

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: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>11/28/2018 3:56 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                          |                                                                                                                                                                              |                                                                                                                                                  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically filed cost report                                                                                  | Date: 11/28/2018                                                                                                                                                             | Time: 3:56 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 type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.                                                                     |                                                                                                                                                                              |                                                                                                                                                  |
| Contractor use only | 5. <input 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 type="checkbox"/> Initial Report for this Provider CCN<br>9. <input 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 PRESENCE SAINTS MARY & ELIZABETH MED ( 14-0180 ) for the cost reporting period beginning 01/01/2018 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) MICHAEL MULAY  
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER  
Title

(Dated when report is electronically signed.)  
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       | 568,879     | -33,637 | 0    | 0         | 1.00   |
| 2.00                    | Subprovider - IPF             | 0       | 4,850       | 95      |      | 0         | 2.00   |
| 3.00                    | Subprovider - IRF             | 0       | -57,562     | 915     |      | 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       | 21,103      | -90     |      | 0         | 7.00   |
| 200.00                  | Total                         | 0       | 537,270     | -32,717 | 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: 14-0180                |                                        | Period:<br>From 01/01/2018<br>To 06/30/2018 |                                            | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                     |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|---------------------|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2.00           |  | 3.00                                 |                                        | 4.00                                        |                                            |                                                                      |                     |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                                      |                                        |                                             |                                            |                                                                      |                     |
| 1.00                                                          | Street: 2233 WEST DIVISION STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  | PO Box:                              |                                        | Date Certified                              |                                            | Payment System (P, T, O, or N)                                       |                     |
| 2.00                                                          | City: CHICAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |  | State: IL                            |                                        | Zip Code: 60622                             |                                            | County: COOK                                                         |                     |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Component Name |  | CCN Number                           | CBSA Number                            | Provider Type                               |                                            |                                                                      |                     |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00           |  | 2.00                                 | 3.00                                   | 4.00                                        | 5.00                                       | 6.00                                                                 | 7.00                |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                                      |                                        |                                             |                                            |                                                                      |                     |
| Hospital and Hospital-Based Component Identification:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                                      |                                        |                                             |                                            |                                                                      |                     |
| 3.00                                                          | Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  | PRESENCE SAINTS MARY & ELIZABETH MED | 140180                                 | 16974                                       | 1                                          | 07/01/1966                                                           | N P O               |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  | PRESENCE ST MARY AND ELIZABETH PSYCH | 14S180                                 | 16974                                       | 4                                          | 01/01/2018                                                           | N P O               |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  | ST. MARY OF NAZARETH REHAB UNIT      | 14T180                                 | 16974                                       | 5                                          | 01/01/1984                                                           | N P O               |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |  |                                      |                                        |                                             |                                            |                                                                      |                     |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                                      |                                        |                                             |                                            |                                                                      |                     |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                                      |                                        |                                             |                                            |                                                                      |                     |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  | ST. ELIZABETH'S SNF                  | 145541                                 | 16974                                       |                                            | 01/28/1986                                                           | N P N               |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                                      |                                        |                                             | 01/01/2018                                 | 06/30/2018                                                           |                     |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                                      |                                        |                                             | 1                                          |                                                                      |                     |
| 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                                                                    |                     |
| 22.01                                                         | 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)                                                                                                                                                                                                                                    |                |  |                                      |                                        |                                             | Y                                          | Y                                                                    |                     |
| 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                                                                    |                     |
| 22.03                                                         | 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                                                                    |                     |
| 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                                                                    |                     |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  | In-State Medicaid paid days          | In-State Medicaid eligible unpaid days | Out-of-State Medicaid paid days             | Out-of-State Medicaid eligible unpaid days | 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.                                                                                                                                                                                                                                                     |                |  | 10,264                               | 3,089                                  | 0                                           | 0                                          | 9,377                                                                | 245                 |
| 25.00                                                         | If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.                                                                                                                                                                                                                                                                                                     |                |  | 133                                  | 0                                      | 0                                           | 0                                          | 503                                                                  |                     |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|-------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Urban/Rural St                              | Date of Geogra                                                       |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        | 2.00                                                                 |       |
| 26.00                                                         | Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.                                                                                                                                                                                                                                                                                                              |                       | 1                                           |                                                                      | 26.00 |
| 27.00                                                         | Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.                                                                                                                                                                                                               |                       | 1                                           |                                                                      | 27.00 |
| 35.00                                                         | If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                        |                       | 0                                           |                                                                      | 35.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Beginning:                                  | Ending:                                                              |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        | 2.00                                                                 |       |
| 36.00                                                         | Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      | 36.00 |
| 37.00                                                         | If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                 |                       | 0                                           |                                                                      | 37.00 |
| 37.01                                                         | Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      | 37.01 |
| 38.00                                                         | If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                     |                       |                                             |                                                                      | 38.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Y/N                                         | Y/N                                                                  |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        | 2.00                                                                 |       |
| 39.00                                                         | Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)                                                                                          |                       | N                                           | N                                                                    | 39.00 |
| 40.00                                                         | Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)                                                                                                                                                                                                           |                       | N                                           | N                                                                    | 40.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | V                                           | XVIII                                                                | XIX   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 1.00                                        | 2.00                                                                 | 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                                           | Y                                                                    | N     |
| 46.00                                                         | Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.                                                                                                                                                                                                                                                                |                       | N                                           | N                                                                    | N     |
| 47.00                                                         | Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                     |                       | N                                           | N                                                                    | N     |
| 48.00                                                         | Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                           |                       | N                                           | N                                                                    | N     |
| <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                                           |                                                                      |       |
| 57.00                                                         | If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. |                       | N                                           |                                                                      |       |
| 58.00                                                         | If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.                                                                                                                                                                                                                                                                                                |                       | N                                           |                                                                      |       |
| 59.00                                                         | Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.                                                                                                                                                                                                                                                                                                                                                                                  |                       | N                                           |                                                                      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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)                                                                                                                                                                                                                                                                                                                       |                       | Y                                           |                                                                      |       |
| 60.01                                                         | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                  |                       | 23.00                                       | 1                                                                    |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y/N                   | IME                                         | Direct GME                                                           | IME   |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.00                  | 2.00                                        | 3.00                                                                 | 4.00  |
| 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  |
| 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)                                                                                                                                                                                                                                                                                            |                       |                                             |                                                                      | 0.00  |
| 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)                                                                                                                                                                                                                                                                                |                       |                                             |                                                                      |       |
| 61.03                                                         | 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)                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      |       |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-2  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                                                                                                                      | 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)                                                                                                                                                                                                                               |              |                                  |                                  | N                                 | 63.00                             |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital      | Ratio (col. 1/ (col. 1 + col. 2)) |                                   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 1.00                             | 2.00                             | 3.00                              |                                   |
| Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                  |                                  |                                   |                                   |
| 64.00                                                                                                                                                                                | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) |              | 0.00                             | 0.00                             | 0.000000                          | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-2  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                                                                                     | 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) |              | 0.00                                      | 0.00                              | 0.000000                                | 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                                    |       |       |       |
| Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                           |                                   |                                         |       |       |       |
| 66.00                                                                                                                                               | Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)                                                                                                                                                                                                                                                     |              | 0.00                                      | 0.00                              | 0.000000                                | 66.00 |       |       |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 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                                    |       |       |       |
| 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)                                                                                             |              | 0.00                                      | 0.00                              | 0.000000                                | 67.00 |       |       |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                           |                                   | 1.00                                    | 2.00  | 3.00  |       |
| <b>Inpatient Psychiatric Facility PPS</b>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                           |                                   |                                         |       |       |       |
| 70.00                                                                                                                                               | Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                           |                                   | N                                       |       | 70.00 |       |
| 71.00                                                                                                                                               | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                                                                                              |              |                                           |                                   |                                         | 0     | 71.00 |       |
| <b>Inpatient Rehabilitation Facility PPS</b>                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                           |                                   |                                         |       |       |       |
| 75.00                                                                                                                                               | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                           |                                   | Y                                       |       | 75.00 |       |
| 76.00                                                                                                                                               | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                                                                                                                      |              |                                           |                                   | N                                       | N     | 0     | 76.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |             |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|-------------|
|                                                               |                                                                                                                                                                                                                                                                                                                 |                       |                                             | 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                     | Y                                           |                                                                      | 90.00       |
| 91.00                                                         | Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                 | N                     | 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.                                                                                   | Y                     | Y                                           |                                                                      | 98.00       |
| 98.01                                                         | Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                       | Y                     | Y                                           |                                                                      | 98.01       |
| 98.02                                                         | Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                           | Y                     | Y                                           |                                                                      | 98.02       |
| 98.03                                                         | Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                      | N                     | N                                           |                                                                      | 98.03       |
| 98.04                                                         | Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                | N                     | N                                           |                                                                      | 98.04       |
| 98.05                                                         | Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                          | Y                     | Y                                           |                                                                      | 98.05       |
| 98.06                                                         | Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                  | Y                     | Y                                           |                                                                      | 98.06       |
| <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      |
|                                                               |                                                                                                                                                                                                                                                                                                                 | Physical              | Occupational                                | Speech                                                               | Respiratory |
|                                                               |                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        | 3.00                                                                 | 4.00        |
| 109.00                                                        | If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.                                                                                                                                                    | N                     | N                                           | N                                                                    | N           |
|                                                               |                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                      |             |
|                                                               |                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                      | 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      |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        |                                                                      |        |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |                                             |                                                                      | 111.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        | 3.00                                                                 |        |
| <b>Miscellaneous Cost Reporting Information</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                      |        |
| 115.00                                                        | Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.                                       | N                     |                                             | 0                                                                    | 115.00 |
| 116.00                                                        | Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              | N                     |                                             |                                                                      | 116.00 |
| 117.00                                                        | Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                              | 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:                                                                                                                                                                                                                                                                                                                                                                                                           | 0                     | 0                                           | 3,336,114                                                            |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  | 2.00                                        |                                                                      |        |
| 118.02                                                        | Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.                                                                                                                                                                                                                                                            | N                     |                                             |                                                                      | 118.02 |
| 119.00                                                        | DO NOT USE THIS LINE                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                             |                                                                      | 119.00 |
| 120.00                                                        | Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.                                                            | N                     | N                                           |                                                                      | 120.00 |
| 121.00                                                        | Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                | Y                     |                                             |                                                                      | 121.00 |
| 122.00                                                        | Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.                                                                                                                                                                                                                      | Y                     | 5.00                                        |                                                                      | 122.00 |
| <b>Transplant Center Information</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                      |        |
| 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 |
| <b>All Providers</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                                                                      |        |
| 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                     | 14H082                                      |                                                                      | 140.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                  |      |                        | Provider CCN: 14-0180 |                            | Period:<br>From 01/01/2018<br>To 06/30/2018 |                   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|-----------------------|----------------------------|---------------------------------------------|-------------------|----------------------------------------------------------------------|--------------------|
| 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: PRESENCE CARE TRANSFORMATION CORP                                                                                                                                                                                                                                                                          |      | Contractor's Name: NGS |                       | Contractor's Number: 00131 |                                             | 141.00            |                                                                      |                    |
| 142.00                                                                                                                                                                                                                      | Street: 200 SOUTH WACKER DRIVE                                                                                                                                                                                                                                                                                   |      | PO Box:                |                       |                            |                                             | 142.00            |                                                                      |                    |
| 143.00                                                                                                                                                                                                                      | City: CHICAGO                                                                                                                                                                                                                                                                                                    |      | State: IL              |                       | Zip Code: 60606            |                                             | 143.00            |                                                                      |                    |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |                        |                       |                            |                                             |                   | 1.00                                                                 |                    |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                    |      |                        |                       |                            |                                             |                   | Y                                                                    | 144.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |                        |                       |                            |                                             |                   | 1.00                                                                 | 2.00               |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.     |      |                        |                       |                            |                                             |                   | N                                                                    | 145.00             |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                                 |      |                        |                       |                            |                                             |                   | N                                                                    | 146.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |                        |                       |                            |                                             |                   | 1.00                                                                 |                    |
