br>(ASSIGNED<br>TIME) |        |
|------------------------------|-------|--------------------------------------------------------|----------------------------------------------------|--------------------------------|----------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------|--------|
|                              |       |                                                        |                                                    |                                |                                                    |                                      |                                                                                     |        |
| NONREIMBURSABLE COST CENTERS |       |                                                        | 16.00                                              | 17.00                          | 19.00                                              | 20.00                                | 21.00                                                                               |        |
| 190.00                       | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 190.00 |
| 191.00                       | 19100 | RESEARCH                                               | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 191.00 |
| 192.00                       | 19200 | PHYSICIANS PRIVATE OFFICES                             | 21,865,836                                         | 0                              | 0                                                  | 0                                    | 0                                                                                   | 192.00 |
| 194.00                       | 07950 | MARKETING                                              | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.00 |
| 194.01                       | 07951 | MACNEAL SCHOOL                                         | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.01 |
| 194.02                       | 07952 | COMMUNITY RELATIONS                                    | 10,718                                             | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.02 |
| 194.03                       | 07953 | RETAIL PHARMACY                                        | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.03 |
| 194.04                       | 07954 | HOME DELIVERED MEALS                                   | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.04 |
| 194.05                       | 07955 | CATERED MEALS                                          | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.05 |
| 194.06                       | 07956 | VACANT SPACE                                           | 0                                                  | 0                              | 0                                                  | 0                                    | 0                                                                                   | 194.06 |
| 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)             | 1,102,408                                          | 0                              | 0                                                  | 0                                    | 3,191,099                                                                           | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.001893                                           | 0.000000                       | 0.000000                                           | 0.000000                             | 319.109900                                                                          | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 34,199                                             | 0                              | 0                                                  | 0                                    | 20,851                                                                              | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000059                                           | 0.000000                       | 0.000000                                           | 0.000000                             | 2.085100                                                                            | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                                    |                                |                                                    | 0                                    |                                                                                     | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                                    |                                |                                                    | 0.000000                             |                                                                                     | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B-1  
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|                                        |       | Cost Center Description                | INTERNS &<br>RESIDENTS                    | PARAMED ED<br>PRGM<br>(ASSIGNED<br>TIME) |        |
|----------------------------------------|-------|----------------------------------------|-------------------------------------------|------------------------------------------|--------|
|                                        |       |                                        | SERVICES-OTHER                            |                                          |        |
|                                        |       |                                        | PRGM COSTS<br>APPRV<br>(ASSIGNED<br>TIME) |                                          |        |
|                                        |       |                                        | 22.00                                     |                                          |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                           |                                          |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                           |                                          | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                           |                                          | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                           |                                          | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                           |                                          | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                                           |                                          | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                                           |                                          | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                                           |                                          | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                                           |                                          | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                                           |                                          | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                                           |                                          | 11.00  |
| 12.00                                  | 01200 | MAINTENANCE OF PERSONNEL               |                                           |                                          | 12.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 |                                           |                                          | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              |                                           |                                          | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               |                                           |                                          | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              |                                           |                                          | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         |                                           |                                          | 17.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS              |                                           |                                          | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         |                                           |                                          | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    |                                           |                                          | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 10,000                                    |                                          | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-(SPECIFY)              |                                           | 0                                        | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                           |                                          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 5,605                                     | 0                                        | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                                         | 0                                        | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 39                                        | 0                                        | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0                                         | 0                                        | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                         | 0                                        | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                                         | 0                                        | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                           |                                          |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 422                                       | 0                                        | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                                         | 0                                        | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                         | 0                                        | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                                         | 0                                        | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                         | 0                                        | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0                                         | 0                                        | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                            | 0                                         | 0                                        | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                            | 0                                         | 0                                        | 56.02  |
| 57.00                                  | 05700 | CT SCAN                                | 0                                         | 0                                        | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                                         | 0                                        | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                                         | 0                                        | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                      | 0                                         | 0                                        | 59.01  |
| 60.00                                  | 06000 | LABORATORY                             | 0                                         | 0                                        | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                         | 0                                        | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0                                         | 0                                        | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                         | 0                                        | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                                         | 0                                        | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                              | 0                                         | 0                                        | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                                         | 0                                        | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                                         | 0                                        | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                                         | 0                                        | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                          | 0                                         | 0                                        | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                         | 0                                        | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                         | 0                                        | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                         | 0                                        | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                         | 0                                        | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                         | 0                                        | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                         | 0                                        | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                            | 0                                         | 0                                        | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                           |                                          |        |
| 91.00                                  | 09100 | EMERGENCY                              | 286                                       | 0                                        | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                       | 3,648                                     | 0                                        | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                     | 0                                         | 0                                        | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                             | 0                                         | 0                                        | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                           |                                          | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                         | 0                                        | 93.99  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                           |                                          |        |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 10,000                                    | 0                                        | 118.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet B-1  
Date/Time Prepared:  
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| Cost Center Description |       |                                                        | INTERNS &<br>RESIDENTS                                      | PARAMED<br>ED<br>PRGM<br>(ASSIGNED<br>TIME) |  |        |       |
|-------------------------|-------|--------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|--|--------|-------|
|                         |       |                                                        | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(ASSIGNED<br>TIME) |                                             |  |        |       |
|                         |       |                                                        | 22.00                                                       |                                             |  |        | 23.00 |
|                         |       |                                                        | NONREIMBURSABLE COST CENTERS                                |                                             |  |        |       |
| 190.00                  | 19000 | GIFT FLOWER COFFEE SHOP & CANTEEN                      | 0                                                           | 0                                           |  | 190.00 |       |
| 191.00                  | 19100 | RESEARCH                                               | 0                                                           | 0                                           |  | 191.00 |       |
| 192.00                  | 19200 | PHYSICIANS PRIVATE OFFICES                             | 0                                                           | 0                                           |  | 192.00 |       |
| 194.00                  | 07950 | MARKETING                                              | 0                                                           | 0                                           |  | 194.00 |       |
| 194.01                  | 07951 | MACNEAL SCHOOL                                         | 0                                                           | 0                                           |  | 194.01 |       |
| 194.02                  | 07952 | COMMUNITY RELATIONS                                    | 0                                                           | 0                                           |  | 194.02 |       |
| 194.03                  | 07953 | RETAIL PHARMACY                                        | 0                                                           | 0                                           |  | 194.03 |       |
| 194.04                  | 07954 | HOME DELIVERED MEALS                                   | 0                                                           | 0                                           |  | 194.04 |       |
| 194.05                  | 07955 | CATERED MEALS                                          | 0                                                           | 0                                           |  | 194.05 |       |
| 194.06                  | 07956 | VACANT SPACE                                           | 0                                                           | 0                                           |  | 194.06 |       |
| 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)             | 2,953,091                                                   | 0                                           |  | 202.00 |       |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 295.309100                                                  | 0.000000                                    |  | 203.00 |       |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 51,944                                                      | 0                                           |  | 204.00 |       |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 5.194400                                                    | 0.000000                                    |  | 205.00 |       |
| 206.00                  |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                                             | 0                                           |  | 206.00 |       |
| 207.00                  |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                                             | 0.000000                                    |  | 207.00 |       |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                        |       |                                     | Title XVIII                                      |                       | Hospital    |                     | PPS         |        |
|----------------------------------------|-------|-------------------------------------|--------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|
| Cost Center Description                |       |                                     | Total Cost<br>(from Wkst. B,<br>Part I, col. 26) | Therapy Limit<br>Adj. | Total Costs | Costs               |             |        |
|                                        |       |                                     |                                                  |                       |             | RCE<br>Disallowance | Total Costs |        |
|                                        |       |                                     | 1.00                                             | 2.00                  | 3.00        | 4.00                | 5.00        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                                  |                       |             |                     |             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 13,207,260                                       |                       | 13,207,260  | 0                   | 13,207,260  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 1,882,267                                        |                       | 1,882,267   | 3,005               | 1,885,272   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 1,635,005                                        |                       | 1,635,005   | 0                   | 1,635,005   | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 783,221                                          |                       | 783,221     | 0                   | 783,221     | 41.00  |
| 43.00                                  | 04300 | NURSERY                             | 575,705                                          |                       | 575,705     | 0                   | 575,705     | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 1,366,538                                        |                       | 1,366,538   | 0                   | 1,366,538   | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                                  |                       |             |                     |             |        |
| 50.00                                  | 05000 | OPERATING ROOM                      | 4,531,288                                        |                       | 4,531,288   | 0                   | 4,531,288   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 319,918                                          |                       | 319,918     | 0                   | 319,918     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 1,238,697                                        |                       | 1,238,697   | 0                   | 1,238,697   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 437,512                                          |                       | 437,512     | 0                   | 437,512     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 5,339,403                                        |                       | 5,339,403   | 0                   | 5,339,403   | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 387,793                                          |                       | 387,793     | 0                   | 387,793     | 56.00  |
| 56.01                                  | 03630 | ULTRA SOUND                         | 499,342                                          |                       | 499,342     | 0                   | 499,342     | 56.01  |
| 56.02                                  | 03440 | MAMMOGRAPHY                         | 650,458                                          |                       | 650,458     | 0                   | 650,458     | 56.02  |
| 57.00                                  | 05700 | CT SCAN                             | 599,364                                          |                       | 599,364     | 0                   | 599,364     | 57.00  |
| 58.00                                  | 05800 | MRI                                 | 285,390                                          |                       | 285,390     | 0                   | 285,390     | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 1,589,960                                        |                       | 1,589,960   | 9,775               | 1,599,735   | 59.00  |
| 59.01                                  | 05901 | GASTRO INTESTINAL                   | 1,375,756                                        |                       | 1,375,756   | 0                   | 1,375,756   | 59.01  |
| 60.00                                  | 06000 | LABORATORY                          | 495,807                                          |                       | 495,807     | 0                   | 495,807     | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                |                       | 0           | 0                   | 0           | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.   | 294,915                                          |                       | 294,915     | 0                   | 294,915     | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 759,173                                          | 0                     | 759,173     | 0                   | 759,173     | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 1,212,633                                        | 0                     | 1,212,633   | 0                   | 1,212,633   | 66.00  |
| 66.01                                  | 06601 | TCU REHAB                           | 27,047                                           | 0                     | 27,047      | 0                   | 27,047      | 66.01  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                | 548,782                                          | 0                     | 548,782     | 0                   | 548,782     | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                    | 292,482                                          | 0                     | 292,482     | 0                   | 292,482     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 467,664                                          |                       | 467,664     | 0                   | 467,664     | 69.00  |
| 69.01                                  | 06901 | CARDIAC HEHAB                       | 245,112                                          |                       | 245,112     | 0                   | 245,112     | 69.01  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 3,023,886                                        |                       | 3,023,886   | 0                   | 3,023,886   | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 4,198,791                                        |                       | 4,198,791   | 0                   | 4,198,791   | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 6,222,229                                        |                       | 6,222,229   | 0                   | 6,222,229   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 437,486                                          |                       | 437,486     | 0                   | 437,486     | 74.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION              | 0                                                |                       | 0           | 0                   | 0           | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                                |                       | 0           | 0                   | 0           | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                         | 0                                                |                       | 0           | 0                   | 0           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                                  |                       |             |                     |             |        |
| 91.00                                  | 09100 | EMERGENCY                           | 3,800,716                                        |                       | 3,800,716   | 0                   | 3,800,716   | 91.00  |
| 91.01                                  | 09101 | FAMILY PRACTICES                    | 3,005,283                                        |                       | 3,005,283   | 60                  | 3,005,343   | 91.01  |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                  | 220,054                                          |                       | 220,054     | 647                 | 220,701     | 91.02  |
| 91.03                                  | 09103 | WOUND CARE                          | 205,390                                          |                       | 205,390     | 0                   | 205,390     | 91.03  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 1,377,477                                        |                       | 1,377,477   | 0                   | 1,377,477   | 92.00  |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                |                       | 0           | 0                   | 0           | 93.99  |
| 200.00                                 |       | Subtotal (see instructions)         | 63,539,804                                       | 0                     | 63,539,804  | 13,487              | 63,553,291  | 200.00 |
| 201.00                                 |       | Less Observation Beds               | 1,377,477                                        |                       | 1,377,477   | 0                   | 1,377,477   | 201.00 |
| 202.00                                 |       | Total (see instructions)            | 62,162,327                                       | 0                     | 62,162,327  | 13,487              | 62,175,814  | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                         |                                        |                                     | Title XVIII |             |                         | Hospital            |                       | PPS    |  |
|-------------------------|----------------------------------------|-------------------------------------|-------------|-------------|-------------------------|---------------------|-----------------------|--------|--|
| Cost Center Description |                                        |                                     | Charges     |             |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |        |  |
|                         |                                        |                                     | Inpatient   | Outpatient  | Total (col. 6 + col. 7) |                     |                       |        |  |
|                         |                                        |                                     |             |             |                         |                     |                       |        |  |
|                         |                                        |                                     | 6.00        | 7.00        | 8.00                    | 9.00                | 10.00                 |        |  |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                     |             |             |                         |                     |                       |        |  |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                 | 28,762,143  |             | 28,762,143              |                     |                       | 30.00  |  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                 | 7,788,975   |             | 7,788,975               |                     |                       | 31.00  |  |
| 40.00                   | 04000                                  | SUBPROVIDER - IPF                   | 4,979,469   |             | 4,979,469               |                     |                       | 40.00  |  |
| 41.00                   | 04100                                  | SUBPROVIDER - IRF                   | 1,478,048   |             | 1,478,048               |                     |                       | 41.00  |  |
| 43.00                   | 04300                                  | NURSERY                             | 1,985,101   |             | 1,985,101               |                     |                       | 43.00  |  |
| 44.00                   | 04400                                  | SKILLED NURSING FACILITY            | 1,531,140   |             | 1,531,140               |                     |                       | 44.00  |  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                     |             |             |                         |                     |                       |        |  |
| 50.00                   | 05000                                  | OPERATING ROOM                      | 21,120,801  | 30,841,792  | 51,962,593              | 0.087203            | 0.000000              | 50.00  |  |
| 51.00                   | 05100                                  | RECOVERY ROOM                       | 2,124,875   | 4,391,588   | 6,516,463               | 0.049094            | 0.000000              | 51.00  |  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM          | 6,171,233   | 0           | 6,171,233               | 0.200721            | 0.000000              | 52.00  |  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                      | 6,952,941   | 12,021,691  | 18,974,632              | 0.023058            | 0.000000              | 53.00  |  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                | 4,392,597   | 18,614,818  | 23,007,415              | 0.232073            | 0.000000              | 54.00  |  |
| 56.00                   | 05600                                  | RADIOISOTOPE                        | 1,275,851   | 5,024,365   | 6,300,216               | 0.061552            | 0.000000              | 56.00  |  |
| 56.01                   | 03630                                  | ULTRA SOUND                         | 2,306,887   | 9,813,096   | 12,119,983              | 0.041200            | 0.000000              | 56.01  |  |
| 56.02                   | 03440                                  | MAMMOGRAPHY                         | 3,346       | 9,952,100   | 9,955,446               | 0.065337            | 0.000000              | 56.02  |  |
| 57.00                   | 05700                                  | CT SCAN                             | 15,929,497  | 34,495,320  | 50,424,817              | 0.011886            | 0.000000              | 57.00  |  |
| 58.00                   | 05800                                  | MRI                                 | 2,433,390   | 12,294,580  | 14,727,970              | 0.019377            | 0.000000              | 58.00  |  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION             | 8,542,720   | 8,708,416   | 17,251,136              | 0.092166            | 0.000000              | 59.00  |  |
| 59.01                   | 05901                                  | GASTRO INTESTINAL                   | 4,428,158   | 19,853,902  | 24,282,060              | 0.056657            | 0.000000              | 59.01  |  |
| 60.00                   | 06000                                  | LABORATORY                          | 19,762,889  | 21,990,281  | 41,753,170              | 0.011875            | 0.000000              | 60.00  |  |
| 62.30                   | 06250                                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 62.30  |  |
| 63.00                   | 06300                                  | BLOOD STORING PROCESSING & TRANS.   | 948,547     | 418,338     | 1,366,885               | 0.215757            | 0.000000              | 63.00  |  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                 | 3,178,102   | 533,805     | 3,711,907               | 0.204524            | 0.000000              | 65.00  |  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                    | 3,238,256   | 4,578,359   | 7,816,615               | 0.155135            | 0.000000              | 66.00  |  |
| 66.01                   | 06601                                  | TCU REHAB                           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 66.01  |  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                | 2,905,377   | 586,213     | 3,491,590               | 0.157173            | 0.000000              | 67.00  |  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                    | 877,877     | 591,687     | 1,469,564               | 0.199026            | 0.000000              | 68.00  |  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                   | 5,562,709   | 8,541,214   | 14,103,923              | 0.033158            | 0.000000              | 69.00  |  |
| 69.01                   | 06901                                  | CARDIAC HEHAB                       | 0           | 967,100     | 967,100                 | 0.253451            | 0.000000              | 69.01  |  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENT | 11,529,952  | 17,395,660  | 28,925,612              | 0.104540            | 0.000000              | 71.00  |  |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENTS      | 11,916,931  | 8,398,850   | 20,315,781              | 0.206676            | 0.000000              | 72.00  |  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS           | 24,214,214  | 56,805,318  | 81,019,532              | 0.076799            | 0.000000              | 73.00  |  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                      | 423,692     | 84,198      | 507,890                 | 0.861379            | 0.000000              | 74.00  |  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION              | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.97  |  |
| 76.98                   | 07698                                  | HYPERBARIC OXYGEN THERAPY           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.98  |  |
| 76.99                   | 07699                                  | LITHOTRIPSY                         | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.99  |  |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                     |             |             |                         |                     |                       |        |  |
| 91.00                   | 09100                                  | EMERGENCY                           | 11,092,482  | 39,197,985  | 50,290,467              | 0.075575            | 0.000000              | 91.00  |  |
| 91.01                   | 09101                                  | FAMILY PRACTICES                    | 2,227       | 2,234,857   | 2,237,084               | 1.343393            | 0.000000              | 91.01  |  |
| 91.02                   | 09102                                  | PSYCH DAY HOSPITAL                  | 0           | 2,041,389   | 2,041,389               | 0.107796            | 0.000000              | 91.02  |  |
| 91.03                   | 09103                                  | WOUND CARE                          | 3,239       | 590,496     | 593,735                 | 0.345929            | 0.000000              | 91.03  |  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART | 1,639,741   | 8,385,089   | 10,024,830              | 0.137407            | 0.000000              | 92.00  |  |
| 93.99                   | 09399                                  | PARTIAL HOSPITALIZATION PROGRAM     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 93.99  |  |
| 200.00                  |                                        | Subtotal (see instructions)         | 219,503,407 | 339,352,507 | 558,855,914             |                     |                       | 200.00 |  |
| 201.00                  |                                        | Less Observation Beds               |             |             |                         |                     |                       | 201.00 |  |
| 202.00                  |                                        | Total (see instructions)            | 219,503,407 | 339,352,507 | 558,855,914             |                     |                       | 202.00 |  |

| COMPUTATION OF RATIO OF COSTS TO CHARGES |       |                                     | Provider CCN: 14-0054  | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|------------------------------------------|-------|-------------------------------------|------------------------|---------------------------------------------|---------------------------------------------------------------------|
|                                          |       |                                     | Title XVIII            | Hospital                                    | PPS                                                                 |
| Cost Center Description                  |       |                                     | PPS Inpatient<br>Ratio |                                             |                                                                     |
|                                          |       |                                     | 11.00                  |                                             |                                                                     |
| INPATIENT ROUTINE SERVICE COST CENTERS   |       |                                     |                        |                                             |                                                                     |
| 30.00                                    | 03000 | ADULTS & PEDIATRICS                 |                        |                                             | 30.00                                                               |
| 31.00                                    | 03100 | INTENSIVE CARE UNIT                 |                        |                                             | 31.00                                                               |
| 40.00                                    | 04000 | SUBPROVIDER - IPF                   |                        |                                             | 40.00                                                               |
| 41.00                                    | 04100 | SUBPROVIDER - IRF                   |                        |                                             | 41.00                                                               |
| 43.00                                    | 04300 | NURSERY                             |                        |                                             | 43.00                                                               |
| 44.00                                    | 04400 | SKILLED NURSING FACILITY            |                        |                                             | 44.00                                                               |
| ANCILLARY SERVICE COST CENTERS           |       |                                     |                        |                                             |                                                                     |
| 50.00                                    | 05000 | OPERATING ROOM                      | 0.087203               |                                             | 50.00                                                               |
| 51.00                                    | 05100 | RECOVERY ROOM                       | 0.049094               |                                             | 51.00                                                               |
| 52.00                                    | 05200 | DELIVERY ROOM & LABOR ROOM          | 0.200721               |                                             | 52.00                                                               |
| 53.00                                    | 05300 | ANESTHESIOLOGY                      | 0.023058               |                                             | 53.00                                                               |
| 54.00                                    | 05400 | RADIOLOGY-DIAGNOSTIC                | 0.232073               |                                             | 54.00                                                               |
| 56.00                                    | 05600 | RADIOISOTOPE                        | 0.061552               |                                             | 56.00                                                               |
| 56.01                                    | 03630 | ULTRA SOUND                         | 0.041200               |                                             | 56.01                                                               |
| 56.02                                    | 03440 | MAMMOGRAPHY                         | 0.065337               |                                             | 56.02                                                               |
| 57.00                                    | 05700 | CT SCAN                             | 0.011886               |                                             | 57.00                                                               |
| 58.00                                    | 05800 | MRI                                 | 0.019377               |                                             | 58.00                                                               |
| 59.00                                    | 05900 | CARDIAC CATHETERIZATION             | 0.092732               |                                             | 59.00                                                               |
| 59.01                                    | 05901 | GASTRO INTESTINAL                   | 0.056657               |                                             | 59.01                                                               |
| 60.00                                    | 06000 | LABORATORY                          | 0.011875               |                                             | 60.00                                                               |
| 62.30                                    | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000               |                                             | 62.30                                                               |
| 63.00                                    | 06300 | BLOOD STORING PROCESSING & TRANS.   | 0.215757               |                                             | 63.00                                                               |
| 65.00                                    | 06500 | RESPIRATORY THERAPY                 | 0.204524               |                                             | 65.00                                                               |
| 66.00                                    | 06600 | PHYSICAL THERAPY                    | 0.155135               |                                             | 66.00                                                               |
| 66.01                                    | 06601 | TCU REHAB                           | 0.000000               |                                             | 66.01                                                               |
| 67.00                                    | 06700 | OCCUPATIONAL THERAPY                | 0.157173               |                                             | 67.00                                                               |
| 68.00                                    | 06800 | SPEECH PATHOLOGY                    | 0.199026               |                                             | 68.00                                                               |
| 69.00                                    | 06900 | ELECTROCARDIOLOGY                   | 0.033158               |                                             | 69.00                                                               |
| 69.01                                    | 06901 | CARDIAC HEHAB                       | 0.253451               |                                             | 69.01                                                               |
| 71.00                                    | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.104540               |                                             | 71.00                                                               |
| 72.00                                    | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0.206676               |                                             | 72.00                                                               |
| 73.00                                    | 07300 | DRUGS CHARGED TO PATIENTS           | 0.076799               |                                             | 73.00                                                               |
| 74.00                                    | 07400 | RENAL DIALYSIS                      | 0.861379               |                                             | 74.00                                                               |
| 76.97                                    | 07697 | CARDIAC REHABILITATION              | 0.000000               |                                             | 76.97                                                               |
| 76.98                                    | 07698 | HYPERBARIC OXYGEN THERAPY           | 0.000000               |                                             | 76.98                                                               |
| 76.99                                    | 07699 | LITHOTRIPSY                         | 0.000000               |                                             | 76.99                                                               |
| OUTPATIENT SERVICE COST CENTERS          |       |                                     |                        |                                             |                                                                     |
| 91.00                                    | 09100 | EMERGENCY                           | 0.075575               |                                             | 91.00                                                               |
| 91.01                                    | 09101 | FAMILY PRACTICES                    | 1.343420               |                                             | 91.01                                                               |
| 91.02                                    | 09102 | PSYCH DAY HOSPITAL                  | 0.108113               |                                             | 91.02                                                               |
| 91.03                                    | 09103 | WOUND CARE                          | 0.345929               |                                             | 91.03                                                               |
| 92.00                                    | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.137407               |                                             | 92.00                                                               |
| 93.99                                    | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000               |                                             | 93.99                                                               |
| 200.00                                   |       | Subtotal (see instructions)         |                        |                                             | 200.00                                                              |
| 201.00                                   |       | Less Observation Beds               |                        |                                             | 201.00                                                              |
| 202.00                                   |       | Total (see instructions)            |                        |                                             | 202.00                                                              |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                        |       |                                     | Title XIX                                           |                       | Hospital    |              | Cost |             |
|----------------------------------------|-------|-------------------------------------|-----------------------------------------------------|-----------------------|-------------|--------------|------|-------------|
| Cost Center Description                |       |                                     | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |              |      |             |
|                                        |       |                                     |                                                     |                       | Total Costs | RCE          |      | Total Costs |
|                                        |       |                                     |                                                     |                       |             | Disallowance |      |             |
|                                        |       |                                     | 1.00                                                | 2.00                  | 3.00        | 4.00         | 5.00 |             |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                     |                                                     |                       |             |              |      |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                 | 16,651,080                                          |                       | 16,651,080  | 0            | 0    | 30.00       |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                 | 1,882,267                                           |                       | 1,882,267   | 0            | 0    | 31.00       |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                   | 1,658,967                                           |                       | 1,658,967   | 0            | 0    | 40.00       |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                   | 783,221                                             |                       | 783,221     | 0            | 0    | 41.00       |
| 43.00                                  | 04300 | NURSERY                             | 575,705                                             |                       | 575,705     | 0            | 0    | 43.00       |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY            | 1,366,538                                           |                       | 1,366,538   | 0            | 0    | 44.00       |
| ANCILLARY SERVICE COST CENTERS         |       |                                     |                                                     |                       |             |              |      |             |
| 50.00                                  | 05000 | OPERATING ROOM                      | 4,790,572                                           |                       | 4,790,572   | 0            | 0    | 50.00       |
| 51.00                                  | 05100 | RECOVERY ROOM                       | 319,918                                             |                       | 319,918     | 0            | 0    | 51.00       |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM          | 1,238,697                                           |                       | 1,238,697   | 0            | 0    | 52.00       |
| 53.00                                  | 05300 | ANESTHESIOLOGY                      | 437,512                                             |                       | 437,512     | 0            | 0    | 53.00       |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                | 5,339,403                                           |                       | 5,339,403   | 0            | 0    | 54.00       |
| 56.00                                  | 05600 | RADIOISOTOPE                        | 387,793                                             |                       | 387,793     | 0            | 0    | 56.00       |
| 56.01                                  | 03630 | ULTRA SOUND                         | 499,342                                             |                       | 499,342     | 0            | 0    | 56.01       |
| 56.02                                  | 03440 | MAMMOGRAPHY                         | 650,458                                             |                       | 650,458     | 0            | 0    | 56.02       |
| 57.00                                  | 05700 | CT SCAN                             | 599,364                                             |                       | 599,364     | 0            | 0    | 57.00       |
| 58.00                                  | 05800 | MRI                                 | 285,390                                             |                       | 285,390     | 0            | 0    | 58.00       |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION             | 1,589,960                                           |                       | 1,589,960   | 0            | 0    | 59.00       |
| 59.01                                  | 05901 | GASTRO INTESTINAL                   | 1,375,756                                           |                       | 1,375,756   | 0            | 0    | 59.01       |
| 60.00                                  | 06000 | LABORATORY                          | 495,807                                             |                       | 495,807     | 0            | 0    | 60.00       |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                   |                       | 0           | 0            | 0    | 62.30       |
| 63.00                                  | 06300 | BLOOD STORING PROCESSING & TRANS.   | 294,915                                             |                       | 294,915     | 0            | 0    | 63.00       |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                 | 759,173                                             | 0                     | 759,173     | 0            | 0    | 65.00       |
| 66.00                                  | 06600 | PHYSICAL THERAPY                    | 1,212,633                                           | 0                     | 1,212,633   | 0            | 0    | 66.00       |
| 66.01                                  | 06601 | TCU REHAB                           | 27,047                                              | 0                     | 27,047      | 0            | 0    | 66.01       |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                | 548,782                                             | 0                     | 548,782     | 0            | 0    | 67.00       |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                    | 292,482                                             | 0                     | 292,482     | 0            | 0    | 68.00       |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                   | 467,664                                             |                       | 467,664     | 0            | 0    | 69.00       |
| 69.01                                  | 06901 | CARDIAC HEHAB                       | 245,112                                             |                       | 245,112     | 0            | 0    | 69.01       |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 3,023,886                                           |                       | 3,023,886   | 0            | 0    | 71.00       |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 4,198,791                                           |                       | 4,198,791   | 0            | 0    | 72.00       |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS           | 6,222,229                                           |                       | 6,222,229   | 0            | 0    | 73.00       |
| 74.00                                  | 07400 | RENAL DIALYSIS                      | 437,486                                             |                       | 437,486     | 0            | 0    | 74.00       |
| 76.97                                  | 07697 | CARDIAC REHABILITATION              | 0                                                   |                       | 0           | 0            | 0    | 76.97       |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                                   |                       | 0           | 0            | 0    | 76.98       |
| 76.99                                  | 07699 | LITHOTRIPSY                         | 0                                                   |                       | 0           | 0            | 0    | 76.99       |
| OUTPATIENT SERVICE COST CENTERS        |       |                                     |                                                     |                       |             |              |      |             |
| 91.00                                  | 09100 | EMERGENCY                           | 3,976,439                                           |                       | 3,976,439   | 0            | 0    | 91.00       |
| 91.01                                  | 09101 | FAMILY PRACTICES                    | 5,246,684                                           |                       | 5,246,684   | 0            | 0    | 91.01       |
| 91.02                                  | 09102 | PSYCH DAY HOSPITAL                  | 220,054                                             |                       | 220,054     | 0            | 0    | 91.02       |
| 91.03                                  | 09103 | WOUND CARE                          | 205,390                                             |                       | 205,390     | 0            | 0    | 91.03       |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                                   |                       | 0           | 0            | 0    | 92.00       |
| 93.99                                  | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                   |                       | 0           | 0            | 0    | 93.99       |
| 200.00                                 |       | Subtotal (see instructions)         | 68,306,517                                          | 0                     | 68,306,517  | 0            | 0    | 200.00      |
| 201.00                                 |       | Less Observation Beds               | 0                                                   |                       | 0           | 0            | 0    | 201.00      |
| 202.00                                 |       | Total (see instructions)            | 68,306,517                                          | 0                     | 68,306,517  | 0            | 0    | 202.00      |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                         |                                        |                                     | Title XIX |            |                         | Hospital            | Cost                  |        |
|-------------------------|----------------------------------------|-------------------------------------|-----------|------------|-------------------------|---------------------|-----------------------|--------|
| Cost Center Description |                                        |                                     | Charges   |            |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |        |
|                         |                                        |                                     | Inpatient | Outpatient | Total (col. 6 + col. 7) |                     |                       |        |
|                         |                                        |                                     | 6.00      | 7.00       | 8.00                    |                     |                       |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                     |           |            |                         |                     |                       |        |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                 | 0         |            | 0                       |                     |                       | 30.00  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                 | 0         |            | 0                       |                     |                       | 31.00  |
| 40.00                   | 04000                                  | SUBPROVIDER - IPF                   | 0         |            | 0                       |                     |                       | 40.00  |
| 41.00                   | 04100                                  | SUBPROVIDER - IRF                   | 0         |            | 0                       |                     |                       | 41.00  |
| 43.00                   | 04300                                  | NURSERY                             | 0         |            | 0                       |                     |                       | 43.00  |
| 44.00                   | 04400                                  | SKILLED NURSING FACILITY            | 0         |            | 0                       |                     |                       | 44.00  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                     |           |            |                         |                     |                       |        |
| 50.00                   | 05000                                  | OPERATING ROOM                      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 50.00  |
| 51.00                   | 05100                                  | RECOVERY ROOM                       | 0         | 0          | 0                       | 0.000000            | 0.000000              | 51.00  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM          | 0         | 0          | 0                       | 0.000000            | 0.000000              | 52.00  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 53.00  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                | 0         | 0          | 0                       | 0.000000            | 0.000000              | 54.00  |
| 56.00                   | 05600                                  | RADIOISOTOPE                        | 0         | 0          | 0                       | 0.000000            | 0.000000              | 56.00  |
| 56.01                   | 03630                                  | ULTRA SOUND                         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 56.01  |
| 56.02                   | 03440                                  | MAMMOGRAPHY                         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 56.02  |
| 57.00                   | 05700                                  | CT SCAN                             | 0         | 0          | 0                       | 0.000000            | 0.000000              | 57.00  |
| 58.00                   | 05800                                  | MRI                                 | 0         | 0          | 0                       | 0.000000            | 0.000000              | 58.00  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION             | 0         | 0          | 0                       | 0.000000            | 0.000000              | 59.00  |
| 59.01                   | 05901                                  | GASTRO INTESTINAL                   | 0         | 0          | 0                       | 0.000000            | 0.000000              | 59.01  |
| 60.00                   | 06000                                  | LABORATORY                          | 0         | 0          | 0                       | 0.000000            | 0.000000              | 60.00  |
| 62.30                   | 06250                                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 0         | 0          | 0                       | 0.000000            | 0.000000              | 62.30  |
| 63.00                   | 06300                                  | BLOOD STORING PROCESSING & TRANS.   | 0         | 0          | 0                       | 0.000000            | 0.000000              | 63.00  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                 | 0         | 0          | 0                       | 0.000000            | 0.000000              | 65.00  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 66.00  |
| 66.01                   | 06601                                  | TCU REHAB                           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 66.01  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                | 0         | 0          | 0                       | 0.000000            | 0.000000              | 67.00  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 68.00  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                   | 0         | 0          | 0                       | 0.000000            | 0.000000              | 69.00  |
| 69.01                   | 06901                                  | CARDIAC HEHAB                       | 0         | 0          | 0                       | 0.000000            | 0.000000              | 69.01  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENT | 0         | 0          | 0                       | 0.000000            | 0.000000              | 71.00  |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENTS      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 72.00  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 73.00  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                      | 0         | 0          | 0                       | 0.000000            | 0.000000              | 74.00  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION              | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.97  |
| 76.98                   | 07698                                  | HYPERBARIC OXYGEN THERAPY           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.98  |
| 76.99                   | 07699                                  | LITHOTRIPSY                         | 0         | 0          | 0                       | 0.000000            | 0.000000              | 76.99  |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                     |           |            |                         |                     |                       |        |
| 91.00                   | 09100                                  | EMERGENCY                           | 0         | 0          | 0                       | 0.000000            | 0.000000              | 91.00  |
| 91.01                   | 09101                                  | FAMILY PRACTICES                    | 0         | 0          | 0                       | 0.000000            | 0.000000              | 91.01  |
| 91.02                   | 09102                                  | PSYCH DAY HOSPITAL                  | 0         | 0          | 0                       | 0.000000            | 0.000000              | 91.02  |
| 91.03                   | 09103                                  | WOUND CARE                          | 0         | 0          | 0                       | 0.000000            | 0.000000              | 91.03  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART | 0         | 0          | 0                       | 0.000000            | 0.000000              | 92.00  |
| 93.99                   | 09399                                  | PARTIAL HOSPITALIZATION PROGRAM     | 0         | 0          | 0                       | 0.000000            | 0.000000              | 93.99  |
| 200.00                  |                                        | Subtotal (see instructions)         | 0         | 0          | 0                       |                     |                       | 200.00 |
| 201.00                  |                                        | Less Observation Beds               |           |            |                         |                     |                       | 201.00 |
| 202.00                  |                                        | Total (see instructions)            | 0         | 0          | 0                       |                     |                       | 202.00 |