| 147.00                                                                                                                                                                                                                      | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                    |      |                        |                       |                            |                                             |                   | N                                                                    | 147.00             |
| 148.00                                                                                                                                                                                                                      | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                  |      |                        |                       |                            |                                             |                   | N                                                                    | 148.00             |
| 149.00                                                                                                                                                                                                                      | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                       |      |                        |                       |                            |                                             |                   | N                                                                    | 149.00             |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |                        | Part A<br>1.00        | Part B<br>2.00             | Title V<br>3.00                             | Title XIX<br>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<br>0             | County<br>1.00             | State<br>2.00                               | Zip Code<br>3.00  | CBSA<br>4.00                                                         | FTE/Campus<br>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)                                                                                                                                                 |      |                        |                       |                            |                                             |                   |                                                                      | 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<br>1.00 | Ending<br>2.00                                                       |                    |
| 170.00                                                                                                                                                                                                                      | Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)                                                                                                                                                                                               |      |                        |                       |                            |                                             |                   | 01/01/2018                                                           | 06/30/2018         |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  |      |                        |                       |                            |                                             | 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: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 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)                                                                                                                                                                                                                           | N                     |                                             | 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                                           | 4.00                                                                  |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       | N                     |                                             | 5.00                                                                  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 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.                                                                                                                                                                                                                                                                                                                             | Y                     |                                             | 7.00                                                                  |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              | Y                     |                                             | 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.                                                                                                                                                                                                                                                                                                    | Y                     |                                             | 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)                                                                                                                                                                                                                | N                     |                                             | 16.00                                                                 |
| 17.00                                                                                                                       | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)                                                                                                                                                                                        | Y                     | 11/05/2018                                  | 17.00                                                                 |
| 18.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.                                                                                                                                                                                    | N                     |                                             | 18.00                                                                 |
| 19.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.                                                                                                                                                                                                                                                     | N                     |                                             | 19.00                                                                 |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-2  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                    |                                                                                                                                                                            | Description  | Y/N                               | Y/N  |       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------|------|-------|
|                                                                                    |                                                                                                                                                                            | 0            | 1.00                              | 3.00 |       |
| 20.00                                                                              | If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:                                                              |              | N                                 | N    | 20.00 |
|                                                                                    |                                                                                                                                                                            | Y/N          | Date                              | Y/N  | Date  |
|                                                                                    |                                                                                                                                                                            | 1.00         | 2.00                              | 3.00 | 4.00  |
| 21.00                                                                              | Was the cost report prepared only using the provider's records? If yes, see instructions.                                                                                  | N            |                                   | N    | 21.00 |
|                                                                                    |                                                                                                                                                                            |              |                                   | 1.00 |       |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) |                                                                                                                                                                            |              |                                   |      |       |
| Capital Related Cost                                                               |                                                                                                                                                                            |              |                                   |      |       |
| 22.00                                                                              | Have assets been relifed for Medicare purposes? If yes, see instructions                                                                                                   |              |                                   |      | 22.00 |
| 23.00                                                                              | Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.                              |              |                                   |      | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |              |                                   |      | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |              |                                   |      | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |              |                                   |      | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |              |                                   |      | 27.00 |
| Interest Expense                                                                   |                                                                                                                                                                            |              |                                   |      |       |
| 28.00                                                                              | Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.                                          |              |                                   |      | 28.00 |
| 29.00                                                                              | Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions       |              |                                   |      | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |              |                                   |      | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |              |                                   |      | 31.00 |
| Purchased Services                                                                 |                                                                                                                                                                            |              |                                   |      |       |
| 32.00                                                                              | Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.          |              |                                   |      | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |              |                                   |      | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |              |                                   |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |              |                                   |      | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |              |                                   |      | 35.00 |
|                                                                                    |                                                                                                                                                                            | Y/N          | Date                              |      |       |
|                                                                                    |                                                                                                                                                                            | 1.00         | 2.00                              |      |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |              |                                   |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |              | Y                                 |      | 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.                                                            |              | Y                                 |      | 37.00 |
| 38.00                                                                              | If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.       |              | N                                 |      | 38.00 |
| 39.00                                                                              | If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.                                                                   |              | N                                 |      | 39.00 |
| 40.00                                                                              | If line 36 is yes, did the provider render services to the home office? If yes, see instructions.                                                                          |              | N                                 |      | 40.00 |
|                                                                                    |                                                                                                                                                                            | 1.00         | 2.00                              |      |       |
| Cost Report Preparer Contact Information                                           |                                                                                                                                                                            |              |                                   |      |       |
| 41.00                                                                              | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                                              | PATRICK      | GILLILAND                         |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer                                                                                                                | AMITA HEALTH |                                   |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 847-813-3718 | PATRICK.GILLILAND@AMITAHEALTH.ORG |      | 43.00 |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-2  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                          |                                                                                                                               |                   |       |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|
|                                          |                                                                                                                               | 3.00              |       |
| Cost Report Preparer Contact Information |                                                                                                                               |                   |       |
| 41.00                                    | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively. | REGIONAL DIRECTOR | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                      | 344         | 62,264                | 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)                                                                                                        |                            | 344         | 62,264                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 26          | 4,706                 | 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)                                                                                                                                                   |                            | 370         | 66,970                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 40.00                      | 14          | 2,534                 |           | 0                                | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 15          | 2,715                 |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                            |             |                       |           |                                  | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 44.00                      | 30          | 5,430                 |           | 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)                                                                                                                                                 |                            | 429         |                       |           | 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)                                                                                                                                   |                            | 8           | 1,448                 |           |                                  | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Component |                                                                                                                                                                             | I/P Days / O/P Visits / Trips |           |                    | Full Time Equivalents     |                      |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------------|---------------------------|----------------------|-------|
|           |                                                                                                                                                                             | Title XVIII                   | Title XIX | Total All Patients | Total Interns & Residents | Employees On Payroll |       |
|           |                                                                                                                                                                             | 6.00                          | 7.00      | 8.00               | 9.00                      | 10.00                |       |
| 1.00      | Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 9,914                         | 6,870     | 40,498             |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 3,662                         | 14,820    |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 365                           | 525       |                    |                           |                      | 3.00  |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         | 205                           | 487       |                    |                           |                      | 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)                                                                                                        | 9,914                         | 6,870     | 40,498             |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 746                           | 214       | 2,359              |                           |                      | 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                                                                                                                                                                     |                               | 838       | 1,545              |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 10,660                        | 7,922     | 44,402             | 54.65                     | 1,307.26             | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           | 846                           | 253       | 2,296              | 0.00                      | 22.49                | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           | 888                           | 146       | 2,167              | 0.00                      | 16.80                | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                               |           |                    |                           |                      | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    | 2,681                         | 104       | 3,723              | 0.00                      | 31.73                | 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)                                                                                                                                                  |                               |           |                    | 54.65                     | 1,378.28             | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 0         | 2,264              |                           |                      | 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                             | 233       | 304                |                           |                      | 32.00 |
| 32.01     | Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                    |                               |           | 3                  |                           |                      | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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          | 1,886       | 1,076     | 8,556                 | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 715         | 3,508     |                       | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                          |            |             | 75        |                       | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                          |            |             | 43        |                       | 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          | 1,886       | 1,076     | 8,556                 | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 0.00                     | 0          | 104         | 16        | 294                   | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 69          | 3         | 175                   | 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: 14-0180                                   |                                             | Period:<br>From 01/01/2018<br>To 06/30/2018       |                                             | Worksheet S-3<br>Part II<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |
|----------------------------------|---------------------------------------------------------------------------------------|------------------------|--------------------|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|--|
|                                  |                                                                                       | 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                                        |                                                                       |  |
| PART II - WAGE DATA              |                                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |                                                                       |  |
| SALARIES                         |                                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |                                                                       |  |
| 1.00                             | Total salaries (see instructions)                                                     | 200.00                 | 48,769,758         | 69,142                                                  | 48,838,900                                  | 1,433,408.00                                      | 34.07                                       | 1.00                                                                  |  |
| 2.00                             | Non-physician anesthetist Part A                                                      |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 2.00                                                                  |  |
| 3.00                             | Non-physician anesthetist Part B                                                      |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 3.00                                                                  |  |
| 4.00                             | Physician-Part A - Administrative                                                     |                        | 494,257            | 0                                                       | 494,257                                     | 4,561.00                                          | 108.37                                      | 4.00                                                                  |  |
| 4.01                             | Physicians - Part A - Teaching                                                        |                        | 819,503            | 0                                                       | 819,503                                     | 8,180.00                                          | 100.18                                      | 4.01                                                                  |  |
| 5.00                             | Physician and Non Physician-Part B                                                    |                        | 891,123            | 0                                                       | 891,123                                     | 6,735.00                                          | 132.31                                      | 5.00                                                                  |  |
| 6.00                             | Non-physician-Part B for hospital-based RHC and FQHC services                         |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 6.00                                                                  |  |
| 7.00                             | Interns & residents (in an approved program)                                          | 21.00                  | 0                  | 1,290,676                                               | 1,290,676                                   | 47,043.00                                         | 27.44                                       | 7.00                                                                  |  |
| 7.01                             | Contracted interns and residents (in an approved programs)                            |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 7.01                                                                  |  |
| 8.00                             | Home office and/or related organization personnel                                     |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 8.00                                                                  |  |
| 9.00                             | SNF                                                                                   | 44.00                  | 1,271,439          | 0                                                       | 1,271,439                                   | 32,999.00                                         | 38.53                                       | 9.00                                                                  |  |
| 10.00                            | Excluded area salaries (see instructions)                                             |                        | 1,415,326          | 11,856                                                  | 1,427,182                                   | 44,208.00                                         | 32.28                                       | 10.00                                                                 |  |
| OTHER WAGES & RELATED COSTS      |                                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |                                                                       |  |
| 11.00                            | Contract labor: Direct Patient Care                                                   |                        | 4,351,696          | 0                                                       | 4,351,696                                   | 103,140.00                                        | 42.19                                       | 11.00                                                                 |  |
| 12.00                            | Contract labor: Top level management and other management and administrative services |                        | 3,157,277          | 0                                                       | 3,157,277                                   | 65,728.00                                         | 48.04                                       | 12.00                                                                 |  |
| 13.00                            | Contract labor: Physician-Part A - Administrative                                     |                        | 38,188             | 0                                                       | 38,188                                      | 150.00                                            | 254.59                                      | 13.00                                                                 |  |
| 14.00                            | Home office and/or related organization salaries and wage-related costs               |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 14.00                                                                 |  |
| 14.01                            | Home office salaries                                                                  |                        | 11,162,682         | 0                                                       | 11,162,682                                  | 274,676.00                                        | 40.64                                       | 14.01                                                                 |  |
| 14.02                            | Related organization salaries                                                         |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 14.02                                                                 |  |
| 15.00                            | Home office: Physician Part A - Administrative                                        |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 15.00                                                                 |  |
| 16.00                            | Home office and Contract Physicians Part A - Teaching                                 |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 16.00                                                                 |  |
| WAGE-RELATED COSTS               |                                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |                                                                       |  |
| 17.00                            | Wage-related costs (core) (see instructions)                                          |                        | 11,289,017         | 0                                                       | 11,289,017                                  |                                                   |                                             | 17.00                                                                 |  |
| 18.00                            | Wage-related costs (other) (see instructions)                                         |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 18.00                                                                 |  |
| 19.00                            | Excluded areas                                                                        |                        | 696,523            | 0                                                       | 696,523                                     |                                                   |                                             | 19.00                                                                 |  |
| 20.00                            | Non-physician anesthetist Part A                                                      |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 20.00                                                                 |  |
| 21.00                            | Non-physician anesthetist Part B                                                      |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 21.00                                                                 |  |
| 22.00                            | Physician Part A - Administrative                                                     |                        | 93,801             | 0                                                       | 93,801                                      |                                                   |                                             | 22.00                                                                 |  |
| 22.01                            | Physician Part A - Teaching                                                           |                        | 163,552            | 0                                                       | 163,552                                     |                                                   |                                             | 22.01                                                                 |  |
| 23.00                            | Physician Part B                                                                      |                        | 149,782            | 0                                                       | 149,782                                     |                                                   |                                             | 23.00                                                                 |  |
| 24.00                            | Wage-related costs (RHC/FQHC)                                                         |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 24.00                                                                 |  |
| 25.00                            | Interns & residents (in an approved program)                                          |                        | 283,948            | 0                                                       | 283,948                                     |                                                   |                                             | 25.00                                                                 |  |
| 25.50                            | Home office wage-related (core)                                                       |                        | 2,450,921          | 0                                                       | 2,450,921                                   |                                                   |                                             | 25.50                                                                 |  |
| 25.51                            | Related organization wage-related (core)                                              |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 25.51                                                                 |  |
| 25.52                            | Home office: Physician Part A - Administrative - wage-related (core)                  |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 25.52                                                                 |  |
| 25.53                            | Home office & Contract Physicians Part A - Teaching - wage-related (core)             |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 25.53                                                                 |  |
| OVERHEAD COSTS - DIRECT SALARIES |                                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |                                                                       |  |
| 26.00                            | Employee Benefits Department                                                          | 4.00                   | -69,142            | 69,142                                                  | 0                                           | 0.00                                              | 0.00                                        | 26.00                                                                 |  |
| 27.00                            | Administrative & General                                                              | 5.00                   | 4,943,354          | 0                                                       | 4,943,354                                   | 148,207.00                                        | 33.35                                       | 27.00                                                                 |  |
| 28.00                            | Administrative & General under contract (see inst.)                                   |                        | 3,344,320          | 0                                                       | 3,344,320                                   | 18,038.00                                         | 185.40                                      | 28.00                                                                 |  |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-3  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

|       |                                                   | 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                                        |       |
| 29.00 | Maintenance & Repairs                             | 6.00                   | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 29.00 |
| 30.00 | Operation of Plant                                | 7.00                   | 1,281,860          | -11,856                                                 | 1,270,004                                   | 33,753.00                                         | 37.63                                       | 30.00 |
| 31.00 | Laundry & Linen Service                           | 8.00                   | 56,686             | 0                                                       | 56,686                                      | 4,364.00                                          | 12.99                                       | 31.00 |
| 32.00 | Housekeeping                                      | 9.00                   | 933,550            | 0                                                       | 933,550                                     | 62,989.00                                         | 14.82                                       | 32.00 |
| 33.00 | Housekeeping under contract<br>(see instructions) |                        | 416,538            | 0                                                       | 416,538                                     | 14,365.00                                         | 29.00                                       | 33.00 |
| 34.00 | Dietary                                           | 10.00                  | 991,044            | -552,458                                                | 438,586                                     | 30,620.00                                         | 14.32                                       | 34.00 |
| 35.00 | Dietary under contract (see<br>instructions)      |                        | 573,325            | 0                                                       | 573,325                                     | 12,379.00                                         | 46.31                                       | 35.00 |
| 36.00 | Cafeteria                                         | 11.00                  | 0                  | 552,458                                                 | 552,458                                     | 38,571.00                                         | 14.32                                       | 36.00 |
| 37.00 | Maintenance of Personnel                          | 12.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 37.00 |
| 38.00 | Nursing Administration                            | 13.00                  | 896,670            | 0                                                       | 896,670                                     | 19,974.00                                         | 44.89                                       | 38.00 |
| 39.00 | Central Services and Supply                       | 14.00                  | 166,482            | 0                                                       | 166,482                                     | 8,328.00                                          | 19.99                                       | 39.00 |
| 40.00 | Pharmacy                                          | 15.00                  | 2,023,309          | 0                                                       | 2,023,309                                   | 47,453.00                                         | 42.64                                       | 40.00 |
| 41.00 | Medical Records & Medical<br>Records Library      | 16.00                  | 23,196             | 0                                                       | 23,196                                      | 1,040.00                                          | 22.30                                       | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-3  
Part III  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                        | 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)                  | 51,393,315         | -1,221,534                                                  | 50,171,781                                  | 1,416,232.00                                      | 35.43                                       | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 2,686,765          | 11,856                                                      | 2,698,621                                   | 77,207.00                                         | 34.95                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 48,706,550         | -1,233,390                                                  | 47,473,160                                  | 1,339,025.00                                      | 35.45                                       | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 18,709,843         | 0                                                           | 18,709,843                                  | 443,694.00                                        | 42.17                                       | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 13,833,739         | 0                                                           | 13,833,739                                  | 0.00                                              | 29.14                                       | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 81,250,132         | -1,233,390                                                  | 80,016,742                                  | 1,782,719.00                                      | 44.88                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 15,581,192         | 57,286                                                      | 15,638,478                                  | 440,081.00                                        | 35.54                                       | 7.00 |