| COMPUTATION OF RATIO OF COSTS TO CHARGES |       |                                     |                        | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|------------------------------------------|-------|-------------------------------------|------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
|                                          |       |                                     |                        | Title XIX             | Hospital                                    | Cost                                                                |
| Cost Center Description                  |       |                                     | PPS Inpatient<br>Ratio |                       |                                             |                                                                     |
|                                          |       |                                     | 11.00                  |                       |                                             |                                                                     |
| INPATIENT ROUTINE SERVICE COST CENTERS   |       |                                     |                        |                       |                                             |                                                                     |
| 30.00                                    | 03000 | ADULTS & PEDIATRICS                 |                        |                       |                                             | 30.00                                                               |
| 31.00                                    | 03100 | INTENSIVE CARE UNIT                 |                        |                       |                                             | 31.00                                                               |
| 40.00                                    | 04000 | SUBPROVIDER - IPF                   |                        |                       |                                             | 40.00                                                               |
| 41.00                                    | 04100 | SUBPROVIDER - IRF                   |                        |                       |                                             | 41.00                                                               |
| 43.00                                    | 04300 | NURSERY                             |                        |                       |                                             | 43.00                                                               |
| 44.00                                    | 04400 | SKILLED NURSING FACILITY            |                        |                       |                                             | 44.00                                                               |
| ANCILLARY SERVICE COST CENTERS           |       |                                     |                        |                       |                                             |                                                                     |
| 50.00                                    | 05000 | OPERATING ROOM                      | 0.000000               |                       |                                             | 50.00                                                               |
| 51.00                                    | 05100 | RECOVERY ROOM                       | 0.000000               |                       |                                             | 51.00                                                               |
| 52.00                                    | 05200 | DELIVERY ROOM & LABOR ROOM          | 0.000000               |                       |                                             | 52.00                                                               |
| 53.00                                    | 05300 | ANESTHESIOLOGY                      | 0.000000               |                       |                                             | 53.00                                                               |
| 54.00                                    | 05400 | RADIOLOGY-DIAGNOSTIC                | 0.000000               |                       |                                             | 54.00                                                               |
| 56.00                                    | 05600 | RADIOISOTOPE                        | 0.000000               |                       |                                             | 56.00                                                               |
| 56.01                                    | 03630 | ULTRA SOUND                         | 0.000000               |                       |                                             | 56.01                                                               |
| 56.02                                    | 03440 | MAMMOGRAPHY                         | 0.000000               |                       |                                             | 56.02                                                               |
| 57.00                                    | 05700 | CT SCAN                             | 0.000000               |                       |                                             | 57.00                                                               |
| 58.00                                    | 05800 | MRI                                 | 0.000000               |                       |                                             | 58.00                                                               |
| 59.00                                    | 05900 | CARDIAC CATHETERIZATION             | 0.000000               |                       |                                             | 59.00                                                               |
| 59.01                                    | 05901 | GASTRO INTESTINAL                   | 0.000000               |                       |                                             | 59.01                                                               |
| 60.00                                    | 06000 | LABORATORY                          | 0.000000               |                       |                                             | 60.00                                                               |
| 62.30                                    | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000               |                       |                                             | 62.30                                                               |
| 63.00                                    | 06300 | BLOOD STORING PROCESSING & TRANS.   | 0.000000               |                       |                                             | 63.00                                                               |
| 65.00                                    | 06500 | RESPIRATORY THERAPY                 | 0.000000               |                       |                                             | 65.00                                                               |
| 66.00                                    | 06600 | PHYSICAL THERAPY                    | 0.000000               |                       |                                             | 66.00                                                               |
| 66.01                                    | 06601 | TCU REHAB                           | 0.000000               |                       |                                             | 66.01                                                               |
| 67.00                                    | 06700 | OCCUPATIONAL THERAPY                | 0.000000               |                       |                                             | 67.00                                                               |
| 68.00                                    | 06800 | SPEECH PATHOLOGY                    | 0.000000               |                       |                                             | 68.00                                                               |
| 69.00                                    | 06900 | ELECTROCARDIOLOGY                   | 0.000000               |                       |                                             | 69.00                                                               |
| 69.01                                    | 06901 | CARDIAC HEHAB                       | 0.000000               |                       |                                             | 69.01                                                               |
| 71.00                                    | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000               |                       |                                             | 71.00                                                               |
| 72.00                                    | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0.000000               |                       |                                             | 72.00                                                               |
| 73.00                                    | 07300 | DRUGS CHARGED TO PATIENTS           | 0.000000               |                       |                                             | 73.00                                                               |
| 74.00                                    | 07400 | RENAL DIALYSIS                      | 0.000000               |                       |                                             | 74.00                                                               |
| 76.97                                    | 07697 | CARDIAC REHABILITATION              | 0.000000               |                       |                                             | 76.97                                                               |
| 76.98                                    | 07698 | HYPERBARIC OXYGEN THERAPY           | 0.000000               |                       |                                             | 76.98                                                               |
| 76.99                                    | 07699 | LITHOTRIPSY                         | 0.000000               |                       |                                             | 76.99                                                               |
| OUTPATIENT SERVICE COST CENTERS          |       |                                     |                        |                       |                                             |                                                                     |
| 91.00                                    | 09100 | EMERGENCY                           | 0.000000               |                       |                                             | 91.00                                                               |
| 91.01                                    | 09101 | FAMILY PRACTICES                    | 0.000000               |                       |                                             | 91.01                                                               |
| 91.02                                    | 09102 | PSYCH DAY HOSPITAL                  | 0.000000               |                       |                                             | 91.02                                                               |
| 91.03                                    | 09103 | WOUND CARE                          | 0.000000               |                       |                                             | 91.03                                                               |
| 92.00                                    | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000               |                       |                                             | 92.00                                                               |
| 93.99                                    | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000               |                       |                                             | 93.99                                                               |
| 200.00                                   |       | Subtotal (see instructions)         |                        |                       |                                             | 200.00                                                              |
| 201.00                                   |       | Less Observation Beds               |                        |                       |                                             | 201.00                                                              |
| 202.00                                   |       | Total (see instructions)            |                        |                       |                                             | 202.00                                                              |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet D  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                         |                                        |                                                                   | Title XVIII                                                  |                                                            | Hospital              | PPS                           |        |
|-------------------------|----------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|-----------------------|-------------------------------|--------|
| Cost Center Description |                                        | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Swing Bed<br>Adjustment                                      | Reduced<br>Capital<br>Related Cost<br>(col. 1 - col.<br>2) | Total Patient<br>Days | Per Diem (col.<br>3 / col. 4) |        |
|                         |                                        | 1.00                                                              | 2.00                                                         | 3.00                                                       | 4.00                  | 5.00                          |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                                                   |                                                              |                                                            |                       |                               |        |
| 30.00                   | ADULTS & PEDIATRICS                    | 665,162                                                           | 0                                                            | 665,162                                                    | 15,638                | 42.53                         | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 61,050                                                            |                                                              | 61,050                                                     | 1,344                 | 45.42                         | 31.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 107,529                                                           | 0                                                            | 107,529                                                    | 2,528                 | 42.54                         | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 66,868                                                            | 0                                                            | 66,868                                                     | 988                   | 67.68                         | 41.00  |
| 43.00                   | NURSERY                                | 23,508                                                            |                                                              | 23,508                                                     | 985                   | 23.87                         | 43.00  |
| 44.00                   | SKILLED NURSING FACILITY               | 59,648                                                            |                                                              | 59,648                                                     | 2,265                 | 26.33                         | 44.00  |
| 200.00                  | Total (lines 30 through 199)           | 983,765                                                           |                                                              | 983,765                                                    | 23,748                |                               | 200.00 |
| Cost Center Description |                                        | Inpatient<br>Program days                                         | Inpatient<br>Program<br>Capital Cost<br>(col. 5 x col.<br>6) |                                                            |                       |                               |        |
|                         |                                        | 6.00                                                              | 7.00                                                         |                                                            |                       |                               |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                                                   |                                                              |                                                            |                       |                               |        |
| 30.00                   | ADULTS & PEDIATRICS                    | 3,743                                                             | 159,190                                                      |                                                            |                       |                               | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 428                                                               | 19,440                                                       |                                                            |                       |                               | 31.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 787                                                               | 33,479                                                       |                                                            |                       |                               | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 473                                                               | 32,013                                                       |                                                            |                       |                               | 41.00  |
| 43.00                   | NURSERY                                | 0                                                                 | 0                                                            |                                                            |                       |                               | 43.00  |
| 44.00                   | SKILLED NURSING FACILITY               | 1,372                                                             | 36,125                                                       |                                                            |                       |                               | 44.00  |
| 200.00                  | Total (lines 30 through 199)           | 6,803                                                             | 280,247                                                      |                                                            |                       |                               | 200.00 |

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS |                                 |                                     |                                                                   | Provider CCN: 14-0054                                 | Period:<br>From 03/01/2018<br>To 06/30/2018         | Worksheet D<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |                                           |        |
|------------------------------------------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|--------|
|                                                            |                                 |                                     |                                                                   | Title XVIII                                           |                                                     | Hospital                                                             |                                           | PPS    |
| Cost Center Description                                    |                                 |                                     | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges                                      | Capital Costs<br>(column 3 x<br>column 4) |        |
|                                                            |                                 |                                     | 1.00                                                              | 2.00                                                  | 3.00                                                |                                                                      | 4.00                                      |        |
|                                                            | ANCILLARY SERVICE COST CENTERS  |                                     |                                                                   |                                                       |                                                     |                                                                      |                                           |        |
| 50.00                                                      | 05000                           | OPERATING ROOM                      | 197,924                                                           | 51,962,593                                            | 0.003809                                            | 5,827,569                                                            | 22,197                                    | 50.00  |
| 51.00                                                      | 05100                           | RECOVERY ROOM                       | 18,210                                                            | 6,516,463                                             | 0.002794                                            | 561,324                                                              | 1,568                                     | 51.00  |
| 52.00                                                      | 05200                           | DELIVERY ROOM & LABOR ROOM          | 51,716                                                            | 6,171,233                                             | 0.008380                                            | 73,907                                                               | 619                                       | 52.00  |
| 53.00                                                      | 05300                           | ANESTHESIOLOGY                      | 3,536                                                             | 18,974,632                                            | 0.000186                                            | 1,935,687                                                            | 360                                       | 53.00  |
| 54.00                                                      | 05400                           | RADIOLOGY-DIAGNOSTIC                | 147,972                                                           | 23,007,415                                            | 0.006431                                            | 1,616,404                                                            | 10,395                                    | 54.00  |
| 56.00                                                      | 05600                           | RADIOISOTOPE                        | 13,917                                                            | 6,300,216                                             | 0.002209                                            | 442,135                                                              | 977                                       | 56.00  |
| 56.01                                                      | 03630                           | ULTRA SOUND                         | 2,210                                                             | 12,119,983                                            | 0.000182                                            | 748,711                                                              | 136                                       | 56.01  |
| 56.02                                                      | 03440                           | MAMMOGRAPHY                         | 31,190                                                            | 9,955,446                                             | 0.003133                                            | 0                                                                    | 0                                         | 56.02  |
| 57.00                                                      | 05700                           | CT SCAN                             | 16,268                                                            | 50,424,817                                            | 0.000323                                            | 5,333,366                                                            | 1,723                                     | 57.00  |
| 58.00                                                      | 05800                           | MRI                                 | 1,677                                                             | 14,727,970                                            | 0.000114                                            | 688,485                                                              | 78                                        | 58.00  |
| 59.00                                                      | 05900                           | CARDIAC CATHETERIZATION             | 29,822                                                            | 17,251,136                                            | 0.001729                                            | 2,583,600                                                            | 4,467                                     | 59.00  |
| 59.01                                                      | 05901                           | GASTRO INTESTINAL                   | 49,890                                                            | 24,282,060                                            | 0.002055                                            | 1,405,922                                                            | 2,889                                     | 59.01  |
| 60.00                                                      | 06000                           | LABORATORY                          | 121,035                                                           | 41,753,170                                            | 0.002899                                            | 5,984,906                                                            | 17,350                                    | 60.00  |
| 62.30                                                      | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 62.30  |
| 63.00                                                      | 06300                           | BLOOD STORING PROCESSING & TRANS.   | 7,780                                                             | 1,366,885                                             | 0.005692                                            | 253,692                                                              | 1,444                                     | 63.00  |
| 65.00                                                      | 06500                           | RESPIRATORY THERAPY                 | 15,977                                                            | 3,711,907                                             | 0.004304                                            | 966,226                                                              | 4,159                                     | 65.00  |
| 66.00                                                      | 06600                           | PHYSICAL THERAPY                    | 55,278                                                            | 7,816,615                                             | 0.007072                                            | 853,863                                                              | 6,039                                     | 66.00  |
| 66.01                                                      | 06601                           | TCU REHAB                           | 9,228                                                             | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 66.01  |
| 67.00                                                      | 06700                           | OCCUPATIONAL THERAPY                | 1,907                                                             | 3,491,590                                             | 0.000546                                            | 715,204                                                              | 391                                       | 67.00  |
| 68.00                                                      | 06800                           | SPEECH PATHOLOGY                    | 9,328                                                             | 1,469,564                                             | 0.006347                                            | 239,427                                                              | 1,520                                     | 68.00  |
| 69.00                                                      | 06900                           | ELECTROCARDIOLOGY                   | 2,224                                                             | 14,103,923                                            | 0.000158                                            | 2,054,308                                                            | 325                                       | 69.00  |
| 69.01                                                      | 06901                           | CARDIAC REHAB                       | 47,269                                                            | 967,100                                               | 0.048877                                            | 0                                                                    | 0                                         | 69.01  |
| 71.00                                                      | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 33,113                                                            | 28,925,612                                            | 0.001145                                            | 3,178,402                                                            | 3,639                                     | 71.00  |
| 72.00                                                      | 07200                           | IMPL. DEV. CHARGED TO PATIENTS      | 14,255                                                            | 20,315,781                                            | 0.000702                                            | 3,708,643                                                            | 2,603                                     | 72.00  |
| 73.00                                                      | 07300                           | DRUGS CHARGED TO PATIENTS           | 53,120                                                            | 81,019,532                                            | 0.000656                                            | 6,607,387                                                            | 4,334                                     | 73.00  |
| 74.00                                                      | 07400                           | RENAL DIALYSIS                      | 3,271                                                             | 507,890                                               | 0.006440                                            | 202,450                                                              | 1,304                                     | 74.00  |
| 76.97                                                      | 07697                           | CARDIAC REHABILITATION              | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 76.97  |
| 76.98                                                      | 07698                           | HYPERBARIC OXYGEN THERAPY           | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 76.98  |
| 76.99                                                      | 07699                           | LITHOTRIPSY                         | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 76.99  |
|                                                            | OUTPATIENT SERVICE COST CENTERS |                                     |                                                                   |                                                       |                                                     |                                                                      |                                           |        |
| 91.00                                                      | 09100                           | EMERGENCY                           | 97,677                                                            | 50,290,467                                            | 0.001942                                            | 3,613,789                                                            | 7,018                                     | 91.00  |
| 91.01                                                      | 09101                           | FAMILY PRACTICES                    | 91,404                                                            | 2,237,084                                             | 0.040859                                            | 0                                                                    | 0                                         | 91.01  |
| 91.02                                                      | 09102                           | PSYCH DAY HOSPITAL                  | 34,151                                                            | 2,041,389                                             | 0.016729                                            | 0                                                                    | 0                                         | 91.02  |
| 91.03                                                      | 09103                           | WOUND CARE                          | 676                                                               | 593,735                                               | 0.001139                                            | 0                                                                    | 0                                         | 91.03  |
| 92.00                                                      | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 69,374                                                            | 10,024,830                                            | 0.006920                                            | 445,737                                                              | 3,085                                     | 92.00  |
| 93.99                                                      | 09399                           | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 93.99  |
| 200.00                                                     |                                 | Total (lines 50 through 199)        | 1,231,399                                                         | 512,331,038                                           |                                                     | 50,041,144                                                           | 98,620                                    | 200.00 |