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet S-3  
Part IV  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                           |                                                                                                                             | Amount<br>Reported |       |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|-------|
|                                                           |                                                                                                                             | 1.00               |       |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                    |       |
| Part A - Core List                                        |                                                                                                                             |                    |       |
| RETIREMENT COST                                           |                                                                                                                             |                    |       |
| 1.00                                                      | 401K Employer Contributions                                                                                                 | 1,926,533          | 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)                                                                      | 1,396,258          | 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)                                                             | 4,789,499          | 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                                                                                             | 112,269            | 10.00 |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        | 30,163             | 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)                                                                  | 154,219            | 13.00 |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              | 0                  | 14.00 |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            | 560,733            | 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                                                                                                 | 3,542,635          | 17.00 |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     | 0                  | 18.00 |
| 19.00                                                     | Unemployment Insurance                                                                                                      | 48,978             | 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                                                                                                       | 115,336            | 23.00 |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                | 12,676,623         | 24.00 |
| Part B - Other than Core Related Cost                     |                                                                                                                             |                    |       |
| 25.00                                                     | OTHER WAGE RELATED COST                                                                                                     | 0                  | 25.00 |

## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0180

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

 Worksheet S-3  
 Part V  
 Date/Time Prepared:  
 11/28/2018 3:54 pm

| Cost Center Description                                      |                                                  | Contract Labor | Benefit Cost |       |
|--------------------------------------------------------------|--------------------------------------------------|----------------|--------------|-------|
|                                                              |                                                  | 1.00           | 2.00         |       |
| <b>PART V - Contract Labor and Benefit Cost</b>              |                                                  |                |              |       |
| <b>Hospital and Hospital-Based Component Identification:</b> |                                                  |                |              |       |
| 1.00                                                         | Total facility's contract labor and benefit cost | 4,351,696      | 12,676,623   | 1.00  |
| 2.00                                                         | Hospital                                         | 4,351,696      | 11,289,017   | 2.00  |
| 3.00                                                         | Subprovider - IPF                                | 0              | 210,968      | 3.00  |
| 4.00                                                         | Subprovider - IRF                                | 0              | 157,642      | 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              | 1,018,996    | 18.00 |

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:  
11/28/2018 3:54 pm

|       |                                                                                                                                                                                                          | 1.00  | 2.00     | 3.00               | 4.00                      |       |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|--------------------|---------------------------|-------|
| 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. | N     |          |                    |                           | 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.   | N     |          |                    |                           | 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   | 75       | 0                  | 75                        | 3.00  |
| 4.00  |                                                                                                                                                                                                          | RUL   | 74       | 0                  | 74                        | 4.00  |
| 5.00  |                                                                                                                                                                                                          | RVX   | 0        | 0                  | 0                         | 5.00  |
| 6.00  |                                                                                                                                                                                                          | RVL   | 14       | 0                  | 14                        | 6.00  |
| 7.00  |                                                                                                                                                                                                          | RHX   | 0        | 0                  | 0                         | 7.00  |
| 8.00  |                                                                                                                                                                                                          | RHL   | 4        | 0                  | 4                         | 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   | 313      | 0                  | 313                       | 12.00 |
| 13.00 |                                                                                                                                                                                                          | RUB   | 1,659    | 0                  | 1,659                     | 13.00 |
| 14.00 |                                                                                                                                                                                                          | RUA   | 386      | 0                  | 386                       | 14.00 |
| 15.00 |                                                                                                                                                                                                          | RVC   | 36       | 0                  | 36                        | 15.00 |
| 16.00 |                                                                                                                                                                                                          | RVB   | 34       | 0                  | 34                        | 16.00 |
| 17.00 |                                                                                                                                                                                                          | RVA   | 29       | 0                  | 29                        | 17.00 |
| 18.00 |                                                                                                                                                                                                          | RHC   | 0        | 0                  | 0                         | 18.00 |
| 19.00 |                                                                                                                                                                                                          | RHB   | 3        | 0                  | 3                         | 19.00 |
| 20.00 |                                                                                                                                                                                                          | RHA   | 0        | 0                  | 0                         | 20.00 |
| 21.00 |                                                                                                                                                                                                          | RMC   | 0        | 0                  | 0                         | 21.00 |
| 22.00 |                                                                                                                                                                                                          | RMB   | 0        | 0                  | 0                         | 22.00 |
| 23.00 |                                                                                                                                                                                                          | RMA   | 0        | 0                  | 0                         | 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   | 7        | 0                  | 7                         | 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   | 9        | 0                  | 9                         | 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   | 0        | 0                  | 0                         | 40.00 |
| 41.00 |                                                                                                                                                                                                          | LC2   | 0        | 0                  | 0                         | 41.00 |
| 42.00 |                                                                                                                                                                                                          | LC1   | 20       | 0                  | 20                        | 42.00 |
| 43.00 |                                                                                                                                                                                                          | LB2   | 0        | 0                  | 0                         | 43.00 |
| 44.00 |                                                                                                                                                                                                          | LB1   | 3        | 0                  | 3                         | 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   | 0        | 0                  | 0                         | 48.00 |
| 49.00 |                                                                                                                                                                                                          | CC2   | 0        | 0                  | 0                         | 49.00 |
| 50.00 |                                                                                                                                                                                                          | CC1   | 0        | 0                  | 0                         | 50.00 |
| 51.00 |                                                                                                                                                                                                          | CB2   | 0        | 0                  | 0                         | 51.00 |
| 52.00 |                                                                                                                                                                                                          | CB1   | 5        | 0                  | 5                         | 52.00 |
| 53.00 |                                                                                                                                                                                                          | CA2   | 0        | 0                  | 0                         | 53.00 |
| 54.00 |                                                                                                                                                                                                          | CA1   | 9        | 0                  | 9                         | 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: 14-0180