|                                                                     |       |                              |                                                                   |                                                               |                                               |                               |                                             |                           |                                                                       |  |        |
|---------------------------------------------------------------------|-------|------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|---------------------------|-----------------------------------------------------------------------|--|--------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |                                                                   |                                                               | Provider CCN: 14-0054                         |                               | Period:<br>From 03/01/2018<br>To 06/30/2018 |                           | Worksheet D<br>Part III<br>Date/Time Prepared:<br>11/30/2018 11:45 am |  |        |
|                                                                     |       |                              |                                                                   |                                                               | Title XVIII                                   |                               | Hospital                                    |                           | PPS                                                                   |  |        |
| Cost Center Description                                             |       |                              | Nursing School<br>Post-Stepdown<br>Adjustments                    | Nursing School                                                | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health<br>Cost         | All Other<br>Medical<br>Education Cost      |                           |                                                                       |  |        |
|                                                                     |       |                              | 1A                                                                | 1.00                                                          | 2A                                            | 2.00                          | 3.00                                        |                           |                                                                       |  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |                                                                   |                                                               |                                               |                               |                                             |                           |                                                                       |  |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 30.00                                                                 |  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 31.00                                                                 |  |        |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 40.00                                                                 |  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 41.00                                                                 |  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 43.00                                                                 |  |        |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 44.00                                                                 |  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 0                         | 200.00                                                                |  |        |
| Cost Center Description                                             |       |                              | Swing-Bed<br>Adjustment<br>Amount (see<br>instructions)           | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Total Patient<br>Days                         | Per Diem (col.<br>5 ÷ col. 6) |                                             | Inpatient<br>Program Days |                                                                       |  |        |
|                                                                     |       |                              | 4.00                                                              | 5.00                                                          | 6.00                                          | 7.00                          |                                             | 8.00                      |                                                                       |  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |                                                                   |                                                               |                                               |                               |                                             |                           |                                                                       |  |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0                                                                 | 0                                                             | 15,638                                        | 0.00                          | 3,743                                       |                           | 30.00                                                                 |  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 | 0                                                             | 1,344                                         | 0.00                          | 428                                         |                           | 31.00                                                                 |  |        |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0                                                                 | 0                                                             | 2,528                                         | 0.00                          | 787                                         |                           | 40.00                                                                 |  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 | 0                                                             | 988                                           | 0.00                          | 473                                         |                           | 41.00                                                                 |  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 | 0                                                             | 985                                           | 0.00                          | 0                                           |                           | 43.00                                                                 |  |        |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0                                                                 | 0                                                             | 2,265                                         | 0.00                          | 1,372                                       |                           | 44.00                                                                 |  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 | 0                                                             | 23,748                                        |                               | 6,803                                       |                           | 200.00                                                                |  |        |
| Cost Center Description                                             |       |                              | Inpatient<br>Program<br>Pass-Through<br>Cost (col. 7 x<br>col. 8) |                                                               |                                               |                               |                                             |                           |                                                                       |  |        |
|                                                                     |       |                              | 9.00                                                              |                                                               |                                               |                               |                                             |                           |                                                                       |  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |                                                                   |                                                               |                                               |                               |                                             |                           |                                                                       |  |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 30.00  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 31.00  |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 40.00  |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 41.00  |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 43.00  |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 44.00  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 |                                                               |                                               |                               |                                             |                           |                                                                       |  | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description         |       |                                     | Title XVIII                          |                                                | Hospital       |                                               | PPS           |        |
|---------------------------------|-------|-------------------------------------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|--------|
|                                 |       |                                     | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |        |
|                                 |       |                                     | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                     |                                      |                                                |                |                                               |               |        |
| 50.00                           | 05000 | OPERATING ROOM                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                    | 0                                              | 0              | 0                                             | 0             | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.00  |
| 56.01                           | 03630 | ULTRA SOUND                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.01  |
| 56.02                           | 03440 | MAMMOGRAPHY                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.02  |
| 57.00                           | 05700 | CT SCAN                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 58.00                           | 05800 | MRI                                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION             | 0                                    | 0                                              | 0              | 0                                             | 0             | 59.00  |
| 59.01                           | 05901 | GASTRO INTESTINAL                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 59.01  |
| 60.00                           | 06000 | LABORATORY                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                    | 0                                              | 0              | 0                                             | 0             | 62.30  |
| 63.00                           | 06300 | BLOOD STORING PROCESSING & TRANS.   | 0                                    | 0                                              | 0              | 0                                             | 0             | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.00  |
| 66.01                           | 06601 | TCU REHAB                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.01  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                | 0                                    | 0                                              | 0              | 0                                             | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 69.01                           | 06901 | CARDIAC HEHAB                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.01  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                    | 0                                              | 0              | 0                                             | 0             | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                    | 0                                              | 0              | 0                                             | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                    | 0                                              | 0              | 0                                             | 0             | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION              | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                     |                                      |                                                |                |                                               |               |        |
| 91.00                           | 09100 | EMERGENCY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.00  |
| 91.01                           | 09101 | FAMILY PRACTICES                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.01  |
| 91.02                           | 09102 | PSYCH DAY HOSPITAL                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.02  |
| 91.03                           | 09103 | WOUND CARE                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| 93.99                           | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                                    | 0                                              | 0              | 0                                             | 0             | 93.99  |
| 200.00                          |       | Total (lines 50 through 199)        | 0                                    | 0                                              | 0              | 0                                             | 0             | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description         |       | Title XVIII                            |                                                   |                                                            | Hospital                                              |                                                     | PPS      |        |
|---------------------------------|-------|----------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------|--------|
|                                 |       | All Other<br>Medical<br>Education Cost | Total Cost<br>(sum of col 1<br>through col.<br>4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and<br>4) | Total Charges<br>(from wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7) |          |        |
|                                 |       |                                        |                                                   |                                                            |                                                       |                                                     |          |        |
|                                 |       | 4.00                                   | 5.00                                              | 6.00                                                       | 7.00                                                  | 8.00                                                |          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                        |                                                   |                                                            |                                                       |                                                     |          |        |
| 50.00                           | 05000 | OPERATING ROOM                         | 0                                                 | 0                                                          | 0                                                     | 51,962,593                                          | 0.000000 | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                          | 0                                                 | 0                                                          | 0                                                     | 6,516,463                                           | 0.000000 | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                                 | 0                                                          | 0                                                     | 6,171,233                                           | 0.000000 | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                         | 0                                                 | 0                                                          | 0                                                     | 18,974,632                                          | 0.000000 | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                                 | 0                                                          | 0                                                     | 23,007,415                                          | 0.000000 | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                           | 0                                                 | 0                                                          | 0                                                     | 6,300,216                                           | 0.000000 | 56.00  |
| 56.01                           | 03630 | ULTRA SOUND                            | 0                                                 | 0                                                          | 0                                                     | 12,119,983                                          | 0.000000 | 56.01  |
| 56.02                           | 03440 | MAMMOGRAPHY                            | 0                                                 | 0                                                          | 0                                                     | 9,955,446                                           | 0.000000 | 56.02  |
| 57.00                           | 05700 | CT SCAN                                | 0                                                 | 0                                                          | 0                                                     | 50,424,817                                          | 0.000000 | 57.00  |
| 58.00                           | 05800 | MRI                                    | 0                                                 | 0                                                          | 0                                                     | 14,727,970                                          | 0.000000 | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                | 0                                                 | 0                                                          | 0                                                     | 17,251,136                                          | 0.000000 | 59.00  |
| 59.01                           | 05901 | GASTRO INTESTINAL                      | 0                                                 | 0                                                          | 0                                                     | 24,282,060                                          | 0.000000 | 59.01  |
| 60.00                           | 06000 | LABORATORY                             | 0                                                 | 0                                                          | 0                                                     | 41,753,170                                          | 0.000000 | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                                 | 0                                                          | 0                                                     | 0                                                   | 0.000000 | 62.30  |
| 63.00                           | 06300 | BLOOD STORING PROCESSING & TRANS.      | 0                                                 | 0                                                          | 0                                                     | 1,366,885                                           | 0.000000 | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                    | 0                                                 | 0                                                          | 0                                                     | 3,711,907                                           | 0.000000 | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                       | 0                                                 | 0                                                          | 0                                                     | 7,816,615                                           | 0.000000 | 66.00  |
| 66.01                           | 06601 | TCU REHAB                              | 0                                                 | 0                                                          | 0                                                     | 0                                                   | 0.000000 | 66.01  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                   | 0                                                 | 0                                                          | 0                                                     | 3,491,590                                           | 0.000000 | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                       | 0                                                 | 0                                                          | 0                                                     | 1,469,564                                           | 0.000000 | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                      | 0                                                 | 0                                                          | 0                                                     | 14,103,923                                          | 0.000000 | 69.00  |
| 69.01                           | 06901 | CARDIAC HEHAB                          | 0                                                 | 0                                                          | 0                                                     | 967,100                                             | 0.000000 | 69.01  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                                 | 0                                                          | 0                                                     | 28,925,612                                          | 0.000000 | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                                 | 0                                                          | 0                                                     | 20,315,781                                          | 0.000000 | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                                 | 0                                                          | 0                                                     | 81,019,532                                          | 0.000000 | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                         | 0                                                 | 0                                                          | 0                                                     | 507,890                                             | 0.000000 | 74.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                 | 0                                                 | 0                                                          | 0                                                     | 0                                                   | 0.000000 | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                                                 | 0                                                          | 0                                                     | 0                                                   | 0.000000 | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                            | 0                                                 | 0                                                          | 0                                                     | 0                                                   | 0.000000 | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                        |                                                   |                                                            |                                                       |                                                     |          |        |
| 91.00                           | 09100 | EMERGENCY                              | 0                                                 | 0                                                          | 0                                                     | 50,290,467                                          | 0.000000 | 91.00  |
| 91.01                           | 09101 | FAMILY PRACTICES                       | 0                                                 | 0                                                          | 0                                                     | 2,237,084                                           | 0.000000 | 91.01  |
| 91.02                           | 09102 | PSYCH DAY HOSPITAL                     | 0                                                 | 0                                                          | 0                                                     | 2,041,389                                           | 0.000000 | 91.02  |
| 91.03                           | 09103 | WOUND CARE                             | 0                                                 | 0                                                          | 0                                                     | 593,735                                             | 0.000000 | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    | 0                                                 | 0                                                          | 0                                                     | 10,024,830                                          | 0.000000 | 92.00  |
| 93.99                           | 09399 | PARTIAL HOSPITALIZATION PROGRAM        | 0                                                 | 0                                                          | 0                                                     | 0                                                   | 0.000000 | 93.99  |
| 200.00                          |       | Total (lines 50 through 199)           | 0                                                 | 0                                                          | 0                                                     | 512,331,038                                         |          | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |          | Provider CCN: 14-0054                                             |                                 | Period:<br>From 03/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|----------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
| Cost Center Description                                                          |       |                                     |          | Title XVIII                                                       |                                 | Hospital                                                            |                                  | PPS                                                                  |        |
|                                                                                  |       |                                     |          | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |
|                                                                                  |       |                                     |          | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |          |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      | 0.000000 |                                                                   | 5,827,569                       | 0                                                                   | 4,898,338                        | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0.000000 |                                                                   | 561,324                         | 0                                                                   | 654,042                          | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0.000000 |                                                                   | 73,907                          | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0.000000 |                                                                   | 1,935,687                       | 0                                                                   | 2,536,317                        | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0.000000 |                                                                   | 1,616,404                       | 0                                                                   | 3,656,052                        | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        | 0.000000 |                                                                   | 442,135                         | 0                                                                   | 1,140,480                        | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         | 0.000000 |                                                                   | 748,711                         | 0                                                                   | 968,849                          | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         | 0.000000 |                                                                   | 0                               | 0                                                                   | 332,844                          | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0.000000 |                                                                   | 5,333,366                       | 0                                                                   | 6,437,852                        | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 | 0.000000 |                                                                   | 688,485                         | 0                                                                   | 2,105,022                        | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0.000000 |                                                                   | 2,583,600                       | 0                                                                   | 2,702,258                        | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   | 0.000000 |                                                                   | 1,405,922                       | 0                                                                   | 3,688,288                        | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0.000000 |                                                                   | 5,984,906                       | 0                                                                   | 3,157,523                        | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000 |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   | 0.000000 |                                                                   | 253,692                         | 0                                                                   | 56,670                           | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0.000000 |                                                                   | 966,226                         | 0                                                                   | 91,107                           | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0.000000 |                                                                   | 853,863                         | 0                                                                   | 85,350                           | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           | 0.000000 |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0.000000 |                                                                   | 715,204                         | 0                                                                   | 73,864                           | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0.000000 |                                                                   | 239,427                         | 0                                                                   | 47,392                           | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0.000000 |                                                                   | 2,054,308                       | 0                                                                   | 1,647,704                        | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC REHAB                       | 0.000000 |                                                                   | 0                               | 0                                                                   | 338,791                          | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000 |                                                                   | 3,178,402                       | 0                                                                   | 3,235,049                        | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0.000000 |                                                                   | 3,708,643                       | 0                                                                   | 2,514,837                        | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0.000000 |                                                                   | 6,607,387                       | 0                                                                   | 17,316,734                       | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0.000000 |                                                                   | 202,450                         | 0                                                                   | 27,931                           | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0.000000 |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           | 0.000000 |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         | 0.000000 |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |          |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0.000000 |                                                                   | 3,613,789                       | 0                                                                   | 4,081,440                        | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    | 0.000000 |                                                                   | 0                               | 0                                                                   | 1,455                            | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  | 0.000000 |                                                                   | 0                               | 0                                                                   | 40,700                           | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          | 0.000000 |                                                                   | 0                               | 0                                                                   | 245,940                          | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000 |                                                                   | 445,737                         | 0                                                                   | 1,692,626                        | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000 |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |          |                                                                   | 50,041,144                      | 0                                                                   | 63,775,455                       | 0                                                                    | 200.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |  | Provider CCN: 14-0054                                          |                                           | Period:<br>From 03/01/2018<br>To 06/30/2018                                  |                                                                                  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|------------------------------------------------------------------|-------|-------------------------------------------------------|--|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                  |       |                                                       |  | Title XVIII                                                    |                                           | Hospital                                                                     |                                                                                  | PPS                                                                 |        |
| Cost Center Description                                          |       |                                                       |  | Cost to Charge<br>Ratio From<br>Worksheet C,<br>Part I, col. 9 | Charges                                   |                                                                              | Costs                                                                            |                                                                     |        |
|                                                                  |       |                                                       |  |                                                                | PPS Reimbursed<br>Services (see<br>inst.) | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.) | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.) | PPS Services<br>(see inst.)                                         |        |
|                                                                  |       |                                                       |  | 1.00                                                           | 2.00                                      | 3.00                                                                         | 4.00                                                                             | 5.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |  |                                                                |                                           |                                                                              |                                                                                  |                                                                     |        |
| 50.00                                                            | 05000 | OPERATING ROOM                                        |  | 0.087203                                                       | 4,898,338                                 | 0                                                                            | 0                                                                                | 427,150                                                             | 50.00  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         |  | 0.049094                                                       | 654,042                                   | 0                                                                            | 0                                                                                | 32,110                                                              | 51.00  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            |  | 0.200721                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 52.00  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        |  | 0.023058                                                       | 2,536,317                                 | 0                                                                            | 0                                                                                | 58,482                                                              | 53.00  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  |  | 0.232073                                                       | 3,656,052                                 | 0                                                                            | 0                                                                                | 848,471                                                             | 54.00  |
| 56.00                                                            | 05600 | RADIOISOTOPE                                          |  | 0.061552                                                       | 1,140,480                                 | 0                                                                            | 0                                                                                | 70,199                                                              | 56.00  |
| 56.01                                                            | 03630 | ULTRA SOUND                                           |  | 0.041200                                                       | 968,849                                   | 0                                                                            | 0                                                                                | 39,917                                                              | 56.01  |
| 56.02                                                            | 03440 | MAMMOGRAPHY                                           |  | 0.065337                                                       | 332,844                                   | 0                                                                            | 0                                                                                | 21,747                                                              | 56.02  |
| 57.00                                                            | 05700 | CT SCAN                                               |  | 0.011886                                                       | 6,437,852                                 | 0                                                                            | 0                                                                                | 76,520                                                              | 57.00  |
| 58.00                                                            | 05800 | MRI                                                   |  | 0.019377                                                       | 2,105,022                                 | 0                                                                            | 0                                                                                | 40,789                                                              | 58.00  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               |  | 0.092166                                                       | 2,702,258                                 | 0                                                                            | 0                                                                                | 249,056                                                             | 59.00  |
| 59.01                                                            | 05901 | GASTRO INTESTINAL                                     |  | 0.056657                                                       | 3,688,288                                 | 0                                                                            | 0                                                                                | 208,967                                                             | 59.01  |
| 60.00                                                            | 06000 | LABORATORY                                            |  | 0.011875                                                       | 3,157,523                                 | 0                                                                            | 0                                                                                | 37,496                                                              | 60.00  |
| 62.30                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                       |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 62.30  |
| 63.00                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.                     |  | 0.215757                                                       | 56,670                                    | 0                                                                            | 0                                                                                | 12,227                                                              | 63.00  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   |  | 0.204524                                                       | 91,107                                    | 0                                                                            | 0                                                                                | 18,634                                                              | 65.00  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      |  | 0.155135                                                       | 85,350                                    | 0                                                                            | 0                                                                                | 13,241                                                              | 66.00  |
| 66.01                                                            | 06601 | TCU REHAB                                             |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 66.01  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  |  | 0.157173                                                       | 73,864                                    | 0                                                                            | 0                                                                                | 11,609                                                              | 67.00  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      |  | 0.199026                                                       | 47,392                                    | 0                                                                            | 0                                                                                | 9,432                                                               | 68.00  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     |  | 0.033158                                                       | 1,647,704                                 | 0                                                                            | 0                                                                                | 54,635                                                              | 69.00  |
| 69.01                                                            | 06901 | CARDIAC HEHAB                                         |  | 0.253451                                                       | 338,791                                   | 0                                                                            | 0                                                                                | 85,867                                                              | 69.01  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                   |  | 0.104540                                                       | 3,235,049                                 | 0                                                                            | 0                                                                                | 338,192                                                             | 71.00  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        |  | 0.206676                                                       | 2,514,837                                 | 0                                                                            | 0                                                                                | 519,756                                                             | 72.00  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             |  | 0.076799                                                       | 17,316,734                                | 0                                                                            | 3,685                                                                            | 1,329,908                                                           | 73.00  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        |  | 0.861379                                                       | 27,931                                    | 0                                                                            | 0                                                                                | 24,059                                                              | 74.00  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 76.97  |
| 76.98                                                            | 07698 | HYPERBARIC OXYGEN THERAPY                             |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 76.98  |
| 76.99                                                            | 07699 | LITHOTRIPSY                                           |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |  |                                                                |                                           |                                                                              |                                                                                  |                                                                     |        |
| 91.00                                                            | 09100 | EMERGENCY                                             |  | 0.075575                                                       | 4,081,440                                 | 0                                                                            | 0                                                                                | 308,455                                                             | 91.00  |
| 91.01                                                            | 09101 | FAMILY PRACTICES                                      |  | 1.343393                                                       | 1,455                                     | 0                                                                            | 0                                                                                | 1,955                                                               | 91.01  |
| 91.02                                                            | 09102 | PSYCH DAY HOSPITAL                                    |  | 0.107796                                                       | 40,700                                    | 0                                                                            | 0                                                                                | 4,387                                                               | 91.02  |
| 91.03                                                            | 09103 | WOUND CARE                                            |  | 0.345929                                                       | 245,940                                   | 0                                                                            | 0                                                                                | 85,078                                                              | 91.03  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   |  | 0.137407                                                       | 1,692,626                                 | 0                                                                            | 0                                                                                | 232,579                                                             | 92.00  |
| 93.99                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM                       |  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                                                                   | 93.99  |
| 200.00                                                           |       | Subtotal (see instructions)                           |  |                                                                | 63,775,455                                | 0                                                                            | 3,685                                                                            | 5,160,918                                                           | 200.00 |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges |  |                                                                |                                           | 0                                                                            | 0                                                                                |                                                                     | 201.00 |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     |  |                                                                | 63,775,455                                | 0                                                                            | 3,685                                                                            | 5,160,918                                                           | 202.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet D  
Part V  
Date/Time Prepared:  
11/30/2018 11:45 am

|                         |                                 |                                                    | Title XVIII                                                   |                                                                   | Hospital | PPS    |
|-------------------------|---------------------------------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------|--------|
| Cost Center Description |                                 |                                                    | Costs                                                         |                                                                   |          |        |
|                         |                                 |                                                    | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |          |        |
|                         |                                 |                                                    | 6.00                                                          | 7.00                                                              |          |        |
|                         | ANCILLARY SERVICE COST CENTERS  |                                                    |                                                               |                                                                   |          |        |
| 50.00                   | 05000                           | OPERATING ROOM                                     | 0                                                             | 0                                                                 |          | 50.00  |
| 51.00                   | 05100                           | RECOVERY ROOM                                      | 0                                                             | 0                                                                 |          | 51.00  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM                         | 0                                                             | 0                                                                 |          | 52.00  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                                     | 0                                                             | 0                                                                 |          | 53.00  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                               | 0                                                             | 0                                                                 |          | 54.00  |
| 56.00                   | 05600                           | RADIOISOTOPE                                       | 0                                                             | 0                                                                 |          | 56.00  |
| 56.01                   | 03630                           | ULTRA SOUND                                        | 0                                                             | 0                                                                 |          | 56.01  |
| 56.02                   | 03440                           | MAMMOGRAPHY                                        | 0                                                             | 0                                                                 |          | 56.02  |
| 57.00                   | 05700                           | CT SCAN                                            | 0                                                             | 0                                                                 |          | 57.00  |
| 58.00                   | 05800                           | MRI                                                | 0                                                             | 0                                                                 |          | 58.00  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION                            | 0                                                             | 0                                                                 |          | 59.00  |
| 59.01                   | 05901                           | GASTRO INTESTINAL                                  | 0                                                             | 0                                                                 |          | 59.01  |
| 60.00                   | 06000                           | LABORATORY                                         | 0                                                             | 0                                                                 |          | 60.00  |
| 62.30                   | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS                    | 0                                                             | 0                                                                 |          | 62.30  |
| 63.00                   | 06300                           | BLOOD STORING PROCESSING & TRANS.                  | 0                                                             | 0                                                                 |          | 63.00  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                                | 0                                                             | 0                                                                 |          | 65.00  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                                   | 0                                                             | 0                                                                 |          | 66.00  |
| 66.01                   | 06601                           | TCU REHAB                                          | 0                                                             | 0                                                                 |          | 66.01  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                               | 0                                                             | 0                                                                 |          | 67.00  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                                   | 0                                                             | 0                                                                 |          | 68.00  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                                  | 0                                                             | 0                                                                 |          | 69.00  |
| 69.01                   | 06901                           | CARDIAC HEHAB                                      | 0                                                             | 0                                                                 |          | 69.01  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT                | 0                                                             | 0                                                                 |          | 71.00  |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENTS                     | 0                                                             | 0                                                                 |          | 72.00  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS                          | 0                                                             | 283                                                               |          | 73.00  |
| 74.00                   | 07400                           | RENAL DIALYSIS                                     | 0                                                             | 0                                                                 |          | 74.00  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION                             | 0                                                             | 0                                                                 |          | 76.97  |
| 76.98                   | 07698                           | HYPERBARIC OXYGEN THERAPY                          | 0                                                             | 0                                                                 |          | 76.98  |
| 76.99                   | 07699                           | LITHOTRIPSY                                        | 0                                                             | 0                                                                 |          | 76.99  |
|                         | OUTPATIENT SERVICE COST CENTERS |                                                    |                                                               |                                                                   |          |        |
| 91.00                   | 09100                           | EMERGENCY                                          | 0                                                             | 0                                                                 |          | 91.00  |
| 91.01                   | 09101                           | FAMILY PRACTICES                                   | 0                                                             | 0                                                                 |          | 91.01  |
| 91.02                   | 09102                           | PSYCH DAY HOSPITAL                                 | 0                                                             | 0                                                                 |          | 91.02  |
| 91.03                   | 09103                           | WOUND CARE                                         | 0                                                             | 0                                                                 |          | 91.03  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART                | 0                                                             | 0                                                                 |          | 92.00  |
| 93.99                   | 09399                           | PARTIAL HOSPITALIZATION PROGRAM                    | 0                                                             | 0                                                                 |          | 93.99  |
| 200.00                  |                                 | Subtotal (see instructions)                        | 0                                                             | 283                                                               |          | 200.00 |
| 201.00                  |                                 | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   |          | 201.00 |
| 202.00                  |                                 | Net Charges (line 200 - line 201)                  | 0                                                             | 283                                                               |          | 202.00 |

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS |                                |                                     |                                                                   | Provider CCN: 14-0054                                 | Period:<br>From 03/01/2018<br>To 06/30/2018         | Worksheet D<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |                                           |        |
|------------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|--------|
|                                                            |                                |                                     |                                                                   | Component CCN: 14-S054                                |                                                     |                                                                      |                                           |        |
|                                                            |                                |                                     |                                                                   | Title XVIII                                           |                                                     | Subprovider -<br>IPF                                                 | PPS                                       |        |
| Cost Center Description                                    |                                |                                     | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges                                      | Capital Costs<br>(column 3 x<br>column 4) |        |
|                                                            |                                |                                     | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                                                                 | 5.00                                      |        |
|                                                            | ANCILLARY SERVICE COST CENTERS |                                     |                                                                   |                                                       |                                                     |                                                                      |                                           |        |
| 50.00                                                      | 05000                          | OPERATING ROOM                      | 197,924                                                           | 51,962,593                                            | 0.003809                                            | 9                                                                    | 0                                         | 50.00  |
| 51.00                                                      | 05100                          | RECOVERY ROOM                       | 18,210                                                            | 6,516,463                                             | 0.002794                                            | 0                                                                    | 0                                         | 51.00  |
| 52.00                                                      | 05200                          | DELIVERY ROOM & LABOR ROOM          | 51,716                                                            | 6,171,233                                             | 0.008380                                            | 3                                                                    | 0                                         | 52.00  |
| 53.00                                                      | 05300                          | ANESTHESIOLOGY                      | 3,536                                                             | 18,974,632                                            | 0.000186                                            | 0                                                                    | 0                                         | 53.00  |
| 54.00                                                      | 05400                          | RADIOLOGY-DIAGNOSTIC                | 147,972                                                           | 23,007,415                                            | 0.006431                                            | 3,582                                                                | 23                                        | 54.00  |
| 56.00                                                      | 05600                          | RADIOISOTOPE                        | 13,917                                                            | 6,300,216                                             | 0.002209                                            | 0                                                                    | 0                                         | 56.00  |
| 56.01                                                      | 03630                          | ULTRA SOUND                         | 2,210                                                             | 12,119,983                                            | 0.000182                                            | 3,203                                                                | 1                                         | 56.01  |
| 56.02                                                      | 03440                          | MAMMOGRAPHY                         | 31,190                                                            | 9,955,446                                             | 0.003133                                            | 0                                                                    | 0                                         | 56.02  |
| 57.00                                                      | 05700                          | CT SCAN                             | 16,268                                                            | 50,424,817                                            | 0.000323                                            | 3,423                                                                | 1                                         | 57.00  |
| 58.00                                                      | 05800                          | MRI                                 | 1,677                                                             | 14,727,970                                            | 0.000114                                            | 4,205                                                                | 0                                         | 58.00  |
| 59.00                                                      | 05900                          | CARDIAC CATHETERIZATION             | 29,822                                                            | 17,251,136                                            | 0.001729                                            | 957                                                                  | 2                                         | 59.00  |
| 59.01                                                      | 05901                          | GASTRO INTESTINAL                   | 49,890                                                            | 24,282,060                                            | 0.002055                                            | -9                                                                   | 0                                         | 59.01  |
| 60.00                                                      | 06000                          | LABORATORY                          | 121,035                                                           | 41,753,170                                            | 0.002899                                            | 84,796                                                               | 246                                       | 60.00  |
| 62.30                                                      | 06250                          | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 62.30  |
| 63.00                                                      | 06300                          | BLOOD STORING PROCESSING & TRANS.   | 7,780                                                             | 1,366,885                                             | 0.005692                                            | 302                                                                  | 2                                         | 63.00  |
| 65.00                                                      | 06500                          | RESPIRATORY THERAPY                 | 15,977                                                            | 3,711,907                                             | 0.004304                                            | 13,559                                                               | 58                                        | 65.00  |
| 66.00                                                      | 06600                          | PHYSICAL THERAPY                    | 55,278                                                            | 7,816,615                                             | 0.007072                                            | 20,043                                                               | 142                                       | 66.00  |
| 66.01                                                      | 06601                          | TCU REHAB                           | 9,228                                                             | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 66.01  |
| 67.00                                                      | 06700                          | OCCUPATIONAL THERAPY                | 1,907                                                             | 3,491,590                                             | 0.000546                                            | 12,678                                                               | 7                                         | 67.00  |
| 68.00                                                      | 06800                          | SPEECH PATHOLOGY                    | 9,328                                                             | 1,469,564                                             | 0.006347                                            | 571                                                                  | 4                                         | 68.00  |
| 69.00                                                      | 06900                          | ELECTROCARDIOLOGY                   | 2,224                                                             | 14,103,923                                            | 0.000158                                            | 5,723                                                                | 1                                         | 69.00  |
| 69.01                                                      | 06901                          | CARDIAC HEHAB                       | 47,269                                                            | 967,100                                               | 0.048877                                            | 0                                                                    | 0                                         | 69.01  |
| 71.00                                                      | 07100                          | MEDICAL SUPPLIES CHARGED TO PATIENT | 33,113                                                            | 28,925,612                                            | 0.001145                                            | 72                                                                   | 0                                         | 71.00  |
| 72.00                                                      | 07200                          | IMPL. DEV. CHARGED TO PATIENTS      | 14,255                                                            | 20,315,781                                            | 0.000702                                            | 0                                                                    | 0                                         | 72.00  |
| 73.00                                                      | 07300                          | DRUGS CHARGED TO PATIENTS           | 53,120                                                            | 81,019,532                                            | 0.000656                                            | 274,323                                                              | 180                                       | 73.00  |
| 74.00                                                      | 07400                          | RENAL DIALYSIS                      | 3,271                                                             | 507,890                                               | 0.006440                                            | 0                                                                    | 0                                         | 74.00  |
| 76.97                                                      | 07697                          | CARDIAC REHABILITATION              | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 76.97  |
| 76.98                                                      | 07698                          | HYPERBARIC OXYGEN THERAPY           | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 76.98  |
| 76.99                                                      | 07699                          | LITHOTRIPSY                         | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                            |                                |                                     |                                                                   |                                                       |                                                     |                                                                      |                                           |        |
| 91.00                                                      | 09100                          | EMERGENCY                           | 97,677                                                            | 50,290,467                                            | 0.001942                                            | 350                                                                  | 1                                         | 91.00  |
| 91.01                                                      | 09101                          | FAMILY PRACTICES                    | 91,404                                                            | 2,237,084                                             | 0.040859                                            | 0                                                                    | 0                                         | 91.01  |
| 91.02                                                      | 09102                          | PSYCH DAY HOSPITAL                  | 34,151                                                            | 2,041,389                                             | 0.016729                                            | 0                                                                    | 0                                         | 91.02  |
| 91.03                                                      | 09103                          | WOUND CARE                          | 676                                                               | 593,735                                               | 0.001139                                            | 0                                                                    | 0                                         | 91.03  |
| 92.00                                                      | 09200                          | OBSERVATION BEDS (NON-DISTINCT PART | 0                                                                 | 10,024,830                                            | 0.000000                                            | 0                                                                    | 0                                         | 92.00  |
| 93.99                                                      | 09399                          | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                    | 0                                         | 93.99  |
| 200.00                                                     |                                | Total (lines 50 through 199)        | 1,162,025                                                         | 512,331,038                                           |                                                     | 427,790                                                              | 668                                       | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-S054 |                                                | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                     |                                                | Subprovider -<br>IPF                        |                                               | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | Non Physician<br>Anesthetist<br>Cost            | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School                              | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health                                                        |        |
|                                                                                  |       |                                     |  | 1.00                                            | 2A                                             | 2.00                                        | 3A                                            | 3.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                 |                                                |                                             |                                               |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                 |                                                |                                             |                                               |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-S054 |                                                   | Period:<br>From 03/01/2018<br>To 06/30/2018                |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                     |                                                   | Subprovider -<br>IPF                                       |                                                       | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | All Other<br>Medical<br>Education Cost          | Total Cost<br>(sum of col 1<br>through col.<br>4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and<br>4) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7)                  |        |
|                                                                                  |       |                                     |  | 4.00                                            | 5.00                                              | 6.00                                                       | 7.00                                                  | 8.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                 |                                                   |                                                            |                                                       |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                               | 0                                                 | 0                                                          | 51,962,593                                            | 0.000000                                                             | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                               | 0                                                 | 0                                                          | 6,516,463                                             | 0.000000                                                             | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                               | 0                                                 | 0                                                          | 6,171,233                                             | 0.000000                                                             | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                               | 0                                                 | 0                                                          | 18,974,632                                            | 0.000000                                                             | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                               | 0                                                 | 0                                                          | 23,007,415                                            | 0.000000                                                             | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                               | 0                                                 | 0                                                          | 6,300,216                                             | 0.000000                                                             | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                               | 0                                                 | 0                                                          | 12,119,983                                            | 0.000000                                                             | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                               | 0                                                 | 0                                                          | 9,955,446                                             | 0.000000                                                             | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                                 | 0                                                          | 50,424,817                                            | 0.000000                                                             | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                               | 0                                                 | 0                                                          | 14,727,970                                            | 0.000000                                                             | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                                 | 0                                                          | 17,251,136                                            | 0.000000                                                             | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                               | 0                                                 | 0                                                          | 24,282,060                                            | 0.000000                                                             | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                                 | 0                                                          | 41,753,170                                            | 0.000000                                                             | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                               | 0                                                 | 0                                                          | 1,366,885                                             | 0.000000                                                             | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                               | 0                                                 | 0                                                          | 3,711,907                                             | 0.000000                                                             | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                               | 0                                                 | 0                                                          | 7,816,615                                             | 0.000000                                                             | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                                 | 0                                                          | 3,491,590                                             | 0.000000                                                             | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                                 | 0                                                          | 1,469,564                                             | 0.000000                                                             | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                                 | 0                                                          | 14,103,923                                            | 0.000000                                                             | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                               | 0                                                 | 0                                                          | 967,100                                               | 0.000000                                                             | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                               | 0                                                 | 0                                                          | 28,925,612                                            | 0.000000                                                             | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                               | 0                                                 | 0                                                          | 20,315,781                                            | 0.000000                                                             | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                               | 0                                                 | 0                                                          | 81,019,532                                            | 0.000000                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                                 | 0                                                          | 507,890                                               | 0.000000                                                             | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                 |                                                   |                                                            |                                                       |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                                 | 0                                                          | 50,290,467                                            | 0.000000                                                             | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                               | 0                                                 | 0                                                          | 2,237,084                                             | 0.000000                                                             | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                               | 0                                                 | 0                                                          | 2,041,389                                             | 0.000000                                                             | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                               | 0                                                 | 0                                                          | 593,735                                               | 0.000000                                                             | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                                 | 0                                                          | 10,024,830                                            | 0.000000                                                             | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                                 | 0                                                          | 512,331,038                                           |                                                                      | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |                                 |                                     |                                                                   | Provider CCN: 14-0054<br>Component CCN: 14-S054 |                                                                     | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                                                      | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |                                 |                                     |                                                                   | Title XVIII                                     |                                                                     | Subprovider -<br>IPF                        |                                                                      | PPS                                                                  |        |
| Cost Center Description                                                          |                                 |                                     | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges                 | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges            | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |                                                                      |        |
|                                                                                  |                                 |                                     | 9.00                                                              | 10.00                                           | 11.00                                                               | 12.00                                       | 13.00                                                                |                                                                      |        |
|                                                                                  | ANCILLARY SERVICE COST CENTERS  |                                     |                                                                   |                                                 |                                                                     |                                             |                                                                      |                                                                      |        |
| 50.00                                                                            | 05000                           | OPERATING ROOM                      | 0.000000                                                          | 9                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100                           | RECOVERY ROOM                       | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200                           | DELIVERY ROOM & LABOR ROOM          | 0.000000                                                          | 3                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300                           | ANESTHESIOLOGY                      | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400                           | RADIOLOGY-DIAGNOSTIC                | 0.000000                                                          | 3,582                                           | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600                           | RADIOISOTOPE                        | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630                           | ULTRA SOUND                         | 0.000000                                                          | 3,203                                           | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440                           | MAMMOGRAPHY                         | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700                           | CT SCAN                             | 0.000000                                                          | 3,423                                           | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800                           | MRI                                 | 0.000000                                                          | 4,205                                           | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900                           | CARDIAC CATHETERIZATION             | 0.000000                                                          | 957                                             | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901                           | GASTRO INTESTINAL                   | 0.000000                                                          | -9                                              | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000                           | LABORATORY                          | 0.000000                                                          | 84,796                                          | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS     | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300                           | BLOOD STORING PROCESSING & TRANS.   | 0.000000                                                          | 302                                             | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500                           | RESPIRATORY THERAPY                 | 0.000000                                                          | 13,559                                          | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600                           | PHYSICAL THERAPY                    | 0.000000                                                          | 20,043                                          | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601                           | TCU REHAB                           | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700                           | OCCUPATIONAL THERAPY                | 0.000000                                                          | 12,678                                          | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800                           | SPEECH PATHOLOGY                    | 0.000000                                                          | 571                                             | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900                           | ELECTROCARDIOLOGY                   | 0.000000                                                          | 5,723                                           | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901                           | CARDIAC HEHAB                       | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000                                                          | 72                                              | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200                           | IMPL. DEV. CHARGED TO PATIENTS      | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300                           | DRUGS CHARGED TO PATIENTS           | 0.000000                                                          | 274,323                                         | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400                           | RENAL DIALYSIS                      | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697                           | CARDIAC REHABILITATION              | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698                           | HYPERBARIC OXYGEN THERAPY           | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699                           | LITHOTRIPSY                         | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 76.99  |
|                                                                                  | OUTPATIENT SERVICE COST CENTERS |                                     |                                                                   |                                                 |                                                                     |                                             |                                                                      |                                                                      |        |
| 91.00                                                                            | 09100                           | EMERGENCY                           | 0.000000                                                          | 350                                             | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101                           | FAMILY PRACTICES                    | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102                           | PSYCH DAY HOSPITAL                  | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103                           | WOUND CARE                          | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399                           | PARTIAL HOSPITALIZATION PROGRAM     | 0.000000                                                          | 0                                               | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 93.99  |
| 200.00                                                                           |                                 | Total (lines 50 through 199)        |                                                                   | 427,790                                         | 0                                                                   | 0                                           | 0                                                                    | 0                                                                    | 200.00 |