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

Worksheet S-7

Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          | 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   | 0         | 0                                          | 0                                                                    | 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   | 1         | 0                                          | 1                                                                    | 199.00 |
| 200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOTAL                                                                                                                                                                                                                                                    |       | 2,681     | 0                                          | 2,681                                                                | 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)                                                                                                                                                                                              |       | 4,092,349 |                                            |                                                                      | 207.00 |

| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA                                                                                                   |                                                                                                                                                                             | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet S-10<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------|-------|
|                                                                                                                                                 |                                                                                                                                                                             |                       | 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)                                                                                   |                       |                                             | 0.198490                                                    | 1.00  |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |                       |                                             |                                                             |       |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   |                       |                                             | 64,444,483                                                  | 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?                                                                                   |                       |                                             | Y                                                           | 4.00  |
| 5.00                                                                                                                                            | If line 4 is no, then enter DSH and/or supplemental payments from Medicaid                                                                                                  |                       |                                             | 0                                                           | 5.00  |
| 6.00                                                                                                                                            | Medicaid charges                                                                                                                                                            |                       |                                             | 307,391,180                                                 | 6.00  |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         |                       |                                             | 61,014,075                                                  | 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)                                                                                     | 13,055,027            | 1,276,664                                   | 14,331,691                                                  | 20.00 |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 2,591,292             | 1,276,664                                   | 3,867,956                                                   | 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)                                                                                                                                | 2,591,292             | 1,276,664                                   | 3,867,956                                                   | 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)                                                                                                   |                       |                                             | 10,117,328                                                  | 26.00 |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |                       |                                             | 232,858                                                     | 27.00 |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |                       |                                             | 358,243                                                     | 27.01 |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            |                       |                                             | 9,759,085                                                   | 28.00 |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |                       |                                             | 2,062,466                                                   | 29.00 |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |                       |                                             | 5,930,422                                                   | 30.00 |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |                       |                                             | 5,930,422                                                   | 31.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                                                  |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |            |             |                            |                                 |                                                       |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |            | 2,216,445   | 2,216,445                  | 3,839,859                       | 6,056,304                                             | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |            | 6,505,842   | 6,505,842                  | 86,691                          | 6,592,533                                             | 2.00   |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                    |            | 0           | 0                          | 0                               | 0                                                     | 3.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | -69,142    | -817,591    | -886,733                   | 11,490,253                      | 10,603,520                                            | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               | 4,943,354  | 38,255,450  | 43,198,804                 | -1,401,390                      | 41,797,414                                            | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 0          | 0           | 0                          | 0                               | 0                                                     | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 1,281,860  | 4,453,306   | 5,735,166                  | -206,411                        | 5,528,755                                             | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 56,686     | 407,207     | 463,893                    | -27,604                         | 436,289                                               | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 933,550    | 1,029,186   | 1,962,736                  | -417,565                        | 1,545,171                                             | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 991,044    | 1,916,675   | 2,907,719                  | -2,077,239                      | 830,480                                               | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0          | 0           | 0                          | 1,620,909                       | 1,620,909                                             | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 896,670    | 276,808     | 1,173,478                  | -200,274                        | 973,204                                               | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 166,482    | 209,038     | 375,520                    | -303,600                        | 71,920                                                | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 2,023,309  | 5,002,905   | 7,026,214                  | -4,700,063                      | 2,326,151                                             | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 23,196     | 47,321      | 70,517                     | -17,486                         | 53,031                                                | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0          | 0           | 0                          | 0                               | 0                                                     | 17.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 0          | 0           | 0                          | 0                               | 0                                                     | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0          | 0           | 0                          | 1,290,676                       | 1,290,676                                             | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 2,258,737  | 554,038     | 2,812,775                  | -1,725,134                      | 1,087,641                                             | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-PHARMACY               | 90,859     | 339,278     | 430,137                    | -18,743                         | 411,394                                               | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |            |             |                            |                                 |                                                       |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 14,090,020 | 8,354,740   | 22,444,760                 | -4,359,572                      | 18,085,188                                            | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 2,312,905  | 790,062     | 3,102,967                  | -671,782                        | 2,431,185                                             | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 731,168    | 218,793     | 949,961                    | -189,103                        | 760,858                                               | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | 578,830    | 162,736     | 741,566                    | -140,319                        | 601,247                                               | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | 341,520    | 292,059     | 633,579                    | -94,954                         | 538,625                                               | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 1,271,439  | 436,396     | 1,707,835                  | -341,181                        | 1,366,654                                             | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |            |             |                            |                                 |                                                       |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 3,253,486  | 8,154,989   | 11,408,475                 | -7,213,835                      | 4,194,640                                             | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 428,899    | 103,094     | 531,993                    | -96,695                         | 435,298                                               | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 809,286    | 85,367      | 894,653                    | -124,033                        | 770,620                                               | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 46,227     | 1,014,253   | 1,060,480                  | -155,591                        | 904,889                                               | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,802,634  | 731,777     | 2,534,411                  | -677,138                        | 1,857,273                                             | 54.00  |
| 54.01                                         | 03190 | OUTPATIENT ONCOLOGY                    | 752,685    | 4,200,949   | 4,953,634                  | -289,846                        | 4,663,788                                             | 54.01  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 102,790    | 132,782     | 235,572                    | -25,386                         | 210,186                                               | 55.00  |
| 57.00                                         | 05700 | CT SCAN                                | 328,726    | 103,929     | 432,655                    | -103,928                        | 328,727                                               | 57.00  |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 149,828    | 150,252     | 300,080                    | -43,600                         | 256,480                                               | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 280,421    | 632,154     | 912,575                    | -605,409                        | 307,166                                               | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 0          | 5,391,025   | 5,391,025                  | -35,736                         | 5,355,289                                             | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 23,695     | 2,426       | 26,121                     | -31                             | 26,090                                                | 62.30  |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0          | 8,792       | 8,792                      | -4,270                          | 4,522                                                 | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 868,616    | 428,351     | 1,296,967                  | -353,676                        | 943,291                                               | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 1,378,889  | 312,866     | 1,691,755                  | -297,733                        | 1,394,022                                             | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 534,650    | 114,683     | 649,333                    | -113,653                        | 535,680                                               | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 151,396    | 29,408      | 180,804                    | -29,134                         | 151,670                                               | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 511,606    | 236,082     | 747,688                    | -129,173                        | 618,515                                               | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 133,108    | 328,235     | 461,343                    | -36,416                         | 424,927                                               | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0          | 0           | 0                          | 5,169,984                       | 5,169,984                                             | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0          | 0           | 0                          | 3,596,430                       | 3,596,430                                             | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0          | 0           | 0                          | 4,259,986                       | 4,259,986                                             | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 0          | 0           | 0                          | 0                               | 0                                                     | 74.00  |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                | 0          | 0           | 0                          | 0                               | 0                                                     | 75.00  |
| 76.00                                         | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0          | 2,368,748   | 2,368,748                  | -57,279                         | 2,311,469                                             | 76.00  |
| 76.01                                         | 03950 | IP RENAL DIALYSIS                      | 272,389    | 152,483     | 424,872                    | -56,161                         | 368,711                                               | 76.01  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 72,997     | 15,196      | 88,193                     | -15,127                         | 73,066                                                | 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>        |       |                                        |            |             |                            |                                 |                                                       |        |
| 90.00                                         | 09000 | CLINIC                                 | 491,809    | 513,217     | 1,005,026                  | -101,562                        | 903,464                                               | 90.00  |
| 91.00                                         | 09100 | EMERGENCY                              | 3,438,665  | 2,233,132   | 5,671,797                  | -1,166,127                      | 4,505,670                                             | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |            |             |                            |                                 |                                                       | 92.00  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |            |             |                            |                                 |                                                       |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |            | 2,623,064   | 2,623,064                  | -2,623,064                      | 0                                                     | 113.00 |
| 114.00                                        | 11400 | UTILIZATION REVIEW-SNF                 | 0          | 0           | 0                          | 0                               | 0                                                     | 114.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 48,755,289 | 100,717,948 | 149,473,237                | 107,765                         | 149,581,002                                           | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |            |             |                            |                                 |                                                       |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0          | 0           | 0                          | 0                               | 0                                                     | 190.00 |
| 192.00                                        | 19200 | PHYSICIANS' PRIVATE OFFICES            | 14,469     | 22,334      | 36,803                     | -150,020                        | -113,217                                              | 192.00 |
| 193.00                                        | 19300 | NONPAID WORKERS                        | 0          | 0           | 0                          | 0                               | 0                                                     | 193.00 |
| 194.00                                        | 07950 | CONVENT                                | 0          | 0           | 0                          | 42,255                          | 42,255                                                | 194.00 |
| 194.01                                        | 07951 | OUTPATIENT PHARMACY                    | 0          | 740,543     | 740,543                    | 0                               | 740,543                                               | 194.01 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                                                   |        |
| 194.02                  | 07952 | FUND DEVELOPMENT                     | 0          | 0           | 0                          | 0                               | 0                                                      | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE        | 0          | 0           | 0                          | 0                               | 0                                                      | 194.03 |
| 200.00                  |       | TOTAL (SUM OF LINES 118 through 199) | 48,769,758 | 101,480,825 | 150,250,583                | 0                               | 150,250,583                                            | 200.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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              | -2,019,736               | 4,036,568                      | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              | 427,911                  | 7,020,444                      | 2.00   |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                    | 0                        | 0                              | 3.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | -17,630,897              | -7,027,377                     | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL               | 27,459,388               | 69,256,802                     | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 0                        | 0                              | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0                        | 5,528,755                      | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 0                        | 436,289                        | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 0                        | 1,545,171                      | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 0                        | 830,480                        | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | -587,335                 | 1,033,574                      | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | -680                     | 972,524                        | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 0                        | 71,920                         | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | -2                       | 2,326,149                      | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 1,146,994                | 1,200,025                      | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0                        | 0                              | 17.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 0                        | 0                              | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                        | 1,290,676                      | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                        | 1,087,641                      | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-PHARMACY               | 0                        | 411,394                        | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                          |                                |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | -81,040                  | 18,004,148                     | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 23,615                   | 2,454,800                      | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | -23,642                  | 737,216                        | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | -15,000                  | 586,247                        | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | -180,000                 | 358,625                        | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                        | 1,366,654                      | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                          |                                |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | -455,988                 | 3,738,652                      | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 0                        | 435,298                        | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 33,758                   | 804,378                        | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | -793,403                 | 111,486                        | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | -1,285                   | 1,855,988                      | 54.00  |
| 54.01                                         | 03190 | OUTPATIENT ONCOLOGY                    | -142,138                 | 4,521,650                      | 54.01  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                        | 210,186                        | 55.00  |
| 57.00                                         | 05700 | CT SCAN                                | 0                        | 328,727                        | 57.00  |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                        | 256,480                        | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 0                        | 307,166                        | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | -20,988                  | 5,334,301                      | 60.00  |
| 62.30                                         | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                        | 26,090                         | 62.30  |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0                        | 4,522                          | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | -7,992                   | 935,299                        | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 0                        | 1,394,022                      | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 0                        | 535,680                        | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 0                        | 151,670                        | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | -57,122                  | 561,393                        | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | -286,784                 | 138,143                        | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                        | 5,169,984                      | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                        | 3,596,430                      | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                        | 4,259,986                      | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 0                        | 0                              | 74.00  |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                | 0                        | 0                              | 75.00  |
| 76.00                                         | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | -63,018                  | 2,248,451                      | 76.00  |
| 76.01                                         | 03950 | IP RENAL DIALYSIS                      | 0                        | 368,711                        | 76.01  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | -1,924                   | 71,142                         | 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>        |       |                                        |                          |                                |        |
| 90.00                                         | 09000 | CLINIC                                 | -255,156                 | 648,308                        | 90.00  |
| 91.00                                         | 09100 | EMERGENCY                              | -572,469                 | 3,933,201                      | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                          |                                | 92.00  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                          |                                |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       | 0                        | 0                              | 113.00 |
| 114.00                                        | 11400 | UTILIZATION REVIEW-SNF                 | 0                        | 0                              | 114.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 5,895,067                | 155,476,069                    | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                          |                                |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                        | 0                              | 190.00 |
| 192.00                                        | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                        | -113,217                       | 192.00 |
| 193.00                                        | 19300 | NONPAID WORKERS                        | 0                        | 0                              | 193.00 |
| 194.00                                        | 07950 | CONVENT                                | 0                        | 42,255                         | 194.00 |
| 194.01                                        | 07951 | OUTPATIENT PHARMACY                    | 0                        | 740,543                        | 194.01 |
| 194.02                                        | 07952 | FUND DEVELOPMENT                       | 0                        | 0                              | 194.02 |
| 194.03                                        | 07953 | NURSING EDUC BLD UNUSED SPACE          | 0                        | 0                              | 194.03 |