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS |                                |                                     |                                                                   | Provider CCN: 14-0054<br>Component CCN: 14-T054       |                                                     | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                           | Worksheet D<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |  |
|------------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|--|
|                                                            |                                |                                     |                                                                   | Title XVIII                                           |                                                     | Subprovider -<br>IRF                        |                                           | PPS                                                                  |  |
| Cost Center Description                                    |                                |                                     | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges             | Capital Costs<br>(column 3 x<br>column 4) |                                                                      |  |
|                                                            |                                |                                     | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                                        | 5.00                                      |                                                                      |  |
|                                                            | ANCILLARY SERVICE COST CENTERS |                                     |                                                                   |                                                       |                                                     |                                             |                                           |                                                                      |  |
| 50.00                                                      | 05000                          | OPERATING ROOM                      | 197,924                                                           | 51,962,593                                            | 0.003809                                            | 0                                           | 0                                         | 50.00                                                                |  |
| 51.00                                                      | 05100                          | RECOVERY ROOM                       | 18,210                                                            | 6,516,463                                             | 0.002794                                            | 0                                           | 0                                         | 51.00                                                                |  |
| 52.00                                                      | 05200                          | DELIVERY ROOM & LABOR ROOM          | 51,716                                                            | 6,171,233                                             | 0.008380                                            | 0                                           | 0                                         | 52.00                                                                |  |
| 53.00                                                      | 05300                          | ANESTHESIOLOGY                      | 3,536                                                             | 18,974,632                                            | 0.000186                                            | 0                                           | 0                                         | 53.00                                                                |  |
| 54.00                                                      | 05400                          | RADIOLOGY-DIAGNOSTIC                | 147,972                                                           | 23,007,415                                            | 0.006431                                            | 19,670                                      | 126                                       | 54.00                                                                |  |
| 56.00                                                      | 05600                          | RADIOISOTOPE                        | 13,917                                                            | 6,300,216                                             | 0.002209                                            | 9,725                                       | 21                                        | 56.00                                                                |  |
| 56.01                                                      | 03630                          | ULTRA SOUND                         | 2,210                                                             | 12,119,983                                            | 0.000182                                            | 6,601                                       | 1                                         | 56.01                                                                |  |
| 56.02                                                      | 03440                          | MAMMOGRAPHY                         | 31,190                                                            | 9,955,446                                             | 0.003133                                            | 0                                           | 0                                         | 56.02                                                                |  |
| 57.00                                                      | 05700                          | CT SCAN                             | 16,268                                                            | 50,424,817                                            | 0.000323                                            | 18,565                                      | 6                                         | 57.00                                                                |  |
| 58.00                                                      | 05800                          | MRI                                 | 1,677                                                             | 14,727,970                                            | 0.000114                                            | 2,102                                       | 0                                         | 58.00                                                                |  |
| 59.00                                                      | 05900                          | CARDIAC CATHETERIZATION             | 29,822                                                            | 17,251,136                                            | 0.001729                                            | 6,959                                       | 12                                        | 59.00                                                                |  |
| 59.01                                                      | 05901                          | GASTRO INTESTINAL                   | 49,890                                                            | 24,282,060                                            | 0.002055                                            | 150                                         | 0                                         | 59.01                                                                |  |
| 60.00                                                      | 06000                          | LABORATORY                          | 121,035                                                           | 41,753,170                                            | 0.002899                                            | 79,688                                      | 231                                       | 60.00                                                                |  |
| 62.30                                                      | 06250                          | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                                                 | 0                                                     | 0.000000                                            | 0                                           | 0                                         | 62.30                                                                |  |
| 63.00                                                      | 06300                          | BLOOD STORING PROCESSING & TRANS.   | 7,780                                                             | 1,366,885                                             | 0.005692                                            | 0                                           | 0                                         | 63.00                                                                |  |
| 65.00                                                      | 06500                          | RESPIRATORY THERAPY                 | 15,977                                                            | 3,711,907                                             | 0.004304                                            | 20,933                                      | 90                                        | 65.00                                                                |  |
| 66.00                                                      | 06600                          | PHYSICAL THERAPY                    | 55,278                                                            | 7,816,615                                             | 0.007072                                            | 398,898                                     | 2,821                                     | 66.00                                                                |  |
| 66.01                                                      | 06601                          | TCU REHAB                           | 9,228                                                             | 0                                                     | 0.000000                                            | 0                                           | 0                                         | 66.01                                                                |  |
| 67.00                                                      | 06700                          | OCCUPATIONAL THERAPY                | 1,907                                                             | 3,491,590                                             | 0.000546                                            | 432,410                                     | 236                                       | 67.00                                                                |  |
| 68.00                                                      | 06800                          | SPEECH PATHOLOGY                    | 9,328                                                             | 1,469,564                                             | 0.006347                                            | 115,230                                     | 731                                       | 68.00                                                                |  |
| 69.00                                                      | 06900                          | ELECTROCARDIOLOGY                   | 2,224                                                             | 14,103,923                                            | 0.000158                                            | 10,400                                      | 2                                         | 69.00                                                                |  |
| 69.01                                                      | 06901                          | CARDIAC HEHAB                       | 47,269                                                            | 967,100                                               | 0.048877                                            | 0                                           | 0                                         | 69.01                                                                |  |
| 71.00                                                      | 07100                          | MEDICAL SUPPLIES CHARGED TO PATIENT | 33,113                                                            | 28,925,612                                            | 0.001145                                            | 7,557                                       | 9                                         | 71.00                                                                |  |
| 72.00                                                      | 07200                          | IMPL. DEV. CHARGED TO PATIENTS      | 14,255                                                            | 20,315,781                                            | 0.000702                                            | 4,533                                       | 3                                         | 72.00                                                                |  |
| 73.00                                                      | 07300                          | DRUGS CHARGED TO PATIENTS           | 53,120                                                            | 81,019,532                                            | 0.000656                                            | 232,228                                     | 152                                       | 73.00                                                                |  |
| 74.00                                                      | 07400                          | RENAL DIALYSIS                      | 3,271                                                             | 507,890                                               | 0.006440                                            | 6,703                                       | 43                                        | 74.00                                                                |  |
| 76.97                                                      | 07697                          | CARDIAC REHABILITATION              | 0                                                                 | 0                                                     | 0.000000                                            | 0                                           | 0                                         | 76.97                                                                |  |
| 76.98                                                      | 07698                          | HYPERBARIC OXYGEN THERAPY           | 0                                                                 | 0                                                     | 0.000000                                            | 0                                           | 0                                         | 76.98                                                                |  |
| 76.99                                                      | 07699                          | LITHOTRIPSY                         | 0                                                                 | 0                                                     | 0.000000                                            | 0                                           | 0                                         | 76.99                                                                |  |
| OUTPATIENT SERVICE COST CENTERS                            |                                |                                     |                                                                   |                                                       |                                                     |                                             |                                           |                                                                      |  |
| 91.00                                                      | 09100                          | EMERGENCY                           | 97,677                                                            | 50,290,467                                            | 0.001942                                            | 352                                         | 1                                         | 91.00                                                                |  |
| 91.01                                                      | 09101                          | FAMILY PRACTICES                    | 91,404                                                            | 2,237,084                                             | 0.040859                                            | 0                                           | 0                                         | 91.01                                                                |  |
| 91.02                                                      | 09102                          | PSYCH DAY HOSPITAL                  | 34,151                                                            | 2,041,389                                             | 0.016729                                            | 0                                           | 0                                         | 91.02                                                                |  |
| 91.03                                                      | 09103                          | WOUND CARE                          | 676                                                               | 593,735                                               | 0.001139                                            | 0                                           | 0                                         | 91.03                                                                |  |
| 92.00                                                      | 09200                          | OBSERVATION BEDS (NON-DISTINCT PART | 0                                                                 | 10,024,830                                            | 0.000000                                            | 0                                           | 0                                         | 92.00                                                                |  |
| 93.99                                                      | 09399                          | PARTIAL HOSPITALIZATION PROGRAM     | 0                                                                 | 0                                                     | 0.000000                                            | 0                                           | 0                                         | 93.99                                                                |  |
| 200.00                                                     |                                | Total (lines 50 through 199)        | 1,162,025                                                         | 512,331,038                                           |                                                     | 1,372,704                                   | 4,485                                     | 200.00                                                               |  |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-T054 |                                                | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                     |                                                | Subprovider -<br>IRF                        |                                               | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | Non Physician<br>Anesthetist<br>Cost            | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School                              | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health                                                        |        |
|                                                                                  |       |                                     |  | 1.00                                            | 2A                                             | 2.00                                        | 3A                                            | 3.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                 |                                                |                                             |                                               |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                 |                                                |                                             |                                               |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                    | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-T054 |                                                   | Period:<br>From 03/01/2018<br>To 06/30/2018                |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                     |                                                   | Subprovider -<br>IRF                                       |                                                       | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | All Other<br>Medical<br>Education Cost          | Total Cost<br>(sum of col 1<br>through col.<br>4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and<br>4) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7)                  |        |
|                                                                                  |       |                                     |  | 4.00                                            | 5.00                                              | 6.00                                                       | 7.00                                                  | 8.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                 |                                                   |                                                            |                                                       |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                               | 0                                                 | 0                                                          | 51,962,593                                            | 0.000000                                                             | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                               | 0                                                 | 0                                                          | 6,516,463                                             | 0.000000                                                             | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                               | 0                                                 | 0                                                          | 6,171,233                                             | 0.000000                                                             | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                               | 0                                                 | 0                                                          | 18,974,632                                            | 0.000000                                                             | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                               | 0                                                 | 0                                                          | 23,007,415                                            | 0.000000                                                             | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                               | 0                                                 | 0                                                          | 6,300,216                                             | 0.000000                                                             | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                               | 0                                                 | 0                                                          | 12,119,983                                            | 0.000000                                                             | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                               | 0                                                 | 0                                                          | 9,955,446                                             | 0.000000                                                             | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                                 | 0                                                          | 50,424,817                                            | 0.000000                                                             | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                               | 0                                                 | 0                                                          | 14,727,970                                            | 0.000000                                                             | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                                 | 0                                                          | 17,251,136                                            | 0.000000                                                             | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                               | 0                                                 | 0                                                          | 24,282,060                                            | 0.000000                                                             | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                                 | 0                                                          | 41,753,170                                            | 0.000000                                                             | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                               | 0                                                 | 0                                                          | 1,366,885                                             | 0.000000                                                             | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                               | 0                                                 | 0                                                          | 3,711,907                                             | 0.000000                                                             | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                               | 0                                                 | 0                                                          | 7,816,615                                             | 0.000000                                                             | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                                 | 0                                                          | 3,491,590                                             | 0.000000                                                             | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                                 | 0                                                          | 1,469,564                                             | 0.000000                                                             | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                                 | 0                                                          | 14,103,923                                            | 0.000000                                                             | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                               | 0                                                 | 0                                                          | 967,100                                               | 0.000000                                                             | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                               | 0                                                 | 0                                                          | 28,925,612                                            | 0.000000                                                             | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                               | 0                                                 | 0                                                          | 20,315,781                                            | 0.000000                                                             | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                               | 0                                                 | 0                                                          | 81,019,532                                            | 0.000000                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                                 | 0                                                          | 507,890                                               | 0.000000                                                             | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                 |                                                   |                                                            |                                                       |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                                 | 0                                                          | 50,290,467                                            | 0.000000                                                             | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                               | 0                                                 | 0                                                          | 2,237,084                                             | 0.000000                                                             | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                               | 0                                                 | 0                                                          | 2,041,389                                             | 0.000000                                                             | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                               | 0                                                 | 0                                                          | 593,735                                               | 0.000000                                                             | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                                 | 0                                                          | 10,024,830                                            | 0.000000                                                             | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                                 | 0                                                          | 512,331,038                                           |                                                                      | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-T054                   |                                 | Period:<br>From 03/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                                       |                                 | Subprovider -<br>IRF                                                |                                  | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |
|                                                                                  |       |                                     |  | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0.000000                                                          | 19,670                          | 0                                                                   | 0                                | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0.000000                                                          | 9,725                           | 0                                                                   | 0                                | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0.000000                                                          | 6,601                           | 0                                                                   | 0                                | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0.000000                                                          | 18,565                          | 0                                                                   | 0                                | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0.000000                                                          | 2,102                           | 0                                                                   | 0                                | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0.000000                                                          | 6,959                           | 0                                                                   | 0                                | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0.000000                                                          | 150                             | 0                                                                   | 0                                | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0.000000                                                          | 79,688                          | 0                                                                   | 0                                | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0.000000                                                          | 20,933                          | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0.000000                                                          | 398,898                         | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0.000000                                                          | 432,410                         | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0.000000                                                          | 115,230                         | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0.000000                                                          | 10,400                          | 0                                                                   | 0                                | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0.000000                                                          | 7,557                           | 0                                                                   | 0                                | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0.000000                                                          | 4,533                           | 0                                                                   | 0                                | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0.000000                                                          | 232,228                         | 0                                                                   | 0                                | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0.000000                                                          | 6,703                           | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0.000000                                                          | 352                             | 0                                                                   | 0                                | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  |                                                                   | 1,372,704                       | 0                                                                   | 0                                | 0                                                                    | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-5848 |                                          | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                         | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                     |                                          | Skilled Nursing Facility                    |                                         | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | Non Physician Anesthetist Cost                  | Nursing School Post-Stepdown Adjustments | Nursing School                              | Allied Health Post-Stepdown Adjustments | Allied Health                                                        |        |
|                                                                                  |       |                                     |  | 1.00                                            | 2A                                       | 2.00                                        | 3A                                      | 3.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                 |                                          |                                             |                                         |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                 |                                          |                                             |                                         |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                    | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-5848 |                                          | Period:<br>From 03/01/2018<br>To 06/30/2018    |                                              | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                     |                                          | Skilled Nursing Facility                       |                                              | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | All Other Medical Education Cost                | Total Cost (sum of col 1 through col. 4) | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7)                           |        |
|                                                                                  |       |                                     |  | 4.00                                            | 5.00                                     | 6.00                                           | 7.00                                         | 8.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                 |                                          |                                                |                                              |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                               | 0                                        | 0                                              | 51,962,593                                   | 0.000000                                                             | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                               | 0                                        | 0                                              | 6,516,463                                    | 0.000000                                                             | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                               | 0                                        | 0                                              | 6,171,233                                    | 0.000000                                                             | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                               | 0                                        | 0                                              | 18,974,632                                   | 0.000000                                                             | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                               | 0                                        | 0                                              | 23,007,415                                   | 0.000000                                                             | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                               | 0                                        | 0                                              | 6,300,216                                    | 0.000000                                                             | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                               | 0                                        | 0                                              | 12,119,983                                   | 0.000000                                                             | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                               | 0                                        | 0                                              | 9,955,446                                    | 0.000000                                                             | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                        | 0                                              | 50,424,817                                   | 0.000000                                                             | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                               | 0                                        | 0                                              | 14,727,970                                   | 0.000000                                                             | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                        | 0                                              | 17,251,136                                   | 0.000000                                                             | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                               | 0                                        | 0                                              | 24,282,060                                   | 0.000000                                                             | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                        | 0                                              | 41,753,170                                   | 0.000000                                                             | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                             | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                               | 0                                        | 0                                              | 1,366,885                                    | 0.000000                                                             | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                               | 0                                        | 0                                              | 3,711,907                                    | 0.000000                                                             | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                               | 0                                        | 0                                              | 7,816,615                                    | 0.000000                                                             | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                             | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                        | 0                                              | 3,491,590                                    | 0.000000                                                             | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                        | 0                                              | 1,469,564                                    | 0.000000                                                             | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                        | 0                                              | 14,103,923                                   | 0.000000                                                             | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                               | 0                                        | 0                                              | 967,100                                      | 0.000000                                                             | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                               | 0                                        | 0                                              | 28,925,612                                   | 0.000000                                                             | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                               | 0                                        | 0                                              | 20,315,781                                   | 0.000000                                                             | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                               | 0                                        | 0                                              | 81,019,532                                   | 0.000000                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                        | 0                                              | 507,890                                      | 0.000000                                                             | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                             | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                             | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                 |                                          |                                                |                                              |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                        | 0                                              | 50,290,467                                   | 0.000000                                                             | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                               | 0                                        | 0                                              | 2,237,084                                    | 0.000000                                                             | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                               | 0                                        | 0                                              | 2,041,389                                    | 0.000000                                                             | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                               | 0                                        | 0                                              | 593,735                                      | 0.000000                                                             | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                        | 0                                              | 10,024,830                                   | 0.000000                                                             | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                             | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                        | 0                                              | 512,331,038                                  |                                                                      | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054<br>Component CCN: 14-5848                |                                 | Period:<br>From 03/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|----------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                                    |                                 | Skilled Nursing Facility                                            |                                  | PPS                                                                  |        |
| Cost Center Description                                                          |       |                                     |  | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col. 7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |
|                                                                                  |       |                                     |  | 9.00                                                           | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                                |                                 |                                                                     |                                  |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                                |                                 |                                                                     |                                  |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0.000000                                                       | 0                               | 0                                                                   | 0                                | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  |                                                                | 0                               | 0                                                                   | 0                                | 0                                                                    | 200.00 |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet D  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                         |                                        |                                                                   | Title XIX                                                    |                                                            | Hospital              | Cost                          |        |
|-------------------------|----------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|-----------------------|-------------------------------|--------|
| Cost Center Description |                                        | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Swing Bed<br>Adjustment                                      | Reduced<br>Capital<br>Related Cost<br>(col. 1 - col.<br>2) | Total Patient<br>Days | Per Diem (col.<br>3 / col. 4) |        |
|                         |                                        | 1.00                                                              | 2.00                                                         | 3.00                                                       | 4.00                  | 5.00                          |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                                                   |                                                              |                                                            |                       |                               |        |
| 30.00                   | ADULTS & PEDIATRICS                    | 665,162                                                           | 0                                                            | 665,162                                                    | 15,638                | 42.53                         | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 61,050                                                            |                                                              | 61,050                                                     | 1,344                 | 45.42                         | 31.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 107,529                                                           | 0                                                            | 107,529                                                    | 2,528                 | 42.54                         | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 66,868                                                            | 0                                                            | 66,868                                                     | 988                   | 67.68                         | 41.00  |
| 43.00                   | NURSERY                                | 23,508                                                            |                                                              | 23,508                                                     | 985                   | 23.87                         | 43.00  |
| 44.00                   | SKILLED NURSING FACILITY               | 59,648                                                            |                                                              | 59,648                                                     | 2,265                 | 26.33                         | 44.00  |
| 200.00                  | Total (lines 30 through 199)           | 983,765                                                           |                                                              | 983,765                                                    | 23,748                |                               | 200.00 |
| Cost Center Description |                                        | Inpatient<br>Program days                                         | Inpatient<br>Program<br>Capital Cost<br>(col. 5 x col.<br>6) |                                                            |                       |                               |        |
|                         |                                        | 6.00                                                              | 7.00                                                         |                                                            |                       |                               |        |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                                                   |                                                              |                                                            |                       |                               |        |
| 30.00                   | ADULTS & PEDIATRICS                    | 1,997                                                             | 84,932                                                       |                                                            |                       |                               | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 0                                                                 | 0                                                            |                                                            |                       |                               | 31.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 0                                                                 | 0                                                            |                                                            |                       |                               | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 0                                                                 | 0                                                            |                                                            |                       |                               | 41.00  |
| 43.00                   | NURSERY                                | 0                                                                 | 0                                                            |                                                            |                       |                               | 43.00  |
| 44.00                   | SKILLED NURSING FACILITY               | 0                                                                 | 0                                                            |                                                            |                       |                               | 44.00  |
| 200.00                  | Total (lines 30 through 199)           | 1,997                                                             | 84,932                                                       |                                                            |                       |                               | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet D  
Part II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description         |       | Title XIX                                                         |                                                       | Hospital                                            |                                 | Cost                                      |        |
|---------------------------------|-------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|
|                                 |       | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges | Capital Costs<br>(column 3 x<br>column 4) |        |
|                                 |       | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 50.00                           | 05000 | OPERATING ROOM                                                    | 197,924                                               | 0                                                   | 0.000000                        | 0                                         | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                                     | 18,210                                                | 0                                                   | 0.000000                        | 0                                         | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                                        | 51,716                                                | 0                                                   | 0.000000                        | 0                                         | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                                    | 3,536                                                 | 0                                                   | 0.000000                        | 0                                         | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                              | 147,972                                               | 0                                                   | 0.000000                        | 0                                         | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                                      | 13,917                                                | 0                                                   | 0.000000                        | 0                                         | 56.00  |
| 56.01                           | 03630 | ULTRA SOUND                                                       | 2,210                                                 | 0                                                   | 0.000000                        | 0                                         | 56.01  |
| 56.02                           | 03440 | MAMMOGRAPHY                                                       | 31,190                                                | 0                                                   | 0.000000                        | 0                                         | 56.02  |
| 57.00                           | 05700 | CT SCAN                                                           | 16,268                                                | 0                                                   | 0.000000                        | 0                                         | 57.00  |
| 58.00                           | 05800 | MRI                                                               | 1,677                                                 | 0                                                   | 0.000000                        | 0                                         | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                                           | 29,822                                                | 0                                                   | 0.000000                        | 0                                         | 59.00  |
| 59.01                           | 05901 | GASTRO INTESTINAL                                                 | 49,890                                                | 0                                                   | 0.000000                        | 0                                         | 59.01  |
| 60.00                           | 06000 | LABORATORY                                                        | 121,035                                               | 0                                                   | 0.000000                        | 0                                         | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                   | 0                                                     | 0                                                   | 0.000000                        | 0                                         | 62.30  |
| 63.00                           | 06300 | BLOOD STORING PROCESSING & TRANS.                                 | 7,780                                                 | 0                                                   | 0.000000                        | 0                                         | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                               | 15,977                                                | 0                                                   | 0.000000                        | 0                                         | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                                  | 55,278                                                | 0                                                   | 0.000000                        | 0                                         | 66.00  |
| 66.01                           | 06601 | TCU REHAB                                                         | 9,228                                                 | 0                                                   | 0.000000                        | 0                                         | 66.01  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                              | 1,907                                                 | 0                                                   | 0.000000                        | 0                                         | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                                  | 9,328                                                 | 0                                                   | 0.000000                        | 0                                         | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                                 | 2,224                                                 | 0                                                   | 0.000000                        | 0                                         | 69.00  |
| 69.01                           | 06901 | CARDIAC HEHAB                                                     | 47,269                                                | 0                                                   | 0.000000                        | 0                                         | 69.01  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                               | 33,113                                                | 0                                                   | 0.000000                        | 0                                         | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                    | 14,255                                                | 0                                                   | 0.000000                        | 0                                         | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                                         | 53,120                                                | 0                                                   | 0.000000                        | 0                                         | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                                    | 3,271                                                 | 0                                                   | 0.000000                        | 0                                         | 74.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                            | 0                                                     | 0                                                   | 0.000000                        | 0                                         | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                                         | 0                                                     | 0                                                   | 0.000000                        | 0                                         | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                                       | 0                                                     | 0                                                   | 0.000000                        | 0                                         | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 91.00                           | 09100 | EMERGENCY                                                         | 97,677                                                | 0                                                   | 0.000000                        | 0                                         | 91.00  |
| 91.01                           | 09101 | FAMILY PRACTICES                                                  | 91,404                                                | 0                                                   | 0.000000                        | 0                                         | 91.01  |
| 91.02                           | 09102 | PSYCH DAY HOSPITAL                                                | 34,151                                                | 0                                                   | 0.000000                        | 0                                         | 91.02  |
| 91.03                           | 09103 | WOUND CARE                                                        | 676                                                   | 0                                                   | 0.000000                        | 0                                         | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                               | 0                                                     | 0                                                   | 0.000000                        | 0                                         | 92.00  |
| 93.99                           | 09399 | PARTIAL HOSPITALIZATION PROGRAM                                   | 0                                                     | 0                                                   | 0.000000                        | 0                                         | 93.99  |
| 200.00                          |       | Total (lines 50 through 199)                                      | 1,162,025                                             | 0                                                   |                                 | 0                                         | 200.00 |

|                                                                     |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                       |        |
|---------------------------------------------------------------------|-------|------------------------------|---|---|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------------------------------------|--------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |   |   | Provider CCN: 14-0054                                             |                                                               | Period:<br>From 03/01/2018<br>To 06/30/2018   |                               | Worksheet D<br>Part III<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|                                                                     |       |                              |   |   | Title XIX                                                         |                                                               | Hospital                                      |                               | Cost                                                                  |        |
| Cost Center Description                                             |       |                              |   |   | Nursing School<br>Post-Stepdown<br>Adjustments                    | Nursing School                                                | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health<br>Cost         | All Other<br>Medical<br>Education Cost                                |        |
|                                                                     |       |                              |   |   | 1A                                                                | 1.00                                                          | 2A                                            | 2.00                          | 3.00                                                                  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                       |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 30.00  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 31.00  |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 40.00  |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 41.00  |
| 43.00                                                               | 04300 | NURSERY                      | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 43.00  |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 44.00  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 | 0 | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                                                     | 200.00 |
| Cost Center Description                                             |       |                              |   |   | Swing-Bed<br>Adjustment<br>Amount (see<br>instructions)           | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Total Patient<br>Days                         | Per Diem (col.<br>5 ÷ col. 6) | Inpatient<br>Program Days                                             |        |
|                                                                     |       |                              |   |   | 4.00                                                              | 5.00                                                          | 6.00                                          | 7.00                          | 8.00                                                                  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                       |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 | 0 | 15,638                                                            | 0.00                                                          | 1,997                                         | 0                             | 0                                                                     | 30.00  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 | 0 | 1,344                                                             | 0.00                                                          | 0                                             | 0                             | 0                                                                     | 31.00  |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0 | 0 | 2,528                                                             | 0.00                                                          | 0                                             | 0                             | 0                                                                     | 40.00  |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0 | 0 | 988                                                               | 0.00                                                          | 0                                             | 0                             | 0                                                                     | 41.00  |
| 43.00                                                               | 04300 | NURSERY                      | 0 | 0 | 985                                                               | 0.00                                                          | 0                                             | 0                             | 0                                                                     | 43.00  |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0 | 0 | 2,265                                                             | 0.00                                                          | 0                                             | 0                             | 0                                                                     | 44.00  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 | 0 | 23,748                                                            |                                                               | 1,997                                         |                               |                                                                       | 200.00 |
| Cost Center Description                                             |       |                              |   |   | Inpatient<br>Program<br>Pass-Through<br>Cost (col. 7 x<br>col. 8) |                                                               |                                               |                               |                                                                       |        |
|                                                                     |       |                              |   |   | 9.00                                                              |                                                               |                                               |                               |                                                                       |        |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |       |                              |   |   |                                                                   |                                                               |                                               |                               |                                                                       |        |
| 30.00                                                               | 03000 | ADULTS & PEDIATRICS          | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 30.00  |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 31.00  |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 40.00  |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 41.00  |
| 43.00                                                               | 04300 | NURSERY                      | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 43.00  |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 44.00  |
| 200.00                                                              |       | Total (lines 30 through 199) | 0 |   |                                                                   |                                                               |                                               |                               |                                                                       | 200.00 |

|                                                                                     |                       |                                             |                                                                      |
|-------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS<br>THROUGH COSTS | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|

| Cost Center Description         |       |                                     | Title XIX                            |                                                | Hospital       |                                               | Cost          |        |
|---------------------------------|-------|-------------------------------------|--------------------------------------|------------------------------------------------|----------------|-----------------------------------------------|---------------|--------|
|                                 |       |                                     | Non Physician<br>Anesthetist<br>Cost | Nursing School<br>Post-Stepdown<br>Adjustments | Nursing School | Allied Health<br>Post-Stepdown<br>Adjustments | Allied Health |        |
|                                 |       |                                     | 1.00                                 | 2A                                             | 2.00           | 3A                                            | 3.00          |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                     |                                      |                                                |                |                                               |               |        |
| 50.00                           | 05000 | OPERATING ROOM                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                    | 0                                              | 0              | 0                                             | 0             | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                        | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.00  |
| 56.01                           | 03630 | ULTRA SOUND                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.01  |
| 56.02                           | 03440 | MAMMOGRAPHY                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 56.02  |
| 57.00                           | 05700 | CT SCAN                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 58.00                           | 05800 | MRI                                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION             | 0                                    | 0                                              | 0              | 0                                             | 0             | 59.00  |
| 59.01                           | 05901 | GASTRO INTESTINAL                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 59.01  |
| 60.00                           | 06000 | LABORATORY                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                    | 0                                              | 0              | 0                                             | 0             | 62.30  |
| 63.00                           | 06300 | BLOOD STORING PROCESSING & TRANS.   | 0                                    | 0                                              | 0              | 0                                             | 0             | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.00  |
| 66.01                           | 06601 | TCU REHAB                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 66.01  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                | 0                                    | 0                                              | 0              | 0                                             | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 69.01                           | 06901 | CARDIAC HEHAB                       | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.01  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                    | 0                                              | 0              | 0                                             | 0             | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                    | 0                                              | 0              | 0                                             | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                    | 0                                              | 0              | 0                                             | 0             | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION              | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                         | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                     |                                      |                                                |                |                                               |               |        |
| 91.00                           | 09100 | EMERGENCY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.00  |
| 91.01                           | 09101 | FAMILY PRACTICES                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.01  |
| 91.02                           | 09102 | PSYCH DAY HOSPITAL                  | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.02  |
| 91.03                           | 09103 | WOUND CARE                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.03  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| 93.99                           | 09399 | PARTIAL HOSPITALIZATION PROGRAM     | 0                                    | 0                                              | 0              | 0                                             | 0             | 93.99  |
| 200.00                          |       | Total (lines 50 through 199)        | 0                                    | 0                                              | 0              | 0                                             | 0             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054                  |                                                   | Period:<br>From 03/01/2018<br>To 06/30/2018                |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|----------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XIX                              |                                                   | Hospital                                                   |                                                       | Cost                                                                 |        |
| Cost Center Description                                                          |       |                                     |  | All Other<br>Medical<br>Education Cost | Total Cost<br>(sum of col 1<br>through col.<br>4) | Total<br>Outpatient<br>Cost (sum of<br>col. 2, 3 and<br>4) | Total Charges<br>(from wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 5 ÷ col.<br>7)                  |        |
|                                                                                  |       |                                     |  | 4.00                                   | 5.00                                              | 6.00                                                       | 7.00                                                  | 8.00                                                                 |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                        |                                                   |                                                            |                                                       |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                        |                                                   |                                                            |                                                       |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0                                      | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                             | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                      | 0                                                 | 0                                                          | 0                                                     |                                                                      | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0054                                             |                                 | Period:<br>From 03/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XIX                                                         |                                 | Hospital                                                            |                                  | Cost                                                                 |        |
| Cost Center Description                                                          |       |                                     |  | Outpatient<br>Ratio of Cost<br>to Charges<br>(col. 6 ÷ col.<br>7) | Inpatient<br>Program<br>Charges | Inpatient<br>Program<br>Pass-Through<br>Costs (col. 8<br>x col. 10) | Outpatient<br>Program<br>Charges | Outpatient<br>Program<br>Pass-Through<br>Costs (col. 9<br>x col. 12) |        |
|                                                                                  |       |                                     |  | 9.00                                                              | 10.00                           | 11.00                                                               | 12.00                            | 13.00                                                                |        |
| ANCILLARY SERVICE COST CENTERS                                                   |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 50.00                                                                            | 05000 | OPERATING ROOM                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 54.00  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                        |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.00  |
| 56.01                                                                            | 03630 | ULTRA SOUND                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.01  |
| 56.02                                                                            | 03440 | MAMMOGRAPHY                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 56.02  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MRI                                 |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 59.00  |
| 59.01                                                                            | 05901 | GASTRO INTESTINAL                   |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 59.01  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING PROCESSING & TRANS.   |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 66.01                                                                            | 06601 | TCU REHAB                           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.01  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.00  |
| 69.01                                                                            | 06901 | CARDIAC HEHAB                       |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.01  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.00  |
| 91.01                                                                            | 09101 | FAMILY PRACTICES                    |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.01  |
| 91.02                                                                            | 09102 | PSYCH DAY HOSPITAL                  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.02  |
| 91.03                                                                            | 09103 | WOUND CARE                          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.03  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 93.99                                                                            | 09399 | PARTIAL HOSPITALIZATION PROGRAM     |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 93.99  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  |                                                                   | 0                               | 0                                                                   | 0                                | 0                                                                    | 200.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------|-------|
|                                                                              |                                                                                                                                                                                           | Title XVIII           | Hospital                                    | PPS                                                         |       |
| Cost Center Description                                                      |                                                                                                                                                                                           |                       |                                             | 1.00                                                        |       |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                       |                                             |                                                             |       |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                       |                                             |                                                             |       |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       |                                             | 15,638                                                      | 1.00  |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       |                                             | 15,638                                                      | 2.00  |
| 3.00                                                                         | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                       |                                             | 0                                                           | 3.00  |
| 4.00                                                                         | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                       |                                             | 14,007                                                      | 4.00  |
| 5.00                                                                         | Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                    |                       |                                             | 0                                                           | 5.00  |
| 6.00                                                                         | Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                             |                       |                                             | 0                                                           | 6.00  |
| 7.00                                                                         | Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                     |                       |                                             | 0                                                           | 7.00  |
| 8.00                                                                         | Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                              |                       |                                             | 0                                                           | 8.00  |
| 9.00                                                                         | Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)                                                                         |                       |                                             | 3,743                                                       | 9.00  |
| 10.00                                                                        | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)                        |                       |                                             | 0                                                           | 10.00 |
| 11.00                                                                        | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                       |                                             | 0                                                           | 11.00 |
| 12.00                                                                        | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period                                        |                       |                                             | 0                                                           | 12.00 |
| 13.00                                                                        | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                       |                                             | 0                                                           | 13.00 |
| 14.00                                                                        | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                       |                                             | 0                                                           | 14.00 |
| 15.00                                                                        | Total nursery days (title V or XIX only)                                                                                                                                                  |                       |                                             | 0                                                           | 15.00 |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                       |                                             | 0                                                           | 16.00 |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                       |                                             |                                                             |       |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                       |                                             | 0.00                                                        | 17.00 |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                       |                                             | 0.00                                                        | 18.00 |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                       |                                             | 0.00                                                        | 19.00 |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                       |                                             | 0.00                                                        | 20.00 |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                       |                                             | 13,207,260                                                  | 21.00 |
| 22.00                                                                        | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                       |                                             | 0                                                           | 22.00 |
| 23.00                                                                        | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                       |                                             | 0                                                           | 23.00 |
| 24.00                                                                        | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                       |                                             | 0                                                           | 24.00 |
| 25.00                                                                        | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                       |                                             | 0                                                           | 25.00 |
| 26.00                                                                        | Total swing-bed cost (see instructions)                                                                                                                                                   |                       |                                             | 0                                                           | 26.00 |
| 27.00                                                                        | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                       |                                             | 13,207,260                                                  | 27.00 |
| <b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>                                  |                                                                                                                                                                                           |                       |                                             |                                                             |       |
| 28.00                                                                        | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                       |                                             | 0                                                           | 28.00 |
| 29.00                                                                        | Private room charges (excluding swing-bed charges)                                                                                                                                        |                       |                                             | 0                                                           | 29.00 |
| 30.00                                                                        | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                       |                                             | 0                                                           | 30.00 |
| 31.00                                                                        | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                       |                                             | 0.000000                                                    | 31.00 |
| 32.00                                                                        | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                       |                                             | 0.00                                                        | 32.00 |
| 33.00                                                                        | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                       |                                             | 0.00                                                        | 33.00 |
| 34.00                                                                        | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                       |                                             | 0.00                                                        | 34.00 |
| 35.00                                                                        | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                       |                                             | 0.00                                                        | 35.00 |
| 36.00                                                                        | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                       |                                             | 0                                                           | 36.00 |
| 37.00                                                                        | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                       |                                             | 13,207,260                                                  | 37.00 |
| <b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>                              |                                                                                                                                                                                           |                       |                                             |                                                             |       |
| <b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b> |                                                                                                                                                                                           |                       |                                             |                                                             |       |
| 38.00                                                                        | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                       |                                             | 844.56                                                      | 38.00 |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       |                                             | 3,161,188                                                   | 39.00 |
| 40.00                                                                        | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                       |                                             | 0                                                           | 40.00 |
| 41.00                                                                        | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                       |                                             | 3,161,188                                                   | 41.00 |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet D-1

Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                               |                                                                                                                                                                                                                                                                 | Title XVIII          |                      | Hospital                           | PPS          |                                |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                    | 0                    | 0.00                               | 0            | 0                              |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 1,885,272            | 1,344                | 1,402.73                           | 428          | 600,368                        |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |              |                                |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                      |                      |                                    |              |                                |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
|                                                                               |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              | 1.00                           |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |              | 4,223,373                      |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 7,984,929                      |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 178,630                        |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 98,620                         |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 277,250                        |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 7,707,679                      |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |              | 0                              |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |              | 0.00                           |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |              | 0                              |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |              | 0                              |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |              | 0                              |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |              | 0.00                           |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |              | 0.00                           |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |              | 0                              |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |              | 0                              |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |              | 0                              |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |              | 0                              |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |              | 0                              |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |              | 0                              |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |              | 0                              |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |              | 0                              |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |              | 0                              |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |              | 70.00                          |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |              | 71.00                          |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |              | 72.00                          |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |              | 73.00                          |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |              | 74.00                          |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |              | 75.00                          |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |              | 76.00                          |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |              | 77.00                          |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |              | 78.00                          |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |              | 79.00                          |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |              | 80.00                          |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |              | 81.00                          |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |              | 82.00                          |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |              | 83.00                          |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |              | 84.00                          |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |              | 85.00                          |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |              | 86.00                          |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |              | 1,631                          |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 844.56                         |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 1,377,477                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet D-1

Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                          |                             | Title XVIII                    |                        | Hospital                                           |                                                                                       | PPS    |       |
|--------------------------------------------------|-----------------------------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|--------|-------|
|                                                  |                             | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |        |       |
|                                                  |                             | 1.00                           | 2.00                   | 3.00                                               | 4.00                                                                                  | 5.00   |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |                                |                        |                                                    |                                                                                       |        |       |
| 90.00                                            | Capital-related cost        | 665,162                        | 13,207,260             | 0.050363                                           | 1,377,477                                                                             | 69,374 | 90.00 |
| 91.00                                            | Nursing School cost         | 0                              | 13,207,260             | 0.000000                                           | 1,377,477                                                                             | 0      | 91.00 |
| 92.00                                            | Allied health cost          | 0                              | 13,207,260             | 0.000000                                           | 1,377,477                                                                             | 0      | 92.00 |
| 93.00                                            | All other Medical Education | 0                              | 13,207,260             | 0.000000                                           | 1,377,477                                                                             | 0      | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0054<br>Component CCN: 14-S054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                         |
| Cost Center Description                                                      |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                             |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 2,528                                       | 1.00                                                        |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 2,528                                       | 2.00                                                        |
| 3.00                                                                         | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                        |
| 4.00                                                                         | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 2,528                                       | 4.00                                                        |
| 5.00                                                                         | Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                    |                                                 | 0                                           | 5.00                                                        |
| 6.00                                                                         | Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                             |                                                 | 0                                           | 6.00                                                        |
| 7.00                                                                         | Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                     |                                                 | 0                                           | 7.00                                                        |
| 8.00                                                                         | Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                              |                                                 | 0                                           | 8.00                                                        |
| 9.00                                                                         | Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)                                                                         |                                                 | 787                                         | 9.00                                                        |
| 10.00                                                                        | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)                        |                                                 | 0                                           | 10.00                                                       |
| 11.00                                                                        | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                                                 | 0                                           | 11.00                                                       |
| 12.00                                                                        | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period                                        |                                                 | 0                                           | 12.00                                                       |
| 13.00                                                                        | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                                                 | 0                                           | 13.00                                                       |
| 14.00                                                                        | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                                                 | 0                                           | 14.00                                                       |
| 15.00                                                                        | Total nursery days (title V or XIX only)                                                                                                                                                  |                                                 | 0                                           | 15.00                                                       |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 | 0                                           | 16.00                                                       |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                                                 | 0.00                                        | 17.00                                                       |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                                                 | 0.00                                        | 18.00                                                       |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                                                 | 0.00                                        | 19.00                                                       |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                                                 | 0.00                                        | 20.00                                                       |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                                                 | 1,635,005                                   | 21.00                                                       |
| 22.00                                                                        | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                                                 | 0                                           | 22.00                                                       |
| 23.00                                                                        | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                                                 | 0                                           | 23.00                                                       |
| 24.00                                                                        | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                                                 | 0                                           | 24.00                                                       |
| 25.00                                                                        | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                                                 | 0                                           | 25.00                                                       |
| 26.00                                                                        | Total swing-bed cost (see instructions)                                                                                                                                                   |                                                 | 0                                           | 26.00                                                       |
| 27.00                                                                        | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                                                 | 1,635,005                                   | 27.00                                                       |
| <b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>                                  |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 28.00                                                                        | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                                                 | 0                                           | 28.00                                                       |
| 29.00                                                                        | Private room charges (excluding swing-bed charges)                                                                                                                                        |                                                 | 0                                           | 29.00                                                       |
| 30.00                                                                        | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                                                 | 0                                           | 30.00                                                       |
| 31.00                                                                        | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                                                 | 0.000000                                    | 31.00                                                       |
| 32.00                                                                        | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                                                 | 0.00                                        | 32.00                                                       |
| 33.00                                                                        | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                                                 | 0.00                                        | 33.00                                                       |
| 34.00                                                                        | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                                                 | 0.00                                        | 34.00                                                       |
| 35.00                                                                        | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                                                 | 0.00                                        | 35.00                                                       |
| 36.00                                                                        | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                                                 | 0                                           | 36.00                                                       |
| 37.00                                                                        | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                                                 | 1,635,005                                   | 37.00                                                       |
| <b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>                              |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| <b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b> |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 38.00                                                                        | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                                                 | 646.76                                      | 38.00                                                       |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 509,000                                     | 39.00                                                       |
| 40.00                                                                        | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                                                 | 0                                           | 40.00                                                       |
| 41.00                                                                        | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                                                 | 509,000                                     | 41.00                                                       |

| COMPUTATION OF INPATIENT OPERATING COST                                       |                                                                                                                                                                                                                                                                 |                         |                         | Provider CCN: 14-0054<br>Component CCN: 14-S054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 |                         |                         | Title XVIII                                     |                                             | Subprovider -<br>IPF                                        | PPS   |
|                                                                               | Cost Center Description                                                                                                                                                                                                                                         | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2)        | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)                        |       |
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                    | 2.00                    | 3.00                                            | 4.00                                        | 5.00                                                        |       |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                            | 0                                           |                                                             | 42.00 |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 0                       | 0                       | 0.00                                            | 0                                           | 0                                                           | 43.00 |
| 44.00                                                                         | CORONARY CARE UNIT                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             |                                                             | 44.00 |
| 45.00                                                                         | BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                         |                         |                                                 |                                             |                                                             | 45.00 |
| 46.00                                                                         | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             |                                                             | 46.00 |
| 47.00                                                                         | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             |                                                             | 47.00 |
| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
|                                                                               |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             | 1.00  |
| 48.00                                                                         | Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                         |                         |                                                 |                                             | 31,528                                                      | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                                 |                                             | 540,528                                                     | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                                 |                                             | 33,479                                                      | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                                 |                                             | 668                                                         | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                                 |                                             | 34,147                                                      | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                                 |                                             | 506,381                                                     | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             | 0                                                           | 54.00 |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                                 |                                             | 0.00                                                        | 55.00 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 0                                                           | 56.00 |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                         |                         |                                                 |                                             | 0                                                           | 57.00 |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                         |                         |                                                 |                                             | 0                                                           | 58.00 |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                         |                         |                                                 |                                             | 0.00                                                        | 59.00 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                         |                         |                                                 |                                             | 0.00                                                        | 60.00 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                         |                         |                                                 |                                             | 0                                                           | 61.00 |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 0                                                           | 62.00 |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                         |                         |                                                 |                                             | 0                                                           | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                         |                         |                                                 |                                             | 0                                                           | 64.00 |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                         |                         |                                                 |                                             | 0                                                           | 65.00 |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                         |                         |                                                 |                                             | 0                                                           | 66.00 |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                         |                         |                                                 |                                             | 0                                                           | 67.00 |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                         |                         |                                                 |                                             | 0                                                           | 68.00 |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                         |                         |                                                 |                                             | 0                                                           | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                         |                         |                                                 |                                             |                                                             | 70.00 |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                         |                         |                                                 |                                             |                                                             | 71.00 |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             | 72.00 |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             | 73.00 |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                         |                         |                                                 |                                             |                                                             | 74.00 |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                         |                         |                                                 |                                             |                                                             | 75.00 |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                         |                         |                                                 |                                             |                                                             | 76.00 |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                         |                         |                                                 |                                             |                                                             | 77.00 |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                         |                         |                                                 |                                             |                                                             | 78.00 |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                         |                         |                                                 |                                             |                                                             | 79.00 |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                         |                         |                                                 |                                             |                                                             | 80.00 |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                         |                         |                                                 |                                             |                                                             | 81.00 |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                         |                         |                                                 |                                             |                                                             | 82.00 |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                         |                         |                                                 |                                             |                                                             | 83.00 |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                             | 84.00 |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                         |                         |                                                 |                                             |                                                             | 85.00 |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                         |                         |                                                 |                                             |                                                             | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |       |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                         |                         |                                                 |                                             | 0                                                           | 87.00 |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                         |                         |                                                 |                                             | 0.00                                                        | 88.00 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                         |                         |                                                 |                                             | 0                                                           | 89.00 |

| COMPUTATION OF INPATIENT OPERATING COST          |                             | Provider CCN: 14-0054<br>Component CCN: 14-S054 |                                | Period:<br>From 03/01/2018<br>To 06/30/2018 |                                                    | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am                           |       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | Title XVIII                                     |                                | Subprovider -<br>IPF                        |                                                    | PPS                                                                                   |       |
| Cost Center Description                          |                             | Cost                                            | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2                      | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|                                                  |                             | 1.00                                            | 2.00                           | 3.00                                        | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |                             |                                                 |                                |                                             |                                                    |                                                                                       |       |
| 90.00                                            | Capital-related cost        | 107,529                                         | 1,635,005                      | 0.065767                                    | 0                                                  | 0                                                                                     | 90.00 |
| 91.00                                            | Nursing School cost         | 0                                               | 1,635,005                      | 0.000000                                    | 0                                                  | 0                                                                                     | 91.00 |
| 92.00                                            | Allied health cost          | 0                                               | 1,635,005                      | 0.000000                                    | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0                                               | 1,635,005                      | 0.000000                                    | 0                                                  | 0                                                                                     | 93.00 |

|                                                                       |                                                                                                                                                                                           |                        |                            |                                            |       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|--------------------------------------------|-------|
| Health Financial Systems                                              |                                                                                                                                                                                           | MACNEAL HOSPITAL       |                            | In Lieu of Form CMS-2552-10                |       |
| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0054  | Period:<br>From 03/01/2018 | Worksheet D-1                              |       |
|                                                                       |                                                                                                                                                                                           | Component CCN: 14-T054 | To 06/30/2018              | Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|                                                                       |                                                                                                                                                                                           | Title XVIII            | Subprovider -<br>IRF       | PPS                                        |       |
| Cost Center Description                                               |                                                                                                                                                                                           |                        |                            | 1.00                                       |       |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                        |                            |                                            |       |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                        |                            |                                            |       |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                        |                            | 988                                        | 1.00  |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                        |                            | 988                                        | 2.00  |
| 3.00                                                                  | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                        |                            | 0                                          | 3.00  |
| 4.00                                                                  | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                        |                            | 988                                        | 4.00  |
| 5.00                                                                  | Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                    |                        |                            | 0                                          | 5.00  |
| 6.00                                                                  | Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                             |                        |                            | 0                                          | 6.00  |
| 7.00                                                                  | Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                     |                        |                            | 0                                          | 7.00  |
| 8.00                                                                  | Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                              |                        |                            | 0                                          | 8.00  |
| 9.00                                                                  | Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)                                                                         |                        |                            | 473                                        | 9.00  |
| 10.00                                                                 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)                        |                        |                            | 0                                          | 10.00 |
| 11.00                                                                 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                        |                            | 0                                          | 11.00 |
| 12.00                                                                 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period                                        |                        |                            | 0                                          | 12.00 |
| 13.00                                                                 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                        |                            | 0                                          | 13.00 |
| 14.00                                                                 | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                        |                            | 0                                          | 14.00 |
| 15.00                                                                 | Total nursery days (title V or XIX only)                                                                                                                                                  |                        |                            | 0                                          | 15.00 |
| 16.00                                                                 | Nursery days (title V or XIX only)                                                                                                                                                        |                        |                            | 0                                          | 16.00 |
| SWING BED ADJUSTMENT                                                  |                                                                                                                                                                                           |                        |                            |                                            |       |
| 17.00                                                                 | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                        |                            | 0.00                                       | 17.00 |
| 18.00                                                                 | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                        |                            | 0.00                                       | 18.00 |
| 19.00                                                                 | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                        |                            | 0.00                                       | 19.00 |
| 20.00                                                                 | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                        |                            | 0.00                                       | 20.00 |
| 21.00                                                                 | Total general inpatient routine service cost (see instructions)                                                                                                                           |                        |                            | 783,221                                    | 21.00 |
| 22.00                                                                 | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                        |                            | 0                                          | 22.00 |
| 23.00                                                                 | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                        |                            | 0                                          | 23.00 |
| 24.00                                                                 | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                        |                            | 0                                          | 24.00 |
| 25.00                                                                 | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                        |                            | 0                                          | 25.00 |
| 26.00                                                                 | Total swing-bed cost (see instructions)                                                                                                                                                   |                        |                            | 0                                          | 26.00 |
| 27.00                                                                 | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                        |                            | 783,221                                    | 27.00 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                                  |                                                                                                                                                                                           |                        |                            |                                            |       |
| 28.00                                                                 | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                        |                            | 0                                          | 28.00 |
| 29.00                                                                 | Private room charges (excluding swing-bed charges)                                                                                                                                        |                        |                            | 0                                          | 29.00 |
| 30.00                                                                 | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                        |                            | 0                                          | 30.00 |
| 31.00                                                                 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                        |                            | 0.000000                                   | 31.00 |
| 32.00                                                                 | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                        |                            | 0.00                                       | 32.00 |
| 33.00                                                                 | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                        |                            | 0.00                                       | 33.00 |
| 34.00                                                                 | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                        |                            | 0.00                                       | 34.00 |
| 35.00                                                                 | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                        |                            | 0.00                                       | 35.00 |
| 36.00                                                                 | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                        |                            | 0                                          | 36.00 |
| 37.00                                                                 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                        |                            | 783,221                                    | 37.00 |
| PART II - HOSPITAL AND SUBPROVIDERS ONLY                              |                                                                                                                                                                                           |                        |                            |                                            |       |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS |                                                                                                                                                                                           |                        |                            |                                            |       |
| 38.00                                                                 | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                        |                            | 792.73                                     | 38.00 |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                        |                            | 374,961                                    | 39.00 |
| 40.00                                                                 | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                        |                            | 0                                          | 40.00 |
| 41.00                                                                 | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                        |                            | 374,961                                    | 41.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                         |                         | Provider CCN: 14-0054<br>Component CCN: 14-T054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                         |                         | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                         |
| Cost Center Description                                                                                                                                                                                                                                               | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2)        | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)                        |
|                                                                                                                                                                                                                                                                       | 1.00                    | 2.00                    | 3.00                                            | 4.00                                        | 5.00                                                        |
| 42.00 NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 0                       | 0                       | 0.00                                            | 0                                           | 0                                                           |
| Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                          |                         |                         |                                                 |                                             |                                                             |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 0                       | 0                       | 0.00                                            | 0                                           | 0                                                           |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             |                                                             |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                         |                         |                                                 |                                             |                                                             |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             |                                                             |
| 47.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             |                                                             |
| Cost Center Description                                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 1.00                                                        |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                         |                         |                                                 |                                             | 190,066                                                     |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                                 |                                             | 565,027                                                     |
| PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                             |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                                 |                                             | 32,013                                                      |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                                 |                                             | 4,485                                                       |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                                 |                                             | 36,498                                                      |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                                 |                                             | 528,529                                                     |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                   |                         |                         |                                                 |                                             |                                                             |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             | 0                                                           |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                                 |                                             | 0.00                                                        |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 0                                                           |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                         |                         |                                                 |                                             | 0                                                           |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                         |                         |                                                 |                                             | 0                                                           |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                         |                         |                                                 |                                             | 0.00                                                        |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                         |                         |                                                 |                                             | 0.00                                                        |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                         |                         |                                                 |                                             | 0                                                           |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 0                                                           |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                         |                         |                                                 |                                             | 0                                                           |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                              |                         |                         |                                                 |                                             |                                                             |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                         |                         |                                                 |                                             | 0                                                           |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                         |                         |                                                 |                                             | 0                                                           |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                         |                         |                                                 |                                             | 0                                                           |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                         |                         |                                                 |                                             | 0                                                           |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                         |                         |                                                 |                                             | 0                                                           |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                         |                         |                                                 |                                             | 0                                                           |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                             |
| 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                         |                         |                                                 |                                             |                                                             |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                         |                         |                                                 |                                             |                                                             |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |
| 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                         |                         |                                                 |                                             |                                                             |
| 74.00 Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                         |                         |                                                 |                                             |                                                             |
| 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                         |                         |                                                 |                                             |                                                             |
| 76.00 Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                         |                         |                                                 |                                             |                                                             |
| 77.00 Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                         |                         |                                                 |                                             |                                                             |
| 78.00 Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                         |                         |                                                 |                                             |                                                             |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                         |                         |                                                 |                                             |                                                             |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                         |                         |                                                 |                                             |                                                             |
| 81.00 Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                         |                         |                                                 |                                             |                                                             |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                         |                         |                                                 |                                             |                                                             |
| 83.00 Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                         |                         |                                                 |                                             |                                                             |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                             |
| 85.00 Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                         |                         |                                                 |                                             |                                                             |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                         |                         |                                                 |                                             |                                                             |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                                                                                                                                                            |                         |                         |                                                 |                                             |                                                             |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                         |                         |                                                 |                                             | 0                                                           |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                         |                         |                                                 |                                             | 0.00                                                        |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                         |                         |                                                 |                                             | 0                                                           |

| COMPUTATION OF INPATIENT OPERATING COST          |        | Provider CCN: 14-0054<br>Component CCN: 14-T054 |                        | Period:<br>From 03/01/2018<br>To 06/30/2018        | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am                           |       |
|--------------------------------------------------|--------|-------------------------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |        | Title XVIII                                     |                        | Subprovider -<br>IRF                               | PPS                                                                                   |       |
| Cost Center Description                          | Cost   | Routine Cost<br>(from line 21)                  | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|                                                  | 1.00   | 2.00                                            | 3.00                   | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST |        |                                                 |                        |                                                    |                                                                                       |       |
| 90.00 Capital-related cost                       | 66,868 | 783,221                                         | 0.085376               | 0                                                  | 0                                                                                     | 90.00 |
| 91.00 Nursing School cost                        | 0      | 783,221                                         | 0.000000               | 0                                                  | 0                                                                                     | 91.00 |
| 92.00 Allied health cost                         | 0      | 783,221                                         | 0.000000               | 0                                                  | 0                                                                                     | 92.00 |
| 93.00 All other Medical Education                | 0      | 783,221                                         | 0.000000               | 0                                                  | 0                                                                                     | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0054<br>Component CCN: 14-5848 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | Title XVIII                                     | Skilled Nursing Facility                    | PPS                                                         |
| Cost Center Description                                               |                                                                                                                                                                                           |                                                 | 1.00                                        |                                                             |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 2,265                                       | 1.00                                                        |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 2,265                                       | 2.00                                                        |
| 3.00                                                                  | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                        |
| 4.00                                                                  | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 2,265                                       | 4.00                                                        |
| 5.00                                                                  | Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                    |                                                 | 0                                           | 5.00                                                        |
| 6.00                                                                  | Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                             |                                                 | 0                                           | 6.00                                                        |
| 7.00                                                                  | Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period                                                                     |                                                 | 0                                           | 7.00                                                        |
| 8.00                                                                  | Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)                              |                                                 | 0                                           | 8.00                                                        |
| 9.00                                                                  | Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)                                                                         |                                                 | 1,372                                       | 9.00                                                        |
| 10.00                                                                 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)                        |                                                 | 0                                           | 10.00                                                       |
| 11.00                                                                 | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                                                 | 0                                           | 11.00                                                       |
| 12.00                                                                 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period                                        |                                                 | 0                                           | 12.00                                                       |
| 13.00                                                                 | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                                                 | 0                                           | 13.00                                                       |
| 14.00                                                                 | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                                                 | 0                                           | 14.00                                                       |
| 15.00                                                                 | Total nursery days (title V or XIX only)                                                                                                                                                  |                                                 | 0                                           | 15.00                                                       |
| 16.00                                                                 | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 | 0                                           | 16.00                                                       |
| SWING BED ADJUSTMENT                                                  |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 17.00                                                                 | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                                                 | 0.00                                        | 17.00                                                       |
| 18.00                                                                 | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                                                 | 0.00                                        | 18.00                                                       |
| 19.00                                                                 | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                                                 | 0.00                                        | 19.00                                                       |
| 20.00                                                                 | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                                                 | 0.00                                        | 20.00                                                       |
| 21.00                                                                 | Total general inpatient routine service cost (see instructions)                                                                                                                           |                                                 | 1,366,538                                   | 21.00                                                       |
| 22.00                                                                 | Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)                                                                        |                                                 | 0                                           | 22.00                                                       |
| 23.00                                                                 | Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)                                                                          |                                                 | 0                                           | 23.00                                                       |
| 24.00                                                                 | Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)                                                                         |                                                 | 0                                           | 24.00                                                       |
| 25.00                                                                 | Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)                                                                           |                                                 | 0                                           | 25.00                                                       |
| 26.00                                                                 | Total swing-bed cost (see instructions)                                                                                                                                                   |                                                 | 0                                           | 26.00                                                       |
| 27.00                                                                 | General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)                                                                                                      |                                                 | 1,366,538                                   | 27.00                                                       |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                                  |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 28.00                                                                 | General inpatient routine service charges (excluding swing-bed and observation bed charges)                                                                                               |                                                 | 0                                           | 28.00                                                       |
| 29.00                                                                 | Private room charges (excluding swing-bed charges)                                                                                                                                        |                                                 | 0                                           | 29.00                                                       |
| 30.00                                                                 | Semi-private room charges (excluding swing-bed charges)                                                                                                                                   |                                                 | 0                                           | 30.00                                                       |
| 31.00                                                                 | General inpatient routine service cost/charge ratio (line 27 ÷ line 28)                                                                                                                   |                                                 | 0.000000                                    | 31.00                                                       |
| 32.00                                                                 | Average private room per diem charge (line 29 ÷ line 3)                                                                                                                                   |                                                 | 0.00                                        | 32.00                                                       |
| 33.00                                                                 | Average semi-private room per diem charge (line 30 ÷ line 4)                                                                                                                              |                                                 | 0.00                                        | 33.00                                                       |
| 34.00                                                                 | Average per diem private room charge differential (line 32 minus line 33)(see instructions)                                                                                               |                                                 | 0.00                                        | 34.00                                                       |
| 35.00                                                                 | Average per diem private room cost differential (line 34 x line 31)                                                                                                                       |                                                 | 0.00                                        | 35.00                                                       |
| 36.00                                                                 | Private room cost differential adjustment (line 3 x line 35)                                                                                                                              |                                                 | 0                                           | 36.00                                                       |
| 37.00                                                                 | General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)                                                                   |                                                 | 1,366,538                                   | 37.00                                                       |
| PART II - HOSPITAL AND SUBPROVIDERS ONLY                              |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS |                                                                                                                                                                                           |                                                 |                                             |                                                             |
| 38.00                                                                 | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                                                 |                                             | 38.00                                                       |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 |                                             | 39.00                                                       |
| 40.00                                                                 | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                                                 |                                             | 40.00                                                       |
| 41.00                                                                 | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                                                 |                                             | 41.00                                                       |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                         |                         | Provider CCN: 14-0054<br>Component CCN: 14-5848 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                         |                         | Title XVIII                                     | Skilled Nursing<br>Facility                 | PPS                                                         |
| Cost Center Description                                                                                                                                                                                                                                               | Total<br>Inpatient Cost | Total<br>Inpatient Days | Average Per<br>Diem (col. 1 ÷<br>col. 2)        | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)                        |
|                                                                                                                                                                                                                                                                       | 1.00                    | 2.00                    | 3.00                                            | 4.00                                        | 5.00                                                        |
| 42.00 NURSERY (title V & XIX only)                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             | 42.00                                                       |
| Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                          |                         |                         |                                                 |                                             |                                                             |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             |                         |                         |                                                 |                                             | 43.00                                                       |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             | 44.00                                                       |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                         |                         |                                                 |                                             | 45.00                                                       |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             | 46.00                                                       |
| 47.00 OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                                                                                                    |                         |                         |                                                 |                                             | 47.00                                                       |
| Cost Center Description                                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 1.00                                                        |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                         |                         |                                                 |                                             | 48.00                                                       |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                                 |                                             | 49.00                                                       |
| PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                             |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                                 |                                             | 50.00                                                       |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                                 |                                             | 51.00                                                       |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                                 |                                             | 52.00                                                       |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                                 |                                             | 53.00                                                       |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                   |                         |                         |                                                 |                                             |                                                             |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             | 54.00                                                       |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                                 |                                             | 55.00                                                       |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 56.00                                                       |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                         |                         |                                                 |                                             | 57.00                                                       |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                         |                         |                                                 |                                             | 58.00                                                       |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                         |                         |                                                 |                                             | 59.00                                                       |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                         |                         |                                                 |                                             | 60.00                                                       |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                         |                         |                                                 |                                             | 61.00                                                       |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                         |                         |                                                 |                                             | 62.00                                                       |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                         |                         |                                                 |                                             | 63.00                                                       |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                              |                         |                         |                                                 |                                             |                                                             |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                         |                         |                                                 |                                             | 64.00                                                       |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                         |                         |                                                 |                                             | 65.00                                                       |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                         |                         |                                                 |                                             | 66.00                                                       |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                         |                         |                                                 |                                             | 67.00                                                       |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                         |                         |                                                 |                                             | 68.00                                                       |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                         |                         |                                                 |                                             | 69.00                                                       |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                             |
| 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                         |                         |                                                 | 1,366,538                                   | 70.00                                                       |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                         |                         |                                                 | 603.33                                      | 71.00                                                       |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                         |                         |                                                 | 827,769                                     | 72.00                                                       |
| 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                         |                         |                                                 | 0                                           | 73.00                                                       |
| 74.00 Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                         |                         |                                                 | 827,769                                     | 74.00                                                       |
| 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                         |                         |                                                 | 0                                           | 75.00                                                       |
| 76.00 Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                         |                         |                                                 | 0.00                                        | 76.00                                                       |
| 77.00 Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                         |                         |                                                 | 0                                           | 77.00                                                       |
| 78.00 Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                         |                         |                                                 | 0                                           | 78.00                                                       |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                         |                         |                                                 | 0                                           | 79.00                                                       |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                         |                         |                                                 | 0                                           | 80.00                                                       |
| 81.00 Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                         |                         |                                                 | 0.00                                        | 81.00                                                       |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                         |                         |                                                 | 0                                           | 82.00                                                       |
| 83.00 Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                         |                         |                                                 | 827,769                                     | 83.00                                                       |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                         |                         |                                                 | 0                                           | 84.00                                                       |
| 85.00 Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                         |                         |                                                 | 0                                           | 85.00                                                       |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                         |                         |                                                 | 827,769                                     | 86.00                                                       |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                                                                                                                                                            |                         |                         |                                                 |                                             |                                                             |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                         |                         |                                                 | 0                                           | 87.00                                                       |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                         |                         |                                                 | 0.00                                        | 88.00                                                       |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                         |                         |                                                 | 0                                           | 89.00                                                       |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054  
Component CCN: 14-5848