|                                                               |                                      |  |                          |                                             |                                                              |
|---------------------------------------------------------------|--------------------------------------|--|--------------------------|---------------------------------------------|--------------------------------------------------------------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |                                      |  | Provider CCN: 14-0180    | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet A<br><br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
| Cost Center Description                                       |                                      |  | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation              |                                                              |
|                                                               |                                      |  | 6.00                     | 7.00                                        |                                                              |
| 200.00                                                        | TOTAL (SUM OF LINES 118 through 199) |  | 5,895,067                | 156,145,650                                 | 200.00                                                       |

## RECLASSIFICATIONS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet A-6  
Date/Time Prepared:  
11/28/2018 3:54 pm

|       |                                     | Increases |        |            |  |       |
|-------|-------------------------------------|-----------|--------|------------|--|-------|
|       | Cost Center                         | Line #    | Salary | Other      |  |       |
|       | 2.00                                | 3.00      | 4.00   | 5.00       |  |       |
|       | A - EMPLOYEE BENEFITS               |           |        |            |  |       |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0      | 10,672,572 |  | 1.00  |
| 2.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0      | 817,741    |  | 2.00  |
| 3.00  |                                     | 0.00      | 0      | 0          |  | 3.00  |
| 4.00  |                                     | 0.00      | 0      | 0          |  | 4.00  |
| 5.00  |                                     | 0.00      | 0      | 0          |  | 5.00  |
| 6.00  |                                     | 0.00      | 0      | 0          |  | 6.00  |
| 7.00  |                                     | 0.00      | 0      | 0          |  | 7.00  |
| 8.00  |                                     | 0.00      | 0      | 0          |  | 8.00  |
| 9.00  |                                     | 0.00      | 0      | 0          |  | 9.00  |
| 10.00 |                                     | 0.00      | 0      | 0          |  | 10.00 |
| 11.00 |                                     | 0.00      | 0      | 0          |  | 11.00 |
| 12.00 |                                     | 0.00      | 0      | 0          |  | 12.00 |
| 13.00 |                                     | 0.00      | 0      | 0          |  | 13.00 |
| 14.00 |                                     | 0.00      | 0      | 0          |  | 14.00 |
| 15.00 |                                     | 0.00      | 0      | 0          |  | 15.00 |
| 16.00 |                                     | 0.00      | 0      | 0          |  | 16.00 |
| 17.00 |                                     | 0.00      | 0      | 0          |  | 17.00 |
| 18.00 |                                     | 0.00      | 0      | 0          |  | 18.00 |
| 19.00 |                                     | 0.00      | 0      | 0          |  | 19.00 |
| 20.00 |                                     | 0.00      | 0      | 0          |  | 20.00 |
| 21.00 |                                     | 0.00      | 0      | 0          |  | 21.00 |
| 22.00 |                                     | 0.00      | 0      | 0          |  | 22.00 |
| 23.00 |                                     | 0.00      | 0      | 0          |  | 23.00 |
| 24.00 |                                     | 0.00      | 0      | 0          |  | 24.00 |
| 25.00 |                                     | 0.00      | 0      | 0          |  | 25.00 |
| 26.00 |                                     | 0.00      | 0      | 0          |  | 26.00 |
| 27.00 |                                     | 0.00      | 0      | 0          |  | 27.00 |
| 28.00 |                                     | 0.00      | 0      | 0          |  | 28.00 |
| 29.00 |                                     | 0.00      | 0      | 0          |  | 29.00 |
| 30.00 |                                     | 0.00      | 0      | 0          |  | 30.00 |
| 31.00 |                                     | 0.00      | 0      | 0          |  | 31.00 |
| 32.00 |                                     | 0.00      | 0      | 0          |  | 32.00 |
| 33.00 |                                     | 0.00      | 0      | 0          |  | 33.00 |
| 34.00 |                                     | 0.00      | 0      | 0          |  | 34.00 |
| 35.00 |                                     | 0.00      | 0      | 0          |  | 35.00 |
| 36.00 |                                     | 0.00      | 0      | 0          |  | 36.00 |
| 37.00 |                                     | 0.00      | 0      | 0          |  | 37.00 |
| 38.00 |                                     | 0.00      | 0      | 0          |  | 38.00 |
| 39.00 |                                     | 0.00      | 0      | 0          |  | 39.00 |
| 40.00 |                                     | 0.00      | 0      | 0          |  | 40.00 |
|       | TOTALS                              |           | 0      | 11,490,313 |  |       |
|       | B - DRUGS                           |           |        |            |  |       |
| 1.00  | DRUGS CHARGED TO PATIENTS           | 73.00     | 0      | 4,259,986  |  | 1.00  |
|       | TOTALS                              |           | 0      | 4,259,986  |  |       |
|       | C - SUPPLIES                        |           |        |            |  |       |
| 1.00  | MEDICAL SUPPLIES CHARGED TO PATIENT | 71.00     | 0      | 5,169,984  |  | 1.00  |
| 2.00  |                                     | 0.00      | 0      | 0          |  | 2.00  |
| 3.00  |                                     | 0.00      | 0      | 0          |  | 3.00  |
| 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 |
| 30.00 |                                     | 0.00      | 0      | 0          |  | 30.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:  
11/28/2018 3:54 pm