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet D-1  
Date/Time Prepared:  
11/30/2018 11:45 am  
PPS

Title XVIII

Skilled Nursing  
Facility

| Cost Center Description                          |                             | Cost | Routine Cost<br>(from line 21) | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost (from<br>line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x col.<br>4) (see<br>instructions) |       |
|--------------------------------------------------|-----------------------------|------|--------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             | 1.00 | 2.00                           | 3.00                   | 4.00                                               | 5.00                                                                                  |       |
| COMPUTATION OF OBSERVATION BED PASS THROUGH 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    | 0                              | 0.000000               | 0                                                  | 0                                                                                     | 92.00 |
| 93.00                                            | All other Medical Education | 0    | 0                              | 0.000000               | 0                                                  | 0                                                                                     | 93.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0054       | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|-------------------------------------------------------------|
|                                                |       |                                                                    | Title XVIII                 | Hospital                                    | PPS                                                         |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)          |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                                        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |       |                                                                    |                             |                                             |                                                             |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 7,495,453                                   | 30.00                                                       |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 2,471,879                                   | 31.00                                                       |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 0                                           | 40.00                                                       |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                                       |
| 43.00                                          | 04300 | NURSERY                                                            |                             |                                             | 43.00                                                       |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                             |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.087203                    | 5,827,569                                   | 508,181 50.00                                               |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.049094                    | 561,324                                     | 27,558 51.00                                                |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.200721                    | 73,907                                      | 14,835 52.00                                                |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.023058                    | 1,935,687                                   | 44,633 53.00                                                |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.232073                    | 1,616,404                                   | 375,124 54.00                                               |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.061552                    | 442,135                                     | 27,214 56.00                                                |
| 56.01                                          | 03630 | ULTRA SOUND                                                        | 0.041200                    | 748,711                                     | 30,847 56.01                                                |
| 56.02                                          | 03440 | MAMMOGRAPHY                                                        | 0.065337                    | 0                                           | 0 56.02                                                     |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.011886                    | 5,333,366                                   | 63,392 57.00                                                |
| 58.00                                          | 05800 | MRI                                                                | 0.019377                    | 688,485                                     | 13,341 58.00                                                |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.092732                    | 2,583,600                                   | 239,582 59.00                                               |
| 59.01                                          | 05901 | GASTRO INTESTINAL                                                  | 0.056657                    | 1,405,922                                   | 79,655 59.01                                                |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.011875                    | 5,984,906                                   | 71,071 60.00                                                |
| 62.30                                          | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                    | 0.000000                    | 0                                           | 0 62.30                                                     |
| 63.00                                          | 06300 | BLOOD STORING PROCESSING & TRANS.                                  | 0.215757                    | 253,692                                     | 54,736 63.00                                                |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.204524                    | 966,226                                     | 197,616 65.00                                               |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.155135                    | 853,863                                     | 132,464 66.00                                               |
| 66.01                                          | 06601 | TCU REHAB                                                          | 0.000000                    | 0                                           | 0 66.01                                                     |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.157173                    | 715,204                                     | 112,411 67.00                                               |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.199026                    | 239,427                                     | 47,652 68.00                                                |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.033158                    | 2,054,308                                   | 68,117 69.00                                                |
| 69.01                                          | 06901 | CARDIAC HEHAB                                                      | 0.253451                    | 0                                           | 0 69.01                                                     |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.104540                    | 3,178,402                                   | 332,270 71.00                                               |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.206676                    | 3,708,643                                   | 766,488 72.00                                               |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.076799                    | 6,607,387                                   | 507,441 73.00                                               |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.861379                    | 202,450                                     | 174,386 74.00                                               |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.000000                    | 0                                           | 0 76.97                                                     |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.000000                    | 0                                           | 0 76.98                                                     |
| 76.99                                          | 07699 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 0 76.99                                                     |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                             |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.075575                    | 3,613,789                                   | 273,112 91.00                                               |
| 91.01                                          | 09101 | FAMILY PRACTICES                                                   | 1.343420                    | 0                                           | 0 91.01                                                     |
| 91.02                                          | 09102 | PSYCH DAY HOSPITAL                                                 | 0.108113                    | 0                                           | 0 91.02                                                     |
| 91.03                                          | 09103 | WOUND CARE                                                         | 0.345929                    | 0                                           | 0 91.03                                                     |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                                | 0.137407                    | 445,737                                     | 61,247 92.00                                                |
| 93.99                                          | 09399 | PARTIAL HOSPITALIZATION PROGRAM                                    | 0.000000                    | 0                                           | 0 93.99                                                     |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 50,041,144                                  | 4,223,373 200.00                                            |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 0 201.00                                                    |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 50,041,144                                  | 0 202.00                                                    |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0054       | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-3                                      |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------|
|                                                |       |                                                                    | Component CCN: 14-S054      |                                             | Date/Time Prepared:<br>11/30/2018 11:45 am         |
|                                                |       |                                                                    | Title XVIII                 | Subprovider -<br>IPF                        | PPS                                                |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2) |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                               |
| INPATIENT ROUTINE SERVICE COST CENTERS         |       |                                                                    |                             |                                             |                                                    |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 0                                           | 30.00                                              |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 0                                           | 31.00                                              |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                             | 1,554,336                                   | 40.00                                              |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                              |
| 43.00                                          | 04300 | NURSERY                                                            |                             |                                             | 43.00                                              |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                    |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.087203                    | 9                                           | 50.00                                              |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.049094                    | 0                                           | 51.00                                              |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.200721                    | 3                                           | 52.00                                              |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.023058                    | 0                                           | 53.00                                              |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.232073                    | 3,582                                       | 54.00                                              |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.061552                    | 0                                           | 56.00                                              |
| 56.01                                          | 03630 | ULTRA SOUND                                                        | 0.041200                    | 3,203                                       | 56.01                                              |
| 56.02                                          | 03440 | MAMMOGRAPHY                                                        | 0.065337                    | 0                                           | 56.02                                              |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.011886                    | 3,423                                       | 57.00                                              |
| 58.00                                          | 05800 | MRI                                                                | 0.019377                    | 4,205                                       | 58.00                                              |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.092732                    | 957                                         | 59.00                                              |
| 59.01                                          | 05901 | GASTRO INTESTINAL                                                  | 0.056657                    | -9                                          | 59.01                                              |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.011875                    | 84,796                                      | 60.00                                              |
| 62.30                                          | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                    | 0.000000                    | 0                                           | 62.30                                              |
| 63.00                                          | 06300 | BLOOD STORING PROCESSING & TRANS.                                  | 0.215757                    | 302                                         | 63.00                                              |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.204524                    | 13,559                                      | 65.00                                              |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.155135                    | 20,043                                      | 66.00                                              |
| 66.01                                          | 06601 | TCU REHAB                                                          | 0.000000                    | 0                                           | 66.01                                              |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.157173                    | 12,678                                      | 67.00                                              |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.199026                    | 571                                         | 68.00                                              |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.033158                    | 5,723                                       | 69.00                                              |
| 69.01                                          | 06901 | CARDIAC HEHAB                                                      | 0.253451                    | 0                                           | 69.01                                              |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.104540                    | 72                                          | 71.00                                              |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.206676                    | 0                                           | 72.00                                              |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.076799                    | 274,323                                     | 73.00                                              |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.861379                    | 0                                           | 74.00                                              |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.000000                    | 0                                           | 76.97                                              |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.000000                    | 0                                           | 76.98                                              |
| 76.99                                          | 07699 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 76.99                                              |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                    |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.075575                    | 350                                         | 91.00                                              |
| 91.01                                          | 09101 | FAMILY PRACTICES                                                   | 1.343420                    | 0                                           | 91.01                                              |
| 91.02                                          | 09102 | PSYCH DAY HOSPITAL                                                 | 0.108113                    | 0                                           | 91.02                                              |
| 91.03                                          | 09103 | WOUND CARE                                                         | 0.345929                    | 0                                           | 91.03                                              |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                                | 0.137407                    | 0                                           | 92.00                                              |
| 93.99                                          | 09399 | PARTIAL HOSPITALIZATION PROGRAM                                    | 0.000000                    | 0                                           | 93.99                                              |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 427,790                                     | 200.00                                             |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 201.00                                             |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 427,790                                     | 202.00                                             |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 14-0054<br>Component CCN: 14-T054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/30/2018 11:45 am |        |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|--------|
|                                                |                                                                    | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                         |        |
| Cost Center Description                        |                                                                    | Ratio of Cost<br>To Charges                     | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)          |        |
|                                                |                                                                    | 1.00                                            | 2.00                                        | 3.00                                                        |        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |                                                                    |                                                 |                                             |                                                             |        |
| 30.00                                          | 03000 ADULTS & PEDIATRICS                                          |                                                 | 0                                           |                                                             | 30.00  |
| 31.00                                          | 03100 INTENSIVE CARE UNIT                                          |                                                 | 0                                           |                                                             | 31.00  |
| 40.00                                          | 04000 SUBPROVIDER - IPF                                            |                                                 | 0                                           |                                                             | 40.00  |
| 41.00                                          | 04100 SUBPROVIDER - IRF                                            |                                                 | 707,608                                     |                                                             | 41.00  |
| 43.00                                          | 04300 NURSERY                                                      |                                                 |                                             |                                                             | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                                                 |                                             |                                                             |        |
| 50.00                                          | 05000 OPERATING ROOM                                               | 0.087203                                        | 0                                           | 0                                                           | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.049094                                        | 0                                           | 0                                                           | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.200721                                        | 0                                           | 0                                                           | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.023058                                        | 0                                           | 0                                                           | 53.00  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.232073                                        | 19,670                                      | 4,565                                                       | 54.00  |
| 56.00                                          | 05600 RADIOISOTOPE                                                 | 0.061552                                        | 9,725                                       | 599                                                         | 56.00  |
| 56.01                                          | 03630 ULTRA SOUND                                                  | 0.041200                                        | 6,601                                       | 272                                                         | 56.01  |
| 56.02                                          | 03440 MAMMOGRAPHY                                                  | 0.065337                                        | 0                                           | 0                                                           | 56.02  |
| 57.00                                          | 05700 CT SCAN                                                      | 0.011886                                        | 18,565                                      | 221                                                         | 57.00  |
| 58.00                                          | 05800 MRI                                                          | 0.019377                                        | 2,102                                       | 41                                                          | 58.00  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.092732                                        | 6,959                                       | 645                                                         | 59.00  |
| 59.01                                          | 05901 GASTRO INTESTINAL                                            | 0.056657                                        | 150                                         | 8                                                           | 59.01  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.011875                                        | 79,688                                      | 946                                                         | 60.00  |
| 62.30                                          | 06250 BLOOD CLOTTING FOR HEMOPHILIACS                              | 0.000000                                        | 0                                           | 0                                                           | 62.30  |
| 63.00                                          | 06300 BLOOD STORING PROCESSING & TRANS.                            | 0.215757                                        | 0                                           | 0                                                           | 63.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.204524                                        | 20,933                                      | 4,281                                                       | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.155135                                        | 398,898                                     | 61,883                                                      | 66.00  |
| 66.01                                          | 06601 TCU REHAB                                                    | 0.000000                                        | 0                                           | 0                                                           | 66.01  |
| 67.00                                          | 06700 OCCUPATIONAL THERAPY                                         | 0.157173                                        | 432,410                                     | 67,963                                                      | 67.00  |
| 68.00                                          | 06800 SPEECH PATHOLOGY                                             | 0.199026                                        | 115,230                                     | 22,934                                                      | 68.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.033158                                        | 10,400                                      | 345                                                         | 69.00  |
| 69.01                                          | 06901 CARDIAC HEHAB                                                | 0.253451                                        | 0                                           | 0                                                           | 69.01  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.104540                                        | 7,557                                       | 790                                                         | 71.00  |
| 72.00                                          | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.206676                                        | 4,533                                       | 937                                                         | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.076799                                        | 232,228                                     | 17,835                                                      | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.861379                                        | 6,703                                       | 5,774                                                       | 74.00  |
| 76.97                                          | 07697 CARDIAC REHABILITATION                                       | 0.000000                                        | 0                                           | 0                                                           | 76.97  |
| 76.98                                          | 07698 HYPERBARIC OXYGEN THERAPY                                    | 0.000000                                        | 0                                           | 0                                                           | 76.98  |
| 76.99                                          | 07699 LITHOTRIPSY                                                  | 0.000000                                        | 0                                           | 0                                                           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                |                                                                    |                                                 |                                             |                                                             |        |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.075575                                        | 352                                         | 27                                                          | 91.00  |
| 91.01                                          | 09101 FAMILY PRACTICES                                             | 1.343420                                        | 0                                           | 0                                                           | 91.01  |
| 91.02                                          | 09102 PSYCH DAY HOSPITAL                                           | 0.108113                                        | 0                                           | 0                                                           | 91.02  |
| 91.03                                          | 09103 WOUND CARE                                                   | 0.345929                                        | 0                                           | 0                                                           | 91.03  |
| 92.00                                          | 09200 OBSERVATION BEDS (NON-DISTINCT PART                          | 0.137407                                        | 0                                           | 0                                                           | 92.00  |
| 93.99                                          | 09399 PARTIAL HOSPITALIZATION PROGRAM                              | 0.000000                                        | 0                                           | 0                                                           | 93.99  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                                                 | 1,372,704                                   | 190,066                                                     | 200.00 |
| 201.00                                         | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                                                 | 0                                           |                                                             | 201.00 |
| 202.00                                         | Net charges (line 200 minus line 201)                              |                                                 | 1,372,704                                   |                                                             | 202.00 |

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet E  
Part A  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                           |                                                                                                                                                                                                                                         | Title XVIII | Hospital | PPS       |       |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|-----------|-------|
|                                                                           |                                                                                                                                                                                                                                         |             |          | 1.00      |       |
| PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS                           |                                                                                                                                                                                                                                         |             |          |           |       |
| 1.00                                                                      | DRG Amounts Other than Outlier Payments                                                                                                                                                                                                 |             |          | 0         | 1.00  |
| 1.01                                                                      | DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)                                                                                                                                  |             |          | 0         | 1.01  |
| 1.02                                                                      | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |             |          | 9,229,674 | 1.02  |
| 1.03                                                                      | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)                                                                                                              |             |          | 0         | 1.03  |
| 1.04                                                                      | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)                                                                                                           |             |          | 0         | 1.04  |
| 2.00                                                                      | Outlier payments for discharges. (see instructions)                                                                                                                                                                                     |             |          | 75,741    | 2.00  |
| 2.01                                                                      | Outlier reconciliation amount                                                                                                                                                                                                           |             |          | 0         | 2.01  |
| 2.02                                                                      | Outlier payment for discharges for Model 4 BPCI (see instructions)                                                                                                                                                                      |             |          | 0         | 2.02  |
| 3.00                                                                      | Managed Care Simulated Payments                                                                                                                                                                                                         |             |          | 5,643,713 | 3.00  |
| 4.00                                                                      | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |             |          | 249.63    | 4.00  |
| Indirect Medical Education Adjustment                                     |                                                                                                                                                                                                                                         |             |          |           |       |
| 5.00                                                                      | FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)                                                                                           |             |          | 78.16     | 5.00  |
| 6.00                                                                      | FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)                                                                                 |             |          | 0.00      | 6.00  |
| 7.00                                                                      | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)                                                                                                                                      |             |          | 0.00      | 7.00  |
| 7.01                                                                      | ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.                                                                          |             |          | 0.00      | 7.01  |
| 8.00                                                                      | Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002). |             |          | 34.87     | 8.00  |
| 8.01                                                                      | The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                                                                                  |             |          | 0.00      | 8.01  |
| 8.02                                                                      | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)                                                                                                |             |          | 0.32      | 8.02  |
| 9.00                                                                      | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)                                                                                                                                   |             |          | 113.35    | 9.00  |
| 10.00                                                                     | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |             |          | 103.40    | 10.00 |
| 11.00                                                                     | FTE count for residents in dental and podiatric programs.                                                                                                                                                                               |             |          | 0.81      | 11.00 |
| 12.00                                                                     | Current year allowable FTE (see instructions)                                                                                                                                                                                           |             |          | 104.21    | 12.00 |
| 13.00                                                                     | Total allowable FTE count for the prior year.                                                                                                                                                                                           |             |          | 105.17    | 13.00 |
| 14.00                                                                     | Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.                                                                                                             |             |          | 95.68     | 14.00 |
| 15.00                                                                     | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |             |          | 101.69    | 15.00 |
| 16.00                                                                     | Adjustment for residents in initial years of the program                                                                                                                                                                                |             |          | 0.00      | 16.00 |
| 17.00                                                                     | Adjustment for residents displaced by program or hospital closure                                                                                                                                                                       |             |          | 0.00      | 17.00 |
| 18.00                                                                     | Adjusted rolling average FTE count                                                                                                                                                                                                      |             |          | 101.69    | 18.00 |
| 19.00                                                                     | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |             |          | 0.407363  | 19.00 |
| 20.00                                                                     | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |             |          | 0.418371  | 20.00 |
| 21.00                                                                     | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |             |          | 0.407363  | 21.00 |
| 22.00                                                                     | IME payment adjustment (see instructions)                                                                                                                                                                                               |             |          | 1,849,451 | 22.00 |
| 22.01                                                                     | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |             |          | 1,130,893 | 22.01 |
| Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA |                                                                                                                                                                                                                                         |             |          |           |       |
| 23.00                                                                     | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C ).                                                                                                                         |             |          | 0.00      | 23.00 |
| 24.00                                                                     | IME FTE Resident Count Over Cap (see instructions)                                                                                                                                                                                      |             |          | -9.95     | 24.00 |
| 25.00                                                                     | If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)                                                                                                                             |             |          | 0.00      | 25.00 |
| 26.00                                                                     | Resident to bed ratio (divide line 25 by line 4)                                                                                                                                                                                        |             |          | 0.000000  | 26.00 |
| 27.00                                                                     | IME payments adjustment factor. (see instructions)                                                                                                                                                                                      |             |          | 0.000000  | 27.00 |
| 28.00                                                                     | IME add-on adjustment amount (see instructions)                                                                                                                                                                                         |             |          | 0         | 28.00 |
| 28.01                                                                     | IME add-on adjustment amount - Managed Care (see instructions)                                                                                                                                                                          |             |          | 0         | 28.01 |
| 29.00                                                                     | Total IME payment ( sum of lines 22 and 28)                                                                                                                                                                                             |             |          | 1,849,451 | 29.00 |
| 29.01                                                                     | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |             |          | 1,130,893 | 29.01 |
| Disproportionate Share Adjustment                                         |                                                                                                                                                                                                                                         |             |          |           |       |
| 30.00                                                                     | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |             |          | 5.78      | 30.00 |
| 31.00                                                                     | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |             |          | 39.93     | 31.00 |
| 32.00                                                                     | Sum of lines 30 and 31                                                                                                                                                                                                                  |             |          | 45.71     | 32.00 |
| 33.00                                                                     | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |             |          | 26.93     | 33.00 |
| 34.00                                                                     | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |             |          | 621,388   | 34.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                            |                                                                                                                                   | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|-------|
|                                                                                                    |                                                                                                                                   | Title XVIII           | Hospital                                    | PPS                                                                 |       |
|                                                                                                    |                                                                                                                                   |                       | Prior to 10/1                               | On/After 10/1                                                       |       |
|                                                                                                    |                                                                                                                                   |                       | 1.00                                        | 2.00                                                                |       |
| <b>Uncompensated Care Adjustment</b>                                                               |                                                                                                                                   |                       |                                             |                                                                     |       |
| 35.00                                                                                              | Total uncompensated care amount (see instructions)                                                                                |                       | 6,766,695,164                               | 0                                                                   | 35.00 |
| 35.01                                                                                              | Factor 3 (see instructions)                                                                                                       |                       | 0.000473811                                 | 0.000000000                                                         | 35.01 |
| 35.02                                                                                              | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)                              |                       | 3,206,135                                   | 0                                                                   | 35.02 |
| 35.03                                                                                              | Pro rata share of the hospital uncompensated care payment amount (see instructions)                                               |                       | 1,071,641                                   | 0                                                                   | 35.03 |
| 36.00                                                                                              | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                                   |                       | 1,071,641                                   |                                                                     | 36.00 |
| <b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b> |                                                                                                                                   |                       |                                             |                                                                     |       |
| 40.00                                                                                              | Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions) |                       | 0                                           |                                                                     | 40.00 |
| 41.00                                                                                              | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                                   |                       | 0                                           |                                                                     | 41.00 |
| 41.01                                                                                              | Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                  |                       | 0                                           |                                                                     | 41.01 |
| 42.00                                                                                              | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                                                   |                       | 0.00                                        |                                                                     | 42.00 |
| 43.00                                                                                              | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                               |                       | 0                                           |                                                                     | 43.00 |
| 44.00                                                                                              | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)                                        |                       | 0.000000                                    |                                                                     | 44.00 |
| 45.00                                                                                              | Average weekly cost for dialysis treatments (see instructions)                                                                    |                       | 0.00                                        |                                                                     | 45.00 |
| 46.00                                                                                              | Total additional payment (line 45 times line 44 times line 41.01)                                                                 |                       | 0                                           |                                                                     | 46.00 |
| 47.00                                                                                              | Subtotal (see instructions)                                                                                                       |                       | 12,847,895                                  |                                                                     | 47.00 |
| 48.00                                                                                              | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))                       |                       | 0                                           |                                                                     | 48.00 |
|                                                                                                    |                                                                                                                                   |                       |                                             | <b>Amount</b>                                                       |       |
|                                                                                                    |                                                                                                                                   |                       |                                             | 1.00                                                                |       |
| 49.00                                                                                              | Total payment for inpatient operating costs (see instructions)                                                                    |                       |                                             | 13,978,788                                                          | 49.00 |
| 50.00                                                                                              | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                                             |                       |                                             | 947,584                                                             | 50.00 |
| 51.00                                                                                              | Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)                                              |                       |                                             | 0                                                                   | 51.00 |
| 52.00                                                                                              | Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).                                             |                       |                                             | 1,446,256                                                           | 52.00 |
| 53.00                                                                                              | Nursing and Allied Health Managed Care payment                                                                                    |                       |                                             | 0                                                                   | 53.00 |
| 54.00                                                                                              | Special add-on payments for new technologies                                                                                      |                       |                                             | 0                                                                   | 54.00 |
| 54.01                                                                                              | Islet isolation add-on payment                                                                                                    |                       |                                             | 0                                                                   | 54.01 |
| 55.00                                                                                              | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)                                                                   |                       |                                             | 0                                                                   | 55.00 |
| 56.00                                                                                              | Cost of physicians' services in a teaching hospital (see instructions)                                                            |                       |                                             | 0                                                                   | 56.00 |
| 57.00                                                                                              | Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).                                  |                       |                                             | 0                                                                   | 57.00 |
| 58.00                                                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)                                                |                       |                                             | 0                                                                   | 58.00 |
| 59.00                                                                                              | Total (sum of amounts on lines 49 through 58)                                                                                     |                       |                                             | 16,372,628                                                          | 59.00 |
| 60.00                                                                                              | Primary payer payments                                                                                                            |                       |                                             | 9,716                                                               | 60.00 |
| 61.00                                                                                              | Total amount payable for program beneficiaries (line 59 minus line 60)                                                            |                       |                                             | 16,362,912                                                          | 61.00 |
| 62.00                                                                                              | Deductibles billed to program beneficiaries                                                                                       |                       |                                             | 912,540                                                             | 62.00 |
| 63.00                                                                                              | Coinurance billed to program beneficiaries                                                                                        |                       |                                             | 30,485                                                              | 63.00 |
| 64.00                                                                                              | Allowable bad debts (see instructions)                                                                                            |                       |                                             | 201,170                                                             | 64.00 |
| 65.00                                                                                              | Adjusted reimbursable bad debts (see instructions)                                                                                |                       |                                             | 130,761                                                             | 65.00 |
| 66.00                                                                                              | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                            |                       |                                             | 78,607                                                              | 66.00 |
| 67.00                                                                                              | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                                             |                       |                                             | 15,550,648                                                          | 67.00 |
| 68.00                                                                                              | Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)                             |                       |                                             | 0                                                                   | 68.00 |
| 69.00                                                                                              | Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)                                          |                       |                                             | 0                                                                   | 69.00 |
| 70.00                                                                                              | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                    |                       |                                             | 0                                                                   | 70.00 |
| 70.50                                                                                              | Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)                               |                       |                                             | 0                                                                   | 70.50 |
| 70.87                                                                                              | Demonstration payment adjustment amount before sequestration                                                                      |                       |                                             | 0                                                                   | 70.87 |
| 70.88                                                                                              | SCH or MDH volume decrease adjustment (contractor use only)                                                                       |                       |                                             | 0                                                                   | 70.88 |
| 70.89                                                                                              | Pioneer ACO demonstration payment adjustment amount (see instructions)                                                            |                       |                                             | 0                                                                   | 70.89 |
| 70.90                                                                                              | HSP bonus payment HVBP adjustment amount (see instructions)                                                                       |                       |                                             | 0                                                                   | 70.90 |
| 70.91                                                                                              | HSP bonus payment HRR adjustment amount (see instructions)                                                                        |                       |                                             | 0                                                                   | 70.91 |
| 70.92                                                                                              | Bundled Model 1 discount amount (see instructions)                                                                                |                       |                                             | 0                                                                   | 70.92 |
| 70.93                                                                                              | HVBP payment adjustment amount (see instructions)                                                                                 |                       |                                             | -82,757                                                             | 70.93 |
| 70.94                                                                                              | HRR adjustment amount (see instructions)                                                                                          |                       |                                             | -147,675                                                            | 70.94 |
| 70.95                                                                                              | Recovery of accelerated depreciation                                                                                              |                       |                                             | 0                                                                   | 70.95 |