| Increases              |                                |        |        |           |       |
|------------------------|--------------------------------|--------|--------|-----------|-------|
|                        | Cost Center                    | Line # | Salary | Other     |       |
|                        | 2.00                           | 3.00   | 4.00   | 5.00      |       |
| 31.00                  |                                | 0.00   | 0      | 0         | 31.00 |
| 32.00                  |                                | 0.00   | 0      | 0         | 32.00 |
|                        | TOTALS                         |        | 0      | 5,169,984 |       |
| D - IMPLANTS           |                                |        |        |           |       |
| 1.00                   | IMPL. DEV. CHARGED TO PATIENTS | 72.00  | 0      | 3,596,430 | 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  |
| 6.00                   |                                | 0.00   | 0      | 0         | 6.00  |
| 7.00                   |                                | 0.00   | 0      | 0         | 7.00  |
| 8.00                   |                                | 0.00   | 0      | 0         | 8.00  |
| 10.00                  |                                | 0.00   | 0      | 0         | 10.00 |
| 11.00                  |                                | 0.00   | 0      | 0         | 11.00 |
| 12.00                  |                                | 0.00   | 0      | 0         | 12.00 |
| 14.00                  |                                | 0.00   | 0      | 0         | 14.00 |
| 15.00                  |                                | 0.00   | 0      | 0         | 15.00 |
| 16.00                  |                                | 0.00   | 0      | 0         | 16.00 |
| 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 |
|                        | TOTALS                         |        | 0      | 3,596,430 |       |
| E - BUILDING INSURANCE |                                |        |        |           |       |
| 1.00                   | CAP REL COSTS-BLDG & FIXT      | 1.00   | 0      | 51,577    | 1.00  |
|                        | TOTALS                         |        | 0      | 51,577    |       |
| F - MORTGAGE INTEREST  |                                |        |        |           |       |
| 1.00                   | CAP REL COSTS-BLDG & FIXT      | 1.00   | 0      | 2,623,064 | 1.00  |
|                        | TOTALS                         |        | 0      | 2,623,064 |       |
| G - DEPRECIATION1      |                                |        |        |           |       |
| 1.00                   | CAP REL COSTS-BLDG & FIXT      | 1.00   | 0      | 1,165,218 | 1.00  |
| 2.00                   | SKILLED NURSING FACILITY       | 44.00  | 0      | 594       | 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 |
| 16.00                  |                                | 0.00   | 0      | 0         | 16.00 |
| 17.00                  |                                | 0.00   | 0      | 0         | 17.00 |
| 18.00                  |                                | 0.00   | 0      | 0         | 18.00 |
| 19.00                  |                                | 0.00   | 0      | 0         | 19.00 |
| 20.00                  |                                | 0.00   | 0      | 0         | 20.00 |
| 21.00                  |                                | 0.00   | 0      | 0         | 21.00 |
| 22.00                  |                                | 0.00   | 0      | 0         | 22.00 |
| 23.00                  |                                | 0.00   | 0      | 0         | 23.00 |
| 24.00                  |                                | 0.00   | 0      | 0         | 24.00 |
| 25.00                  |                                | 0.00   | 0      | 0         | 25.00 |
| 26.00                  |                                | 0.00   | 0      | 0         | 26.00 |
| 27.00                  |                                | 0.00   | 0      | 0         | 27.00 |
| 28.00                  |                                | 0.00   | 0      | 0         | 28.00 |
| 29.00                  |                                | 0.00   | 0      | 0         | 29.00 |
| 30.00                  |                                | 0.00   | 0      | 0         | 30.00 |
| 31.00                  |                                | 0.00   | 0      | 0         | 31.00 |
| 32.00                  |                                | 0.00   | 0      | 0         | 32.00 |
| 33.00                  |                                | 0.00   | 0      | 0         | 33.00 |
| 34.00                  |                                | 0.00   | 0      | 0         | 34.00 |
| 35.00                  |                                | 0.00   | 0      | 0         | 35.00 |
| 36.00                  |                                | 0.00   | 0      | 0         | 36.00 |
| 37.00                  |                                | 0.00   | 0      | 0         | 37.00 |
| 38.00                  |                                | 0.00   | 0      | 0         | 38.00 |
| 39.00                  |                                | 0.00   | 0      | 0         | 39.00 |
|                        | TOTALS                         |        | 0      | 1,165,812 |       |
| H - DEPRECIATION2      |                                |        |        |           |       |
| 1.00                   | CAP REL COSTS-MVBLE EQUIP      | 2.00   | 0      | 86,691    | 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  |

## RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:  
11/28/2018 3:54 pm

|                                | Increases                     |        |           |            |  |        |
|--------------------------------|-------------------------------|--------|-----------|------------|--|--------|
|                                | Cost Center                   | Line # | Salary    | Other      |  |        |
|                                | 2.00                          | 3.00   | 4.00      | 5.00       |  |        |
| 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  |
| TOTALS                         |                               |        | 0         | 86,691     |  |        |
| I - PHONE                      |                               |        |           |            |  |        |
| 1.00                           | OPERATION OF PLANT            | 7.00   | 0         | 117,204    |  | 1.00   |
| 2.00                           |                               | 0.00   | 0         | 0          |  | 2.00   |
| 3.00                           |                               | 0.00   | 0         | 0          |  | 3.00   |
| TOTALS                         |                               |        | 0         | 117,204    |  |        |
| J - CAFETERIA                  |                               |        |           |            |  |        |
| 1.00                           | CAFETERIA                     | 11.00  | 552,458   | 1,068,451  |  | 1.00   |
| TOTALS                         |                               |        | 552,458   | 1,068,451  |  |        |
| K - INTERNS RESIDENTS          |                               |        |           |            |  |        |
| 1.00                           | I&R SERVICES-SALARY & FRINGES | 21.00  | 1,290,676 | 0          |  | 1.00   |
| APPRV                          |                               |        |           |            |  |        |
| TOTALS                         |                               |        | 1,290,676 | 0          |  |        |
| L - CONVENT MAINT              |                               |        |           |            |  |        |
| 1.00                           | CONVENT                       | 194.00 | 11,856    | 30,399     |  | 1.00   |
| TOTALS                         |                               |        | 11,856    | 30,399     |  |        |
| M - RECLASS EHW SALARY ACCRUAL |                               |        |           |            |  |        |
| 1.00                           | EMPLOYEE BENEFITS DEPARTMENT  | 4.00   | 69,142    | 0          |  | 1.00   |
| TOTALS                         |                               |        | 69,142    | 0          |  |        |
| 500.00                         | Grand Total: Increases        |        | 1,924,132 | 29,659,911 |  | 500.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:  
11/28/2018 3:54 pm