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet E  
Part A  
Date/Time Prepared:  
11/30/2018 11:45 am

|                                                                                                                      |                                                                                                                                                | Title XVIII   | Hospital      | PPS    |        |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|--------|--------|
|                                                                                                                      |                                                                                                                                                | FFY (yyyy)    | Amount        |        |        |
|                                                                                                                      |                                                                                                                                                | 0             | 1.00          |        |        |
| 70.96                                                                                                                | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)           | 0             | 0             | 70.96  |        |
| 70.97                                                                                                                | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1) | 0             | 0             | 70.97  |        |
| 70.98                                                                                                                | Low Volume Payment-3                                                                                                                           |               | 0             | 70.98  |        |
| 70.99                                                                                                                | HAC adjustment amount (see instructions)                                                                                                       |               | 0             | 70.99  |        |
| 71.00                                                                                                                | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)                                                                          |               | 15,320,216    | 71.00  |        |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |               | 306,404       | 71.01  |        |
| 71.02                                                                                                                | Demonstration payment adjustment amount after sequestration                                                                                    |               | 0             | 71.02  |        |
| 72.00                                                                                                                | Interim payments                                                                                                                               |               | 14,827,897    | 72.00  |        |
| 73.00                                                                                                                | Tentative settlement (for contractor use only)                                                                                                 |               | 0             | 73.00  |        |
| 74.00                                                                                                                | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)                                                                    |               | 185,915       | 74.00  |        |
| 75.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |               | 1,515,327     | 75.00  |        |
| TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)                                                                  |                                                                                                                                                |               |               |        |        |
| 90.00                                                                                                                | Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)                                                                        |               | 0             | 90.00  |        |
| 91.00                                                                                                                | Capital outlier from Wkst. L, Pt. I, line 2                                                                                                    |               | 0             | 91.00  |        |
| 92.00                                                                                                                | Operating outlier reconciliation adjustment amount (see instructions)                                                                          |               | 0             | 92.00  |        |
| 93.00                                                                                                                | Capital outlier reconciliation adjustment amount (see instructions)                                                                            |               | 0             | 93.00  |        |
| 94.00                                                                                                                | The rate used to calculate the time value of money (see instructions)                                                                          |               | 0.00          | 94.00  |        |
| 95.00                                                                                                                | Time value of money for operating expenses (see instructions)                                                                                  |               | 0             | 95.00  |        |
| 96.00                                                                                                                | Time value of money for capital related expenses (see instructions)                                                                            |               | 0             | 96.00  |        |
|                                                                                                                      |                                                                                                                                                | Prior to 10/1 | On/After 10/1 |        |        |
|                                                                                                                      |                                                                                                                                                | 1.00          | 2.00          |        |        |
| HSP Bonus Payment Amount                                                                                             |                                                                                                                                                |               |               |        |        |
| 100.00                                                                                                               | HSP bonus amount (see instructions)                                                                                                            |               | 0             | 0      | 100.00 |
| HVBP Adjustment for HSP Bonus Payment                                                                                |                                                                                                                                                |               |               |        |        |
| 101.00                                                                                                               | HVBP adjustment factor (see instructions)                                                                                                      | 0.0000000000  | 0.0000000000  | 101.00 |        |
| 102.00                                                                                                               | HVBP adjustment amount for HSP bonus payment (see instructions)                                                                                |               | 0             | 0      | 102.00 |
| HRR Adjustment for HSP Bonus Payment                                                                                 |                                                                                                                                                |               |               |        |        |
| 103.00                                                                                                               | HRR adjustment factor (see instructions)                                                                                                       | 0.0000        | 0.0000        | 103.00 |        |
| 104.00                                                                                                               | HRR adjustment amount for HSP bonus payment (see instructions)                                                                                 |               | 0             | 0      | 104.00 |
| Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment                                      |                                                                                                                                                |               |               |        |        |
| 200.00                                                                                                               | Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.           |               |               |        | 200.00 |
| Cost Reimbursement                                                                                                   |                                                                                                                                                |               |               |        |        |
| 201.00                                                                                                               | Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)                                                                             |               |               |        | 201.00 |
| 202.00                                                                                                               | Medicare discharges (see instructions)                                                                                                         |               |               |        | 202.00 |
| 203.00                                                                                                               | Case-mix adjustment factor (see instructions)                                                                                                  |               |               |        | 203.00 |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) |                                                                                                                                                |               |               |        |        |
| 204.00                                                                                                               | Medicare target amount                                                                                                                         |               |               |        | 204.00 |
| 205.00                                                                                                               | Case-mix adjusted target amount (line 203 times line 204)                                                                                      |               |               |        | 205.00 |
| 206.00                                                                                                               | Medicare inpatient routine cost cap (line 202 times line 205)                                                                                  |               |               |        | 206.00 |
| Adjustment to Medicare Part A Inpatient Reimbursement                                                                |                                                                                                                                                |               |               |        |        |
| 207.00                                                                                                               | Program reimbursement under the §410A Demonstration (see instructions)                                                                         |               |               |        | 207.00 |
| 208.00                                                                                                               | Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)                                                                         |               |               |        | 208.00 |
| 209.00                                                                                                               | Adjustment to Medicare IPPS payments (see instructions)                                                                                        |               |               |        | 209.00 |
| 210.00                                                                                                               | Reserved for future use                                                                                                                        |               |               |        | 210.00 |
| 211.00                                                                                                               | Total adjustment to Medicare IPPS payments (see instructions)                                                                                  |               |               |        | 211.00 |
| Comparison of PPS versus Cost Reimbursement                                                                          |                                                                                                                                                |               |               |        |        |
| 212.00                                                                                                               | Total adjustment to Medicare Part A IPPS payments (from line 211)                                                                              |               |               |        | 212.00 |
| 213.00                                                                                                               | Low-volume adjustment (see instructions)                                                                                                       |               |               |        | 213.00 |
| 218.00                                                                                                               | Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)               |               |               |        | 218.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                      | Title XVIII           | Hospital                                    | PPS                                                                 |
|                                                                   |                                                                                                                                                                      |                       |                                             | 1.00                                                                |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                       |                                             |                                                                     |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                       | 283                                         | 1.00                                                                |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                       | 5,160,918                                   | 2.00                                                                |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                       | 6,019,894                                   | 3.00                                                                |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                       | 5,436                                       | 4.00                                                                |
| 4.01                                                              | Outlier reconciliation amount (see instructions)                                                                                                                     |                       | 0                                           | 4.01                                                                |
| 5.00                                                              | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                 |                       | 0.000                                       | 5.00                                                                |
| 6.00                                                              | Line 2 times line 5                                                                                                                                                  |                       | 0                                           | 6.00                                                                |
| 7.00                                                              | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                       |                       | 0.00                                        | 7.00                                                                |
| 8.00                                                              | Transitional corridor payment (see instructions)                                                                                                                     |                       | 0                                           | 8.00                                                                |
| 9.00                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                   |                       | 0                                           | 9.00                                                                |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                       | 0                                           | 10.00                                                               |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                       | 283                                         | 11.00                                                               |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                       |                                             |                                                                     |
| Reasonable charges                                                |                                                                                                                                                                      |                       |                                             |                                                                     |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                       | 3,685                                       | 12.00                                                               |
| 13.00                                                             | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)                                                                                                 |                       | 0                                           | 13.00                                                               |
| 14.00                                                             | Total reasonable charges (sum of lines 12 and 13)                                                                                                                    |                       | 3,685                                       | 14.00                                                               |
| Customary charges                                                 |                                                                                                                                                                      |                       |                                             |                                                                     |
| 15.00                                                             | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                  |                       | 0                                           | 15.00                                                               |
| 16.00                                                             | Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e) |                       | 0                                           | 16.00                                                               |
| 17.00                                                             | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                 |                       | 0.000000                                    | 17.00                                                               |
| 18.00                                                             | Total customary charges (see instructions)                                                                                                                           |                       | 3,685                                       | 18.00                                                               |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                       | 3,402                                       | 19.00                                                               |
| 20.00                                                             | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)                                                       |                       | 0                                           | 20.00                                                               |
| 21.00                                                             | Lesser of cost or charges (see instructions)                                                                                                                         |                       | 283                                         | 21.00                                                               |
| 22.00                                                             | Interns and residents (see instructions)                                                                                                                             |                       | 0                                           | 22.00                                                               |
| 23.00                                                             | Cost of physicians' services in a teaching hospital (see instructions)                                                                                               |                       | 0                                           | 23.00                                                               |
| 24.00                                                             | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)                                                                                                         |                       | 6,025,330                                   | 24.00                                                               |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      |                       |                                             |                                                                     |
| 25.00                                                             | Deductibles and coinsurance (for CAH, see instructions)                                                                                                              |                       | 0                                           | 25.00                                                               |
| 26.00                                                             | Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)                                                                                |                       | 1,094,222                                   | 26.00                                                               |
| 27.00                                                             | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)                                                     |                       | 4,931,391                                   | 27.00                                                               |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                 |                       | 752,581                                     | 28.00                                                               |
| 29.00                                                             | ESRD direct medical education costs (from Wkst. E-4, line 36)                                                                                                        |                       | 0                                           | 29.00                                                               |
| 30.00                                                             | Subtotal (sum of lines 27 through 29)                                                                                                                                |                       | 5,683,972                                   | 30.00                                                               |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                       | 5,150                                       | 31.00                                                               |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                       | 5,678,822                                   | 32.00                                                               |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) |                                                                                                                                                                      |                       |                                             |                                                                     |
| 33.00                                                             | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                        |                       | 0                                           | 33.00                                                               |
| 34.00                                                             | Allowable bad debts (see instructions)                                                                                                                               |                       | 164,317                                     | 34.00                                                               |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                       | 106,806                                     | 35.00                                                               |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                       | 104,934                                     | 36.00                                                               |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 5,785,628                                   | 37.00                                                               |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                       | 0                                           | 38.00                                                               |
| 39.00                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                       |                       | 0                                           | 39.00                                                               |
| 39.50                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                      |                       | 0                                           | 39.50                                                               |
| 39.97                                                             | Demonstration payment adjustment amount before sequestration                                                                                                         |                       | 0                                           | 39.97                                                               |
| 39.98                                                             | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                          |                       | 0                                           | 39.98                                                               |
| 39.99                                                             | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                 |                       | 0                                           | 39.99                                                               |
| 40.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 5,785,628                                   | 40.00                                                               |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                       | 115,713                                     | 40.01                                                               |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                       | 0                                           | 40.02                                                               |
| 41.00                                                             | Interim payments                                                                                                                                                     |                       | 5,635,448                                   | 41.00                                                               |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                      |                       | 0                                           | 42.00                                                               |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                      |                       | 34,467                                      | 43.00                                                               |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                       | 90,430                                      | 44.00                                                               |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                      |                       |                                             |                                                                     |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                           |                       | 0                                           | 90.00                                                               |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                       | 0                                           | 91.00                                                               |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                   |                       | 0.00                                        | 92.00                                                               |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                               |                       | 0                                           | 93.00                                                               |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                       |                       | 0                                           | 94.00                                                               |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet E-1  
Part I  
Date/Time Prepared:  
11/30/2018 11:45 am

|                               |                                                                                                                                                                                                                        | Title XVIII      |            | Hospital          |                      | PPS  |  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-------------------|----------------------|------|--|
|                               |                                                                                                                                                                                                                        | Inpatient Part A |            | Part B            |                      |      |  |
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount     | mm/dd/yyyy        | Amount               |      |  |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00       | 3.00              | 4.00                 |      |  |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 14,827,897 |                   | 5,635,448            | 1.00 |  |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 0          |                   | 0                    | 2.00 |  |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |            |                   |                      | 3.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0          |                   | 0                    | 3.01 |  |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.02 |  |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.03 |  |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.04 |  |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.05 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                  | 0          |                   | 0                    | 3.50 |  |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.51 |  |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.52 |  |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.53 |  |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 3.54 |  |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0          |                   | 0                    | 3.99 |  |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 14,827,897 |                   | 5,635,448            | 4.00 |  |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |            |                   |                      | 5.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 5.01                          | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                  | 0          |                   | 0                    | 5.01 |  |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.02 |  |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.03 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |            |                   |                      |      |  |
| 5.50                          | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                  | 0          |                   | 0                    | 5.50 |  |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.51 |  |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0          |                   | 0                    | 5.52 |  |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0          |                   | 0                    | 5.99 |  |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |            |                   |                      | 6.00 |  |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 185,915    |                   | 34,467               | 6.01 |  |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0          |                   | 0                    | 6.02 |  |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 15,013,812 |                   | 5,669,915            | 7.00 |  |
|                               |                                                                                                                                                                                                                        |                  |            | Contractor Number | NPR Date (Mo/Day/Yr) |      |  |
|                               |                                                                                                                                                                                                                        | 0                |            | 1.00              | 2.00                 |      |  |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |            |                   |                      | 8.00 |  |

| ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED |                                                                                                                                                                                                                        | Provider CCN: 14-0054<br>Component CCN: 14-S054 |         | Period:<br>From 03/01/2018<br>To 06/30/2018 |        | Worksheet E-1<br>Part I<br>Date/Time Prepared:<br>11/30/2018 11:45 am |      |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------|---------------------------------------------|--------|-----------------------------------------------------------------------|------|
|                                                         |                                                                                                                                                                                                                        | Title XVIII                                     |         | Subprovider -<br>IPF                        |        | PPS                                                                   |      |
|                                                         |                                                                                                                                                                                                                        | Inpatient Part A                                |         | Part B                                      |        |                                                                       |      |
|                                                         |                                                                                                                                                                                                                        | mm/dd/yyyy                                      | Amount  | mm/dd/yyyy                                  | Amount |                                                                       |      |
|                                                         |                                                                                                                                                                                                                        | 1.00                                            | 2.00    | 3.00                                        | 4.00   |                                                                       |      |
| 1.00                                                    | Total interim payments paid to provider                                                                                                                                                                                |                                                 |         |                                             |        | 0                                                                     | 1.00 |
| 2.00                                                    | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                                                 | 604,725 |                                             |        | 0                                                                     | 2.00 |
| 3.00                                                    | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                                                 |         |                                             |        |                                                                       | 3.00 |
| Program to Provider                                     |                                                                                                                                                                                                                        |                                                 |         |                                             |        |                                                                       |      |
| 3.01                                                    | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                                                 | 0       |                                             |        | 0                                                                     | 3.01 |
| 3.02                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.02 |
| 3.03                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.03 |
| 3.04                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.04 |
| 3.05                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.05 |
| Provider to Program                                     |                                                                                                                                                                                                                        |                                                 |         |                                             |        |                                                                       |      |
| 3.50                                                    | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                                                 | 0       |                                             |        | 0                                                                     | 3.50 |
| 3.51                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.51 |
| 3.52                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.52 |
| 3.53                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.53 |
| 3.54                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 3.54 |
| 3.99                                                    | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                                                 | 0       |                                             |        | 0                                                                     | 3.99 |
| 4.00                                                    | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                                                 | 604,725 |                                             |        | 0                                                                     | 4.00 |
| TO BE COMPLETED BY CONTRACTOR                           |                                                                                                                                                                                                                        |                                                 |         |                                             |        |                                                                       |      |
| 5.00                                                    | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                                                 |         |                                             |        |                                                                       | 5.00 |
| Program to Provider                                     |                                                                                                                                                                                                                        |                                                 |         |                                             |        |                                                                       |      |
| 5.01                                                    | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                                                 | 0       |                                             |        | 0                                                                     | 5.01 |
| 5.02                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 5.02 |
| 5.03                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 5.03 |
| Provider to Program                                     |                                                                                                                                                                                                                        |                                                 |         |                                             |        |                                                                       |      |
| 5.50                                                    | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                                                 | 0       |                                             |        | 0                                                                     | 5.50 |
| 5.51                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 5.51 |
| 5.52                                                    |                                                                                                                                                                                                                        |                                                 | 0       |                                             |        | 0                                                                     | 5.52 |
| 5.99                                                    | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                                                 | 0       |                                             |        | 0                                                                     | 5.99 |
| 6.00                                                    | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                                                 |         |                                             |        |                                                                       | 6.00 |
| 6.01                                                    | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                                                 | 7,443   |                                             |        | 0                                                                     | 6.01 |
| 6.02                                                    | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                                                 | 0       |                                             |        | 0                                                                     | 6.02 |
| 7.00                                                    | Total Medicare program liability (see instructions)                                                                                                                                                                    |                                                 | 612,168 |                                             |        | 0                                                                     | 7.00 |
|                                                         |                                                                                                                                                                                                                        |                                                 |         | Contractor<br>Number                        |        | NPR Date<br>(Mo/Day/Yr)                                               |      |
|                                                         |                                                                                                                                                                                                                        | 0                                               |         | 1.00                                        |        | 2.00                                                                  |      |
| 8.00                                                    | Name of Contractor                                                                                                                                                                                                     |                                                 |         |                                             |        | 8.00                                                                  |      |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0054  
 Component CCN: 14-T054

 Period:  
 From 03/01/2018  
 To 06/30/2018

 Worksheet E-1  
 Part I  
 Date/Time Prepared:  
 11/30/2018 11:45 am

|                               |                                                                                                                                                                                                                        | Title XVIII      |         | Subprovider - IRF |                      | PPS  |  |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|-------------------|----------------------|------|--|
|                               |                                                                                                                                                                                                                        | Inpatient Part A |         | Part B            |                      |      |  |
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount  | mm/dd/yyyy        | Amount               |      |  |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00    | 3.00              | 4.00                 |      |  |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 726,425 |                   | 0                    | 1.00 |  |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 0       |                   | 0                    | 2.00 |  |
| 3.00                          | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) |                  |         |                   |                      | 3.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |         |                   |                      |      |  |
| 3.01                          | ADJUSTMENTS TO PROVIDER                                                                                                                                                                                                |                  | 0       |                   | 0                    | 3.01 |  |
| 3.02                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.02 |  |
| 3.03                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.03 |  |
| 3.04                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.04 |  |
| 3.05                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.05 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |         |                   |                      |      |  |
| 3.50                          | ADJUSTMENTS TO PROGRAM                                                                                                                                                                                                 |                  | 0       |                   | 0                    | 3.50 |  |
| 3.51                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.51 |  |
| 3.52                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.52 |  |
| 3.53                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.53 |  |
| 3.54                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 3.54 |  |
| 3.99                          | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)                                                                                                                                                         |                  | 0       |                   | 0                    | 3.99 |  |
| 4.00                          | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)                                                                                                |                  | 726,425 |                   | 0                    | 4.00 |  |
| TO BE COMPLETED BY CONTRACTOR |                                                                                                                                                                                                                        |                  |         |                   |                      |      |  |
| 5.00                          | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)                                                                        |                  |         |                   |                      | 5.00 |  |
| Program to Provider           |                                                                                                                                                                                                                        |                  |         |                   |                      |      |  |
| 5.01                          | TENTATIVE TO PROVIDER                                                                                                                                                                                                  |                  | 0       |                   | 0                    | 5.01 |  |
| 5.02                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 5.02 |  |
| 5.03                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 5.03 |  |
| Provider to Program           |                                                                                                                                                                                                                        |                  |         |                   |                      |      |  |
| 5.50                          | TENTATIVE TO PROGRAM                                                                                                                                                                                                   |                  | 0       |                   | 0                    | 5.50 |  |
| 5.51                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 5.51 |  |
| 5.52                          |                                                                                                                                                                                                                        |                  | 0       |                   | 0                    | 5.52 |  |
| 5.99                          | Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)                                                                                                                                                         |                  | 0       |                   | 0                    | 5.99 |  |
| 6.00                          | Determined net settlement amount (balance due) based on the cost report. (1)                                                                                                                                           |                  |         |                   |                      | 6.00 |  |
| 6.01                          | SETTLEMENT TO PROVIDER                                                                                                                                                                                                 |                  | 0       |                   | 0                    | 6.01 |  |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 11,257  |                   | 0                    | 6.02 |  |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 715,168 |                   | 0                    | 7.00 |  |
|                               |                                                                                                                                                                                                                        |                  |         | Contractor Number | NPR Date (Mo/Day/Yr) |      |  |
|                               |                                                                                                                                                                                                                        | 0                |         | 1.00              | 2.00                 |      |  |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |         |                   |                      |      |  |

|                                                               |                                                                                                                |                       |                                             |                                                                        |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT               |                                                                                                                | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E-1<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|                                                               |                                                                                                                | Title XVIII           | Hospital                                    | PPS                                                                    |
|                                                               |                                                                                                                |                       |                                             | 1.00                                                                   |
| TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS    |                                                                                                                |                       |                                             |                                                                        |
| HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION |                                                                                                                |                       |                                             |                                                                        |
| 1.00                                                          | Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14                       |                       |                                             | 1.00                                                                   |
| 2.00                                                          | Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12                                               |                       |                                             | 2.00                                                                   |
| 3.00                                                          | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2                                                        |                       |                                             | 3.00                                                                   |
| 4.00                                                          | Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12                                               |                       |                                             | 4.00                                                                   |
| 5.00                                                          | Total hospital charges from Wkst C, Pt. I, col. 8 line 200                                                     |                       |                                             | 5.00                                                                   |
| 6.00                                                          | Total hospital charity care charges from Wkst. S-10, col. 3 line 20                                            |                       |                                             | 6.00                                                                   |
| 7.00                                                          | CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168 |                       |                                             | 7.00                                                                   |
| 8.00                                                          | Calculation of the HIT incentive payment (see instructions)                                                    |                       |                                             | 8.00                                                                   |
| 9.00                                                          | Sequestration adjustment amount (see instructions)                                                             |                       |                                             | 9.00                                                                   |
| 10.00                                                         | Calculation of the HIT incentive payment after sequestration (see instructions)                                |                       |                                             | 10.00                                                                  |
| INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH              |                                                                                                                |                       |                                             |                                                                        |
| 30.00                                                         | Initial/interim HIT payment adjustment (see instructions)                                                      |                       |                                             | 30.00                                                                  |
| 31.00                                                         | Other Adjustment (specify)                                                                                     |                       |                                             | 31.00                                                                  |
| 32.00                                                         | Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)                        |                       |                                             | 32.00                                                                  |

| CALCULATION OF REIMBURSEMENT SETTLEMENT      |                                                                                                                                                                                                                                                                | Provider CCN: 14-0054<br>Component CCN: 14-S054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part II<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                              |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                                    |
|                                              |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                   |
| PART II - MEDICARE PART A SERVICES - IPF PPS |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                        |
| 1.00                                         | Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)                                                                                                                                                                          |                                                 |                                             | 704,836 1.00                                                           |
| 2.00                                         | Net IPF PPS Outlier Payments                                                                                                                                                                                                                                   |                                                 |                                             | 0 2.00                                                                 |
| 3.00                                         | Net IPF PPS ECT Payments                                                                                                                                                                                                                                       |                                                 |                                             | 0 3.00                                                                 |
| 4.00                                         | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)                                                                                                                               |                                                 |                                             | 0.00 4.00                                                              |
| 4.01                                         | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                                                 |                                             | 0.00 4.01                                                              |
| 5.00                                         | New Teaching program adjustment. (see instructions)                                                                                                                                                                                                            |                                                 |                                             | 0.00 5.00                                                              |
| 6.00                                         | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 6.00                                                              |
| 7.00                                         | Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 7.00                                                              |
| 8.00                                         | Intern and resident count for IPF PPS medical education adjustment (see instructions)                                                                                                                                                                          |                                                 |                                             | 0.00 8.00                                                              |
| 9.00                                         | Average Daily Census (see instructions)                                                                                                                                                                                                                        |                                                 |                                             | 20.721311 9.00                                                         |
| 10.00                                        | Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$ .                                                                                                                                                    |                                                 |                                             | 0.000000 10.00                                                         |
| 11.00                                        | Teaching Adjustment (line 1 multiplied by line 10).                                                                                                                                                                                                            |                                                 |                                             | 0 11.00                                                                |
| 12.00                                        | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)                                                                                                                                                                                                    |                                                 |                                             | 704,836 12.00                                                          |
| 13.00                                        | Nursing and Allied Health Managed Care payment (see instruction)                                                                                                                                                                                               |                                                 |                                             | 0 13.00                                                                |
| 14.00                                        | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                                 |                                             | 0 14.00                                                                |
| 15.00                                        | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 15.00                                                                |
| 16.00                                        | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                                 |                                             | 704,836 16.00                                                          |
| 17.00                                        | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 0 17.00                                                                |
| 18.00                                        | Subtotal (line 16 less line 17).                                                                                                                                                                                                                               |                                                 |                                             | 704,836 18.00                                                          |
| 19.00                                        | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 62,980 19.00                                                           |
| 20.00                                        | Subtotal (line 18 minus line 19)                                                                                                                                                                                                                               |                                                 |                                             | 641,856 20.00                                                          |
| 21.00                                        | Coinurance                                                                                                                                                                                                                                                     |                                                 |                                             | 24,790 21.00                                                           |
| 22.00                                        | Subtotal (line 20 minus line 21)                                                                                                                                                                                                                               |                                                 |                                             | 617,066 22.00                                                          |
| 23.00                                        | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                                 |                                             | 11,684 23.00                                                           |
| 24.00                                        | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                                 |                                             | 7,595 24.00                                                            |
| 25.00                                        | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                                 |                                             | 3,948 25.00                                                            |
| 26.00                                        | Subtotal (sum of lines 22 and 24)                                                                                                                                                                                                                              |                                                 |                                             | 624,661 26.00                                                          |
| 27.00                                        | Direct graduate medical education payments (from Wkst. E-4, line 49)                                                                                                                                                                                           |                                                 |                                             | 0 27.00                                                                |
| 28.00                                        | Other pass through costs (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 0 28.00                                                                |
| 29.00                                        | Outlier payments reconciliation                                                                                                                                                                                                                                |                                                 |                                             | 0 29.00                                                                |
| 30.00                                        | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                                                                                                 |                                                 |                                             | 0 30.00                                                                |
| 30.50                                        | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                                                                                                |                                                 |                                             | 0 30.50                                                                |
| 30.99                                        | Demonstration payment adjustment amount before sequestration                                                                                                                                                                                                   |                                                 |                                             | 0 30.99                                                                |
| 31.00                                        | Total amount payable to the provider (see instructions)                                                                                                                                                                                                        |                                                 |                                             | 624,661 31.00                                                          |
| 31.01                                        | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 12,493 31.01                                                           |
| 31.02                                        | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 0 31.02                                                                |
| 32.00                                        | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 604,725 32.00                                                          |
| 33.00                                        | Tentative settlement (for contractor use only)                                                                                                                                                                                                                 |                                                 |                                             | 0 33.00                                                                |
| 34.00                                        | Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)                                                                                                                                                                                     |                                                 |                                             | 7,443 34.00                                                            |
| 35.00                                        | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 8,423 35.00                                                            |
| TO BE COMPLETED BY CONTRACTOR                |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                        |
| 50.00                                        | Original outlier amount from Worksheet E-3, Part II, line 2                                                                                                                                                                                                    |                                                 |                                             | 0 50.00                                                                |
| 51.00                                        | Outlier reconciliation adjustment amount (see instructions)                                                                                                                                                                                                    |                                                 |                                             | 0 51.00                                                                |
| 52.00                                        | The rate used to calculate the Time Value of Money                                                                                                                                                                                                             |                                                 |                                             | 0.00 52.00                                                             |
| 53.00                                        | Time Value of Money (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 53.00                                                                |

| CALCULATION OF REIMBURSEMENT SETTLEMENT       |                                                                                                                                                                                                                                                                | Provider CCN: 14-0054<br>Component CCN: 14-T054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part III<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|
|                                               |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                                     |
|                                               |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                    |
| PART III - MEDICARE PART A SERVICES - IRF PPS |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                         |
| 1.00                                          | Net Federal PPS Payment (see instructions)                                                                                                                                                                                                                     |                                                 |                                             | 704,234 1.00                                                            |
| 2.00                                          | Medicare SSI ratio (IRF PPS only) (see instructions)                                                                                                                                                                                                           |                                                 |                                             | 0.0000 2.00                                                             |
| 3.00                                          | Inpatient Rehabilitation LIP Payments (see instructions)                                                                                                                                                                                                       |                                                 |                                             | 0 3.00                                                                  |
| 4.00                                          | Outlier Payments                                                                                                                                                                                                                                               |                                                 |                                             | 30,554 4.00                                                             |
| 5.00                                          | Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)                                                                                                                   |                                                 |                                             | 0.00 5.00                                                               |
| 5.01                                          | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                                                 |                                             | 0.00 5.01                                                               |
| 6.00                                          | New Teaching program adjustment. (see instructions)                                                                                                                                                                                                            |                                                 |                                             | 0.00 6.00                                                               |
| 7.00                                          | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 7.00                                                               |
| 8.00                                          | Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 8.00                                                               |
| 9.00                                          | Intern and resident count for IRF PPS medical education adjustment (see instructions)                                                                                                                                                                          |                                                 |                                             | 0.00 9.00                                                               |
| 10.00                                         | Average Daily Census (see instructions)                                                                                                                                                                                                                        |                                                 |                                             | 8.098361 10.00                                                          |
| 11.00                                         | Teaching Adjustment Factor (see instructions)                                                                                                                                                                                                                  |                                                 |                                             | 0.000000 11.00                                                          |
| 12.00                                         | Teaching Adjustment (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 12.00                                                                 |
| 13.00                                         | Total PPS Payment (see instructions)                                                                                                                                                                                                                           |                                                 |                                             | 734,788 13.00                                                           |
| 14.00                                         | Nursing and Allied Health Managed Care payments (see instruction)                                                                                                                                                                                              |                                                 |                                             | 0 14.00                                                                 |
| 15.00                                         | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                                 |                                             | 0 15.00                                                                 |
| 16.00                                         | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 16.00                                                                 |
| 17.00                                         | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                                 |                                             | 734,788 17.00                                                           |
| 18.00                                         | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 0 18.00                                                                 |
| 19.00                                         | Subtotal (line 17 less line 18).                                                                                                                                                                                                                               |                                                 |                                             | 734,788 19.00                                                           |
| 20.00                                         | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 1,340 20.00                                                             |
| 21.00                                         | Subtotal (line 19 minus line 20)                                                                                                                                                                                                                               |                                                 |                                             | 733,448 21.00                                                           |
| 22.00                                         | Coinsurance                                                                                                                                                                                                                                                    |                                                 |                                             | 3,685 22.00                                                             |
| 23.00                                         | Subtotal (line 21 minus line 22)                                                                                                                                                                                                                               |                                                 |                                             | 729,763 23.00                                                           |
| 24.00                                         | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                                 |                                             | 0 24.00                                                                 |
| 25.00                                         | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                                 |                                             | 0 25.00                                                                 |
| 26.00                                         | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 26.00                                                                 |
| 27.00                                         | Subtotal (sum of lines 23 and 25)                                                                                                                                                                                                                              |                                                 |                                             | 729,763 27.00                                                           |
| 28.00                                         | Direct graduate medical education payments (from Wkst. E-4, line 49)                                                                                                                                                                                           |                                                 |                                             | 0 28.00                                                                 |
| 29.00                                         | Other pass through costs (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 0 29.00                                                                 |
| 30.00                                         | Outlier payments reconciliation                                                                                                                                                                                                                                |                                                 |                                             | 0 30.00                                                                 |
| 31.00                                         | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                                                                                                 |                                                 |                                             | 0 31.00                                                                 |
| 31.50                                         | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                                                                                                |                                                 |                                             | 0 31.50                                                                 |
| 31.99                                         | Demonstration payment adjustment amount before sequestration                                                                                                                                                                                                   |                                                 |                                             | 0 31.99                                                                 |
| 32.00                                         | Total amount payable to the provider (see instructions)                                                                                                                                                                                                        |                                                 |                                             | 729,763 32.00                                                           |
| 32.01                                         | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 14,595 32.01                                                            |
| 32.02                                         | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 0 32.02                                                                 |
| 33.00                                         | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 726,425 33.00                                                           |
| 34.00                                         | Tentative settlement (for contractor use only)                                                                                                                                                                                                                 |                                                 |                                             | 0 34.00                                                                 |
| 35.00                                         | Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)                                                                                                                                                                                    |                                                 |                                             | -11,257 35.00                                                           |
| 36.00                                         | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 1,283 36.00                                                             |
| TO BE COMPLETED BY CONTRACTOR                 |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                         |
| 50.00                                         | Original outlier amount from Wkst. E-3, Pt. III, line 4                                                                                                                                                                                                        |                                                 |                                             | 30,554 50.00                                                            |
| 51.00                                         | Outlier reconciliation adjustment amount (see instructions)                                                                                                                                                                                                    |                                                 |                                             | 0 51.00                                                                 |
| 52.00                                         | The rate used to calculate the Time Value of Money                                                                                                                                                                                                             |                                                 |                                             | 0.00 52.00                                                              |
| 53.00                                         | Time Value of Money (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 53.00                                                                 |

|                                                                                                                       |                                                                                                                                      |                                               |                                             |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                               |                                                                                                                                      | Provider CCN:14-0054<br>Component CCN:14-5848 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part VI<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|                                                                                                                       |                                                                                                                                      | Title XVIII                                   | Skilled Nursing<br>Facility                 | PPS                                                                    |
|                                                                                                                       |                                                                                                                                      |                                               |                                             | 1.00                                                                   |
| PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES |                                                                                                                                      |                                               |                                             |                                                                        |
| PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)                                                                         |                                                                                                                                      |                                               |                                             |                                                                        |
| 1.00                                                                                                                  | Resource Utilization Group Payment (RUGS)                                                                                            |                                               |                                             | 0 1.00                                                                 |
| 2.00                                                                                                                  | Routine service other pass through costs                                                                                             |                                               |                                             | 0 2.00                                                                 |
| 3.00                                                                                                                  | Ancillary service other pass through costs                                                                                           |                                               |                                             | 0 3.00                                                                 |
| 4.00                                                                                                                  | Subtotal (sum of lines 1 through 3)                                                                                                  |                                               |                                             | 0 4.00                                                                 |
| COMPUTATION OF NET COST OF COVERED SERVICES                                                                           |                                                                                                                                      |                                               |                                             |                                                                        |
| 5.00                                                                                                                  | Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.) |                                               |                                             | 5.00                                                                   |
| 6.00                                                                                                                  | Deductible                                                                                                                           |                                               |                                             | 0 6.00                                                                 |
| 7.00                                                                                                                  | Coinsurance                                                                                                                          |                                               |                                             | 0 7.00                                                                 |
| 8.00                                                                                                                  | Allowable bad debts (see instructions)                                                                                               |                                               |                                             | 0 8.00                                                                 |
| 9.00                                                                                                                  | Reimbursable bad debts for dual eligible beneficiaries (see instructions)                                                            |                                               |                                             | 0 9.00                                                                 |
| 10.00                                                                                                                 | Adjusted reimbursable bad debts (see instructions)                                                                                   |                                               |                                             | 0 10.00                                                                |
| 11.00                                                                                                                 | Utilization review                                                                                                                   |                                               |                                             | 0 11.00                                                                |
| 12.00                                                                                                                 | Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)                                             |                                               |                                             | 0 12.00                                                                |
| 13.00                                                                                                                 | Inpatient primary payer payments                                                                                                     |                                               |                                             | 0 13.00                                                                |
| 14.00                                                                                                                 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                       |                                               |                                             | 0 14.00                                                                |
| 14.50                                                                                                                 | Pioneer ACO demonstration payment adjustment (see instructions)                                                                      |                                               |                                             | 0 14.50                                                                |
| 14.99                                                                                                                 | Demonstration payment adjustment amount before sequestration                                                                         |                                               |                                             | 0 14.99                                                                |
| 15.00                                                                                                                 | Subtotal (see instructions)                                                                                                          |                                               |                                             | 0 15.00                                                                |
| 15.01                                                                                                                 | Sequestration adjustment (see instructions)                                                                                          |                                               |                                             | 0 15.01                                                                |
| 15.02                                                                                                                 | Demonstration payment adjustment amount after sequestration                                                                          |                                               |                                             | 0 15.02                                                                |
| 16.00                                                                                                                 | Interim payments                                                                                                                     |                                               |                                             | 0 16.00                                                                |
| 17.00                                                                                                                 | Tentative settlement (for contractor use only)                                                                                       |                                               |                                             | 0 17.00                                                                |
| 18.00                                                                                                                 | Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)                                                          |                                               |                                             | 0 18.00                                                                |
| 19.00                                                                                                                 | Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2                            |                                               |                                             | 6,306 19.00                                                            |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                                                                    | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E-4<br>Date/Time Prepared:<br>11/30/2018 11:45 am |       |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------|-------|
|                                                                                          |                                                                                                                                                                    | Title XVIII           | Hospital                                    | PPS                                                         |       |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                        |       |
| <b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>                                            |                                                                                                                                                                    |                       |                                             |                                                             |       |
| 1.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.                            |                       |                                             | 62.07                                                       | 1.00  |
| 2.00                                                                                     | Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)                                                                     |                       |                                             | 0.00                                                        | 2.00  |
| 3.00                                                                                     | Amount of reduction to Direct GME cap under section 422 of MMA                                                                                                     |                       |                                             | 0.00                                                        | 3.00  |
| 3.01                                                                                     | Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)           |                       |                                             | 0.00                                                        | 3.01  |
| 4.00                                                                                     | Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) |                       |                                             | 35.88                                                       | 4.00  |
| 4.01                                                                                     | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)                                              |                       |                                             | 0.00                                                        | 4.01  |
| 4.02                                                                                     | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)                                   |                       |                                             | 0.32                                                        | 4.02  |
| 5.00                                                                                     | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)                               |                       |                                             | 98.27                                                       | 5.00  |
| 6.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)                                    |                       |                                             | 103.51                                                      | 6.00  |
| 7.00                                                                                     | Enter the lesser of line 5 or line 6                                                                                                                               |                       |                                             | 98.27                                                       | 7.00  |
|                                                                                          |                                                                                                                                                                    | Primary Care          | Other                                       | Total                                                       |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                        |       |
| 8.00                                                                                     | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.                                                                   | 77.55                 | 24.17                                       | 101.72                                                      | 8.00  |
| 9.00                                                                                     | If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.                       | 73.62                 | 22.95                                       | 96.57                                                       | 9.00  |
| 10.00                                                                                    | Weighted dental and podiatric resident FTE count for the current year                                                                                              |                       | 0.81                                        |                                                             | 10.00 |
| 10.01                                                                                    | Unweighted dental and podiatric resident FTE count for the current year                                                                                            |                       | 0.00                                        |                                                             | 10.01 |
| 11.00                                                                                    | Total weighted FTE count                                                                                                                                           | 73.62                 | 23.76                                       |                                                             | 11.00 |
| 12.00                                                                                    | Total weighted resident FTE count for the prior cost reporting year (see instructions)                                                                             | 76.29                 | 22.31                                       |                                                             | 12.00 |
| 13.00                                                                                    | Total weighted resident FTE count for the penultimate cost reporting year (see instructions)                                                                       | 75.05                 | 22.62                                       |                                                             | 13.00 |
| 14.00                                                                                    | Rolling average FTE count (sum of lines 11 through 13 divided by 3).                                                                                               | 74.99                 | 22.90                                       |                                                             | 14.00 |
| 15.00                                                                                    | Adjustment for residents in initial years of new programs                                                                                                          | 0.00                  | 0.00                                        |                                                             | 15.00 |
| 15.01                                                                                    | Unweighted adjustment for residents in initial years of new programs                                                                                               | 0.00                  | 0.00                                        |                                                             | 15.01 |
| 16.00                                                                                    | Adjustment for residents displaced by program or hospital closure                                                                                                  | 0.00                  | 0.00                                        |                                                             | 16.00 |
| 16.01                                                                                    | Unweighted adjustment for residents displaced by program or hospital closure                                                                                       | 0.00                  | 0.00                                        |                                                             | 16.01 |
| 17.00                                                                                    | Adjusted rolling average FTE count                                                                                                                                 | 74.99                 | 22.90                                       |                                                             | 17.00 |
| 18.00                                                                                    | Per resident amount                                                                                                                                                | 52,317.89             | 51,899.03                                   |                                                             | 18.00 |
| 19.00                                                                                    | Approved amount for resident costs                                                                                                                                 | 3,923,319             | 1,188,488                                   | 5,111,807                                                   | 19.00 |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                        |       |
| 20.00                                                                                    | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c )(4)                                            |                       |                                             | 0.00                                                        | 20.00 |
| 21.00                                                                                    | Direct GME FTE unweighted resident count over cap (see instructions)                                                                                               |                       |                                             | 5.24                                                        | 21.00 |
| 22.00                                                                                    | Allowable additional direct GME FTE Resident Count (see instructions)                                                                                              |                       |                                             | 0.00                                                        | 22.00 |
| 23.00                                                                                    | Enter the locality adjustment national average per resident amount (see instructions)                                                                              |                       |                                             | 0.00                                                        | 23.00 |
| 24.00                                                                                    | Multiply line 22 time line 23                                                                                                                                      |                       |                                             | 0                                                           | 24.00 |
| 25.00                                                                                    | Total direct GME amount (sum of lines 19 and 24)                                                                                                                   |                       |                                             | 5,111,807                                                   | 25.00 |
|                                                                                          |                                                                                                                                                                    | Inpatient Part        | Managed care                                |                                                             |       |
|                                                                                          |                                                                                                                                                                    | A                     |                                             |                                                             |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                        |       |
| <b>COMPUTATION OF PROGRAM PATIENT LOAD</b>                                               |                                                                                                                                                                    |                       |                                             |                                                             |       |
| 26.00                                                                                    | Inpatient Days (see instructions)                                                                                                                                  | 5,431                 | 3,201                                       |                                                             | 26.00 |
| 27.00                                                                                    | Total Inpatient Days (see instructions)                                                                                                                            | 19,016                | 19,016                                      |                                                             | 27.00 |
| 28.00                                                                                    | Ratio of inpatient days to total inpatient days                                                                                                                    | 0.285602              | 0.168332                                    |                                                             | 28.00 |
| 29.00                                                                                    | Program direct GME amount                                                                                                                                          | 1,459,942             | 860,481                                     |                                                             | 29.00 |
| 30.00                                                                                    | Reduction for direct GME payments for Medicare Advantage                                                                                                           |                       | 121,586                                     |                                                             | 30.00 |
| 31.00                                                                                    | Net Program direct GME amount                                                                                                                                      |                       |                                             | 2,198,837                                                   | 31.00 |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                            | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet E-4<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------|
|                                                                                          |                                                                                                                            | Title XVIII           | Hospital                                    | PPS                                                         |
|                                                                                          |                                                                                                                            |                       |                                             | 1.00                                                        |
|                                                                                          | DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) |                       |                                             |                                                             |
| 32.00                                                                                    | Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)                |                       | 0                                           | 32.00                                                       |
| 33.00                                                                                    | Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)                            |                       | 507,890                                     | 33.00                                                       |
| 34.00                                                                                    | Ratio of direct medical education costs to total charges (line 32 ÷ line 33)                                               |                       | 0.000000                                    | 34.00                                                       |
| 35.00                                                                                    | Medicare outpatient ESRD charges (see instructions)                                                                        |                       | 0                                           | 35.00                                                       |
| 36.00                                                                                    | Medicare outpatient ESRD direct medical education costs (line 34 x line 35)                                                |                       | 0                                           | 36.00                                                       |
| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY                       |                                                                                                                            |                       |                                             |                                                             |
| Part A Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                             |
| 37.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       | 9,918,253                                   | 37.00                                                       |
| 38.00                                                                                    | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)                                                              |                       | 0                                           | 38.00                                                       |
| 39.00                                                                                    | Cost of physicians' services in a teaching hospital (see instructions)                                                     |                       | 0                                           | 39.00                                                       |
| 40.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       | 9,716                                       | 40.00                                                       |
| 41.00                                                                                    | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)                                                    |                       | 9,908,537                                   | 41.00                                                       |
| Part B Reasonable Cost                                                                   |                                                                                                                            |                       |                                             |                                                             |
| 42.00                                                                                    | Reasonable cost (see instructions)                                                                                         |                       | 5,161,201                                   | 42.00                                                       |
| 43.00                                                                                    | Primary payer payments (see instructions)                                                                                  |                       | 5,150                                       | 43.00                                                       |
| 44.00                                                                                    | Total Part B reasonable cost (line 42 minus line 43)                                                                       |                       | 5,156,051                                   | 44.00                                                       |
| 45.00                                                                                    | Total reasonable cost (sum of lines 41 and 44)                                                                             |                       | 15,064,588                                  | 45.00                                                       |
| 46.00                                                                                    | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)                                               |                       | 0.657737                                    | 46.00                                                       |
| 47.00                                                                                    | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)                                               |                       | 0.342263                                    | 47.00                                                       |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B                        |                                                                                                                            |                       |                                             |                                                             |
| 48.00                                                                                    | Total program GME payment (line 31)                                                                                        |                       | 2,198,837                                   | 48.00                                                       |
| 49.00                                                                                    | Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)                                           |                       | 1,446,256                                   | 49.00                                                       |
| 50.00                                                                                    | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)                                           |                       | 752,581                                     | 50.00                                                       |

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

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet G

Date/Time Prepared:

11/30/2018 11:45 am

|                                                                                      | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund |       |
|--------------------------------------------------------------------------------------|--------------|-----------------------|----------------|------------|-------|
|                                                                                      | 1.00         | 2.00                  | 3.00           | 4.00       |       |
| <b>CURRENT ASSETS</b>                                                                |              |                       |                |            |       |
| 1.00 Cash on hand in banks                                                           | 1,280,948    | 0                     | 0              | 0          | 1.00  |
| 2.00 Temporary investments                                                           | 0            | 0                     | 0              | 0          | 2.00  |
| 3.00 Notes receivable                                                                | 0            | 0                     | 0              | 0          | 3.00  |
| 4.00 Accounts receivable                                                             | 33,617,880   | 0                     | 0              | 0          | 4.00  |
| 5.00 Other receivable                                                                | 5,903,837    | 0                     | 0              | 0          | 5.00  |
| 6.00 Allowances for uncollectible notes and accounts receivable                      | -9,864,249   | 0                     | 0              | 0          | 6.00  |
| 7.00 Inventory                                                                       | 5,089,333    | 0                     | 0              | 0          | 7.00  |
| 8.00 Prepaid expenses                                                                | 2,928,356    | 0                     | 0              | 0          | 8.00  |
| 9.00 Other current assets                                                            | -276,108     | 0                     | 0              | 0          | 9.00  |
| 10.00 Due from other funds                                                           | 0            | 0                     | 0              | 0          | 10.00 |
| 11.00 Total current assets (sum of lines 1-10)                                       | 38,679,997   | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>                                                                  |              |                       |                |            |       |
| 12.00 Land                                                                           | 0            | 0                     | 0              | 0          | 12.00 |
| 13.00 Land improvements                                                              | 0            | 0                     | 0              | 0          | 13.00 |
| 14.00 Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 14.00 |
| 15.00 Buildings                                                                      | 2,731,503    | 0                     | 0              | 0          | 15.00 |
| 16.00 Accumulated depreciation                                                       | -145,125     | 0                     | 0              | 0          | 16.00 |
| 17.00 Leasehold improvements                                                         | 0            | 0                     | 0              | 0          | 17.00 |
| 18.00 Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 18.00 |
| 19.00 Fixed equipment                                                                | 0            | 0                     | 0              | 0          | 19.00 |
| 20.00 Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 20.00 |
| 21.00 Automobiles and trucks                                                         | 0            | 0                     | 0              | 0          | 21.00 |
| 22.00 Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 22.00 |
| 23.00 Major movable equipment                                                        | 15,747,977   | 0                     | 0              | 0          | 23.00 |
| 24.00 Accumulated depreciation                                                       | -1,199,252   | 0                     | 0              | 0          | 24.00 |
| 25.00 Minor equipment depreciable                                                    | 0            | 0                     | 0              | 0          | 25.00 |
| 26.00 Accumulated depreciation                                                       | -29,590      | 0                     | 0              | 0          | 26.00 |
| 27.00 HIT designated Assets                                                          | 0            | 0                     | 0              | 0          | 27.00 |
| 28.00 Accumulated depreciation                                                       | -211,077     | 0                     | 0              | 0          | 28.00 |
| 29.00 Minor equipment-nondepreciable                                                 | 0            | 0                     | 0              | 0          | 29.00 |
| 30.00 Total fixed assets (sum of lines 12-29)                                        | 16,894,436   | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>                                                                  |              |                       |                |            |       |
| 31.00 Investments                                                                    | 74,661,186   | 0                     | 0              | 0          | 31.00 |
| 32.00 Deposits on leases                                                             | 0            | 0                     | 0              | 0          | 32.00 |
| 33.00 Due from owners/officers                                                       | 0            | 0                     | 0              | 0          | 33.00 |
| 34.00 Other assets                                                                   | 137,712,237  | 0                     | 0              | 0          | 34.00 |
| 35.00 Total other assets (sum of lines 31-34)                                        | 212,373,423  | 0                     | 0              | 0          | 35.00 |
| 36.00 Total assets (sum of lines 11, 30, and 35)                                     | 267,947,856  | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>                                                           |              |                       |                |            |       |
| 37.00 Accounts payable                                                               | 30,734,512   | 0                     | 0              | 0          | 37.00 |
| 38.00 Salaries, wages, and fees payable                                              | 27,240,747   | 0                     | 0              | 0          | 38.00 |
| 39.00 Payroll taxes payable                                                          | 0            | 0                     | 0              | 0          | 39.00 |
| 40.00 Notes and loans payable (short term)                                           | 0            | 0                     | 0              | 0          | 40.00 |
| 41.00 Deferred income                                                                | 0            | 0                     | 0              | 0          | 41.00 |
| 42.00 Accelerated payments                                                           | 0            | 0                     | 0              | 0          | 42.00 |
| 43.00 Due to other funds                                                             | 0            | 0                     | 0              | 0          | 43.00 |
| 44.00 Other current liabilities                                                      | 1,937,588    | 0                     | 0              | 0          | 44.00 |
| 45.00 Total current liabilities (sum of lines 37 thru 44)                            | 59,912,847   | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b>                                                         |              |                       |                |            |       |
| 46.00 Mortgage payable                                                               | 0            | 0                     | 0              | 0          | 46.00 |
| 47.00 Notes payable                                                                  | 0            | 0                     | 0              | 0          | 47.00 |
| 48.00 Unsecured loans                                                                | 0            | 0                     | 0              | 0          | 48.00 |
| 49.00 Other long term liabilities                                                    | 314,901,255  | 0                     | 0              | 0          | 49.00 |
| 50.00 Total long term liabilities (sum of lines 46 thru 49)                          | 314,901,255  | 0                     | 0              | 0          | 50.00 |
| 51.00 Total liabilities (sum of lines 45 and 50)                                     | 374,814,102  | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>                                                              |              |                       |                |            |       |
| 52.00 General fund balance                                                           | -106,866,246 | 0                     | 0              | 0          | 52.00 |
| 53.00 Specific purpose fund                                                          | 0            | 0                     | 0              | 0          | 53.00 |
| 54.00 Donor created - endowment fund balance - restricted                            | 0            | 0                     | 0              | 0          | 54.00 |
| 55.00 Donor created - endowment fund balance - unrestricted                          | 0            | 0                     | 0              | 0          | 55.00 |
| 56.00 Governing body created - endowment fund balance                                | 0            | 0                     | 0              | 0          | 56.00 |
| 57.00 Plant fund balance - invested in plant                                         | 0            | 0                     | 0              | 0          | 57.00 |
| 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion | 0            | 0                     | 0              | 0          | 58.00 |
| 59.00 Total fund balances (sum of lines 52 thru 58)                                  | -106,866,246 | 0                     | 0              | 0          | 59.00 |
| 60.00 Total liabilities and fund balances (sum of lines 51 and 59)                   | 267,947,856  | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet G-1

Date/Time Prepared:  
11/30/2018 11:45 am

|       |                                                                         | General Fund   |              | Special Purpose Fund |      | Endowment Fund |       |
|-------|-------------------------------------------------------------------------|----------------|--------------|----------------------|------|----------------|-------|
|       |                                                                         | 1.00           | 2.00         | 3.00                 | 4.00 | 5.00           |       |
| 1.00  | Fund balances at beginning of period                                    |                | -2,273,755   |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | 5,608,372    |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 3,334,617    |                      | 0    |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                | 0              |              | 0                    |      | 0              | 4.00  |
| 5.00  |                                                                         | 0              |              | 0                    |      | 0              | 5.00  |
| 6.00  |                                                                         | 0              |              | 0                    |      | 0              | 6.00  |
| 7.00  |                                                                         | 0              |              | 0                    |      | 0              | 7.00  |
| 8.00  |                                                                         | 0              |              | 0                    |      | 0              | 8.00  |
| 9.00  |                                                                         | 0              |              | 0                    |      | 0              | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       |                | 0            |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 3,334,617    |                      | 0    |                | 11.00 |
| 12.00 | UNRESTRICTED EQUITY TRANSFER                                            | 110,200,373    |              | 0                    |      | 0              | 12.00 |
| 13.00 |                                                                         | 0              |              | 0                    |      | 0              | 13.00 |
| 14.00 |                                                                         | 0              |              | 0                    |      | 0              | 14.00 |
| 15.00 |                                                                         | 0              |              | 0                    |      | 0              | 15.00 |
| 16.00 |                                                                         | 0              |              | 0                    |      | 0              | 16.00 |
| 17.00 |                                                                         | 0              |              | 0                    |      | 0              | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   |                | 110,200,373  |                      | 0    |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | -106,865,756 |                      | 0    |                | 19.00 |
|       |                                                                         | Endowment Fund |              | Plant Fund           |      |                |       |
|       |                                                                         | 6.00           | 7.00         | 8.00                 |      |                |       |
| 1.00  | Fund balances at beginning of period                                    | 0              |              | 0                    |      |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                |              |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        | 0              |              | 0                    |      |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                |                | 0            |                      |      |                | 4.00  |
| 5.00  |                                                                         |                | 0            |                      |      |                | 5.00  |
| 6.00  |                                                                         |                | 0            |                      |      |                | 6.00  |
| 7.00  |                                                                         |                | 0            |                      |      |                | 7.00  |
| 8.00  |                                                                         |                | 0            |                      |      |                | 8.00  |
| 9.00  |                                                                         |                | 0            |                      |      |                | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       | 0              |              | 0                    |      |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          | 0              |              | 0                    |      |                | 11.00 |
| 12.00 | UNRESTRICTED EQUITY TRANSFER                                            |                | 0            |                      |      |                | 12.00 |
| 13.00 |                                                                         |                | 0            |                      |      |                | 13.00 |
| 14.00 |                                                                         |                | 0            |                      |      |                | 14.00 |
| 15.00 |                                                                         |                | 0            |                      |      |                | 15.00 |
| 16.00 |                                                                         |                | 0            |                      |      |                | 16.00 |
| 17.00 |                                                                         |                | 0            |                      |      |                | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   | 0              |              | 0                    |      |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | 0              |              | 0                    |      |                | 19.00 |

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/30/2018 11:45 am

| Cost Center Description                                |                                                                                                | Inpatient   | Outpatient  | Total       |       |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------|
|                                                        |                                                                                                | 1.00        | 2.00        | 3.00        |       |
| <b>PART I - PATIENT REVENUES</b>                       |                                                                                                |             |             |             |       |
| <b>General Inpatient Routine Services</b>              |                                                                                                |             |             |             |       |
| 1.00                                                   | Hospital                                                                                       | 46,881,894  |             | 46,881,894  | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              | 0           |             | 0           | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 0           |             | 0           | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    |             |             |             | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0           |             | 0           | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0           |             | 0           | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       | 0           |             | 0           | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               |             |             |             | 8.00  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |             |             |             | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 46,881,894  |             | 46,881,894  | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |             |             |             |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 0           |             | 0           | 11.00 |
| 12.00                                                  | CORONARY CARE UNIT                                                                             |             |             |             | 12.00 |
| 13.00                                                  | BURN INTENSIVE CARE UNIT                                                                       |             |             |             | 13.00 |
| 14.00                                                  | SURGICAL INTENSIVE CARE UNIT                                                                   |             |             |             | 14.00 |
| 15.00                                                  | OTHER SPECIAL CARE (SPECIFY)                                                                   |             |             |             | 15.00 |
| 16.00                                                  | Total intensive care type inpatient hospital services (sum of lines 11-15)                     | 0           |             | 0           | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 46,881,894  |             | 46,881,894  | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 172,861,767 | 363,904,142 | 536,765,909 | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 0           | 0           | 0           | 19.00 |
| 20.00                                                  | RURAL HEALTH CLINIC                                                                            | 0           | 0           | 0           | 20.00 |
| 21.00                                                  | FEDERALLY QUALIFIED HEALTH CENTER                                                              | 0           | 0           | 0           | 21.00 |
| 22.00                                                  | HOME HEALTH AGENCY                                                                             |             |             |             | 22.00 |
| 23.00                                                  | AMBULANCE SERVICES                                                                             |             |             |             | 23.00 |
| 24.00                                                  | CMHC                                                                                           |             |             |             | 24.00 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              |             |             |             | 25.00 |
| 26.00                                                  | HOSPICE                                                                                        |             |             |             | 26.00 |
| 27.00                                                  | Other (specify)                                                                                | 0           | 0           | 0           | 27.00 |
| 27.02                                                  | Intern-Resident Service (not appvd. tchng. prgm.)                                              | 0           | 0           | 0           | 27.02 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 219,743,661 | 363,904,142 | 583,647,803 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |             |             |             |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |             | 95,437,655  |             | 29.00 |
| 30.00                                                  | ADD (SPECIFY)                                                                                  | 0           |             |             | 30.00 |
| 31.00                                                  |                                                                                                | 0           |             |             | 31.00 |
| 32.00                                                  |                                                                                                | 0           |             |             | 32.00 |
| 33.00                                                  |                                                                                                | 0           |             |             | 33.00 |
| 34.00                                                  |                                                                                                | 0           |             |             | 34.00 |
| 35.00                                                  |                                                                                                | 0           |             |             | 35.00 |
| 36.00                                                  | Total additions (sum of lines 30-35)                                                           |             | 0           |             | 36.00 |
| 37.00                                                  | DEDUCT (SPECIFY)                                                                               | 0           |             |             | 37.00 |
| 38.00                                                  |                                                                                                | 0           |             |             | 38.00 |
| 39.00                                                  |                                                                                                | 0           |             |             | 39.00 |
| 40.00                                                  |                                                                                                | 0           |             |             | 40.00 |
| 41.00                                                  |                                                                                                | 0           |             |             | 41.00 |
| 42.00                                                  | Total deductions (sum of lines 37-41)                                                          |             | 0           |             | 42.00 |
| 43.00                                                  | Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4) |             | 95,437,655  |             | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0054

Period:  
From 03/01/2018  
To 06/30/2018

Worksheet G-3

Date/Time Prepared:  
11/30/2018 11:45 am

|              |                                                                           | 1.00        |       |
|--------------|---------------------------------------------------------------------------|-------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 583,647,803 | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 485,725,228 | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 97,922,575  | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 95,437,655  | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | 2,484,920   | 5.00  |
| OTHER INCOME |                                                                           |             |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 0           | 6.00  |
| 7.00         | Income from investments                                                   | 0           | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 80,046      | 8.00  |
| 9.00         | Revenue from television and radio service                                 | 0           | 9.00  |
| 10.00        | Purchase discounts                                                        | 0           | 10.00 |
| 11.00        | Rebates and refunds of expenses                                           | 0           | 11.00 |
| 12.00        | Parking lot receipts                                                      | 0           | 12.00 |
| 13.00        | Revenue from laundry and linen service                                    | 0           | 13.00 |
| 14.00        | Revenue from meals sold to employees and guests                           | 246,384     | 14.00 |
| 15.00        | Revenue from rental of living quarters                                    | 0           | 15.00 |
| 16.00        | Revenue from sale of medical and surgical supplies to other than patients | 0           | 16.00 |
| 17.00        | Revenue from sale of drugs to other than patients                         | 0           | 17.00 |
| 18.00        | Revenue from sale of medical records and abstracts                        | 0           | 18.00 |
| 19.00        | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 0           | 19.00 |
| 20.00        | Revenue from gifts, flowers, coffee shops, and canteen                    | 0           | 20.00 |
| 21.00        | Rental of vending machines                                                | 7,651       | 21.00 |
| 22.00        | Rental of hospital space                                                  | 124,951     | 22.00 |
| 23.00        | Governmental appropriations                                               | 0           | 23.00 |
| 24.00        | OTHER - PREMIUM, CAPITATION, MISC                                         | 2,664,420   | 24.00 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 3,123,452   | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | 5,608,372   | 26.00 |
| 27.00        | Other expenses specify                                                    | 0           | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | 0           | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | 5,608,372   | 29.00 |

| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 14-0054 | Period:<br>From 03/01/2018<br>To 06/30/2018 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>11/30/2018 11:45 am |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------------|
|                                                     |                                                                                                                                                              | Title XVIII           | Hospital                                    | PPS                                                                      |
|                                                     |                                                                                                                                                              | 1.00                  |                                             |                                                                          |
| <b>PART I - FULLY PROSPECTIVE METHOD</b>            |                                                                                                                                                              |                       |                                             |                                                                          |
| <b>CAPITAL FEDERAL AMOUNT</b>                       |                                                                                                                                                              |                       |                                             |                                                                          |
| 1.00                                                | Capital DRG other than outlier                                                                                                                               |                       | 751,711                                     | 1.00                                                                     |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                     |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 5,314                                       | 2.00                                                                     |
| 2.01                                                | Model 4 BPCI Capital DRG outlier payments                                                                                                                    |                       | 0                                           | 2.01                                                                     |
| 3.00                                                | Total inpatient days divided by number of days in the cost reporting period (see instructions)                                                               |                       | 127.05                                      | 3.00                                                                     |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 101.69                                      | 4.00                                                                     |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 25.35                                       | 5.00                                                                     |
| 6.00                                                | Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)                                 |                       | 190,559                                     | 6.00                                                                     |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    |                       | 0.00                                        | 7.00                                                                     |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 0.00                                        | 8.00                                                                     |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 0.00                                        | 9.00                                                                     |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 0.00                                        | 10.00                                                                    |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 0                                           | 11.00                                                                    |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 947,584                                     | 12.00                                                                    |
|                                                     |                                                                                                                                                              | 1.00                  |                                             |                                                                          |
| <b>PART II - PAYMENT UNDER REASONABLE COST</b>      |                                                                                                                                                              |                       |                                             |                                                                          |
| 1.00                                                | Program inpatient routine capital cost (see instructions)                                                                                                    |                       | 0                                           | 1.00                                                                     |
| 2.00                                                | Program inpatient ancillary capital cost (see instructions)                                                                                                  |                       | 0                                           | 2.00                                                                     |
| 3.00                                                | Total inpatient program capital cost (line 1 plus line 2)                                                                                                    |                       | 0                                           | 3.00                                                                     |
| 4.00                                                | Capital cost payment factor (see instructions)                                                                                                               |                       | 0                                           | 4.00                                                                     |
| 5.00                                                | Total inpatient program capital cost (line 3 x line 4)                                                                                                       |                       | 0                                           | 5.00                                                                     |
|                                                     |                                                                                                                                                              | 1.00                  |                                             |                                                                          |
| <b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b> |                                                                                                                                                              |                       |                                             |                                                                          |
| 1.00                                                | Program inpatient capital costs (see instructions)                                                                                                           |                       | 0                                           | 1.00                                                                     |
| 2.00                                                | Program inpatient capital costs for extraordinary circumstances (see instructions)                                                                           |                       | 0                                           | 2.00                                                                     |
| 3.00                                                | Net program inpatient capital costs (line 1 minus line 2)                                                                                                    |                       | 0                                           | 3.00                                                                     |
| 4.00                                                | Applicable exception percentage (see instructions)                                                                                                           |                       | 0.00                                        | 4.00                                                                     |
| 5.00                                                | Capital cost for comparison to payments (line 3 x line 4)                                                                                                    |                       | 0                                           | 5.00                                                                     |
| 6.00                                                | Percentage adjustment for extraordinary circumstances (see instructions)                                                                                     |                       | 0.00                                        | 6.00                                                                     |
| 7.00                                                | Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)                                                                |                       | 0                                           | 7.00                                                                     |
| 8.00                                                | Capital minimum payment level (line 5 plus line 7)                                                                                                           |                       | 0                                           | 8.00                                                                     |
| 9.00                                                | Current year capital payments (from Part I, line 12, as applicable)                                                                                          |                       | 0                                           | 9.00                                                                     |
| 10.00                                               | Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)                                                            |                       | 0                                           | 10.00                                                                    |
| 11.00                                               | Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)                                 |                       | 0                                           | 11.00                                                                    |
| 12.00                                               | Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)                                                                   |                       | 0                                           | 12.00                                                                    |
| 13.00                                               | Current year exception payment (if line 12 is positive, enter the amount on this line)                                                                       |                       | 0                                           | 13.00                                                                    |
| 14.00                                               | Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line) |                       | 0                                           | 14.00                                                                    |
| 15.00                                               | Current year allowable operating and capital payment (see instructions)                                                                                      |                       | 0                                           | 15.00                                                                    |
| 16.00                                               | Current year operating and capital costs (see instructions)                                                                                                  |                       | 0                                           | 16.00                                                                    |
| 17.00                                               | Current year exception offset amount (see instructions)                                                                                                      |                       | 0                                           | 17.00                                                                    |