|                       |                                     | Decreases |        |            |                |       | 11/28/2018 3:54 pm |  |
|-----------------------|-------------------------------------|-----------|--------|------------|----------------|-------|--------------------|--|
|                       | Cost Center                         | Line #    | Salary | Other      | Wkst. A-7 Ref. |       |                    |  |
|                       | 6.00                                | 7.00      | 8.00   | 9.00       | 10.00          |       |                    |  |
| A - EMPLOYEE BENEFITS |                                     |           |        |            |                |       |                    |  |
| 1.00                  |                                     | 0.00      | 0      | 0          | 0              | 1.00  |                    |  |
| 2.00                  | ADMINISTRATIVE & GENERAL            | 5.00      | 0      | 1,173,977  | 0              | 2.00  |                    |  |
| 3.00                  | OPERATION OF PLANT                  | 7.00      | 0      | 276,720    | 0              | 3.00  |                    |  |
| 4.00                  | LAUNDRY & LINEN SERVICE             | 8.00      | 0      | 27,501     | 0              | 4.00  |                    |  |
| 5.00                  | HOUSEKEEPING                        | 9.00      | 0      | 415,106    | 0              | 5.00  |                    |  |
| 6.00                  | DIETARY                             | 10.00     | 0      | 449,936    | 0              | 6.00  |                    |  |
| 7.00                  | NURSING ADMINISTRATION              | 13.00     | 0      | 188,663    | 0              | 7.00  |                    |  |
| 8.00                  | CENTRAL SERVICES & SUPPLY           | 14.00     | 0      | 57,722     | 0              | 8.00  |                    |  |
| 9.00                  | PHARMACY                            | 15.00     | 0      | 413,164    | 0              | 9.00  |                    |  |
| 10.00                 | MEDICAL RECORDS & LIBRARY           | 16.00     | 0      | 7,309      | 0              | 10.00 |                    |  |
| 11.00                 | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00     | 0      | 434,249    | 0              | 11.00 |                    |  |
| 12.00                 | PARAMED ED PRGM-PHARMACY            | 23.00     | 0      | 18,743     | 0              | 12.00 |                    |  |
| 13.00                 | ADULTS & PEDIATRICS                 | 30.00     | 0      | 3,470,975  | 0              | 13.00 |                    |  |
| 14.00                 | INTENSIVE CARE UNIT                 | 31.00     | 0      | 446,592    | 0              | 14.00 |                    |  |
| 15.00                 | SUBPROVIDER - IPF                   | 40.00     | 0      | 189,103    | 0              | 15.00 |                    |  |
| 16.00                 | SUBPROVIDER - IRF                   | 41.00     | 0      | 126,723    | 0              | 16.00 |                    |  |
| 17.00                 | NURSERY                             | 43.00     | 0      | 74,368     | 0              | 17.00 |                    |  |
| 18.00                 | SKILLED NURSING FACILITY            | 44.00     | 0      | 299,960    | 0              | 18.00 |                    |  |
| 19.00                 | OPERATING ROOM                      | 50.00     | 0      | 725,340    | 0              | 19.00 |                    |  |
| 20.00                 | RECOVERY ROOM                       | 51.00     | 0      | 86,589     | 0              | 20.00 |                    |  |
| 21.00                 | DELIVERY ROOM & LABOR ROOM          | 52.00     | 0      | 119,183    | 0              | 21.00 |                    |  |
| 22.00                 | ANESTHESIOLOGY                      | 53.00     | 0      | 11,469     | 0              | 22.00 |                    |  |
| 23.00                 | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 426,167    | 0              | 23.00 |                    |  |
| 24.00                 | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 156,622    | 0              | 24.00 |                    |  |
| 25.00                 | RADIOLOGY-THERAPEUTIC               | 55.00     | 0      | 23,275     | 0              | 25.00 |                    |  |
| 26.00                 | CT SCAN                             | 57.00     | 0      | 73,877     | 0              | 26.00 |                    |  |
| 27.00                 | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00     | 0      | 29,164     | 0              | 27.00 |                    |  |
| 28.00                 | CARDIAC CATHETERIZATION             | 59.00     | 0      | 56,863     | 0              | 28.00 |                    |  |
| 29.00                 | BLOOD STORING, PROCESSING & TRANS.  | 63.00     | 0      | 2,396      | 0              | 29.00 |                    |  |
| 30.00                 | RESPIRATORY THERAPY                 | 65.00     | 0      | 199,055    | 0              | 30.00 |                    |  |
| 31.00                 | PHYSICAL THERAPY                    | 66.00     | 0      | 292,128    | 0              | 31.00 |                    |  |
| 32.00                 | OCCUPATIONAL THERAPY                | 67.00     | 0      | 109,269    | 0              | 32.00 |                    |  |
| 33.00                 | SPEECH PATHOLOGY                    | 68.00     | 0      | 29,097     | 0              | 33.00 |                    |  |
| 34.00                 | ELECTROCARDIOLOGY                   | 69.00     | 0      | 117,144    | 0              | 34.00 |                    |  |
| 35.00                 | ELECTROENCEPHALOGRAPHY              | 70.00     | 0      | 33,069     | 0              | 35.00 |                    |  |
| 36.00                 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 76.00     | 0      | 57,279     | 0              | 36.00 |                    |  |
| 37.00                 | CARDIAC REHABILITATION              | 76.97     | 0      | 14,437     | 0              | 37.00 |                    |  |
| 38.00                 | CLINIC                              | 90.00     | 0      | 84,592     | 0              | 38.00 |                    |  |
| 39.00                 | EMERGENCY                           | 91.00     | 0      | 768,178    | 0              | 39.00 |                    |  |
| 40.00                 | PHYSICIANS' PRIVATE OFFICES         | 192.00    | 0      | 4,309      | 0              | 40.00 |                    |  |
| TOTALS                |                                     |           | 0      | 11,490,313 |                |       |                    |  |
| B - DRUGS             |                                     |           |        |            |                |       |                    |  |
| 1.00                  | PHARMACY                            | 15.00     | 0      | 4,259,986  | 0              | 1.00  |                    |  |
| TOTALS                |                                     |           | 0      | 4,259,986  |                |       |                    |  |
| C - SUPPLIES          |                                     |           |        |            |                |       |                    |  |
| 1.00                  | CENTRAL SERVICES & SUPPLY           | 14.00     | 0      | 49,298     | 0              | 1.00  |                    |  |
| 2.00                  | PHARMACY                            | 15.00     | 0      | 21,569     | 0              | 2.00  |                    |  |
| 3.00                  | MEDICAL RECORDS & LIBRARY           | 16.00     | 0      | 6,449      | 0              | 3.00  |                    |  |
| 6.00                  | ADULTS & PEDIATRICS                 | 30.00     | 0      | 626,293    | 0              | 6.00  |                    |  |
| 7.00                  | INTENSIVE CARE UNIT                 | 31.00     | 0      | 189,003    | 0              | 7.00  |                    |  |
| 8.00                  | SUBPROVIDER - IRF                   | 41.00     | 0      | 9,708      | 0              | 8.00  |                    |  |
| 9.00                  | NURSERY                             | 43.00     | 0      | 20,586     | 0              | 9.00  |                    |  |
| 10.00                 | SKILLED NURSING FACILITY            | 44.00     | 0      | 40,588     | 0              | 10.00 |                    |  |
| 11.00                 | OPERATING ROOM                      | 50.00     | 0      | 3,213,496  | 0              | 11.00 |                    |  |
| 12.00                 | RECOVERY ROOM                       | 51.00     | 0      | 9,091      | 0              | 12.00 |                    |  |
| 13.00                 | DELIVERY ROOM & LABOR ROOM          | 52.00     | 0      | 4,850      | 0              | 13.00 |                    |  |
| 14.00                 | ANESTHESIOLOGY                      | 53.00     | 0      | 131,276    | 0              | 14.00 |                    |  |
| 15.00                 | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 50,201     | 0              | 15.00 |                    |  |
| 16.00                 | OUTPATIENT ONCOLOGY                 | 54.01     | 0      | 13,422     | 0              | 16.00 |                    |  |
| 17.00                 | RADIOLOGY-THERAPEUTIC               | 55.00     | 0      | 1,839      | 0              | 17.00 |                    |  |
| 18.00                 | CT SCAN                             | 57.00     | 0      | 30,051     | 0              | 18.00 |                    |  |
| 19.00                 | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00     | 0      | 10,546     | 0              | 19.00 |                    |  |
| 20.00                 | CARDIAC CATHETERIZATION             | 59.00     | 0      | 285,075    | 0              | 20.00 |                    |  |
| 21.00                 | LABORATORY                          | 60.00     | 0      | 26,883     | 0              | 21.00 |                    |  |
| 22.00                 | BLOOD STORING, PROCESSING & TRANS.  | 63.00     | 0      | 1,537      | 0              | 22.00 |                    |  |
| 23.00                 | RESPIRATORY THERAPY                 | 65.00     | 0      | 58,056     | 0              | 23.00 |                    |  |
| 24.00                 | PHYSICAL THERAPY                    | 66.00     | 0      | 2,422      | 0              | 24.00 |                    |  |

## RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:  
11/28/2018 3:54 pm

|                        |                                     | Decreases |        |           |                |  |       |  |
|------------------------|-------------------------------------|-----------|--------|-----------|----------------|--|-------|--|
|                        | Cost Center                         | Line #    | Salary | Other     | wkst. A-7 Ref. |  |       |  |
|                        | 6.00                                | 7.00      | 8.00   | 9.00      | 10.00          |  |       |  |
| 25.00                  | OCCUPATIONAL THERAPY                | 67.00     | 0      | 1,487     | 0              |  | 25.00 |  |
| 26.00                  | ELECTROCARDIOLOGY                   | 69.00     | 0      | 5,548     | 0              |  | 26.00 |  |
| 27.00                  | ELECTROENCEPHALOGRAPHY              | 70.00     | 0      | 2,701     | 0              |  | 27.00 |  |
| 28.00                  | IP RENAL DIALYSIS                   | 76.01     | 0      | 48,064    | 0              |  | 28.00 |  |
| 30.00                  | CARDIAC REHABILITATION              | 76.97     | 0      | 690       | 0              |  | 30.00 |  |
| 31.00                  | CLINIC                              | 90.00     | 0      | 4,713     | 0              |  | 31.00 |  |
| 32.00                  | EMERGENCY                           | 91.00     | 0      | 304,542   | 0              |  | 32.00 |  |
|                        | TOTALS                              |           | 0      | 5,169,984 |                |  |       |  |
| D - IMPLANTS           |                                     |           |        |           |                |  |       |  |
| 1.00                   | CENTRAL SERVICES & SUPPLY           | 14.00     | 0      | 19,825    | 0              |  | 1.00  |  |
| 2.00                   | ADULTS & PEDIATRICS                 | 30.00     | 0      | 197,677   | 0              |  | 2.00  |  |
| 3.00                   | INTENSIVE CARE UNIT                 | 31.00     | 0      | 21,348    | 0              |  | 3.00  |  |
| 4.00                   | SUBPROVIDER - IRF                   | 41.00     | 0      | 12        | 0              |  | 4.00  |  |
| 6.00                   | SKILLED NURSING FACILITY            | 44.00     | 0      | 669       | 0              |  | 6.00  |  |
| 7.00                   | OPERATING ROOM                      | 50.00     | 0      | 2,986,535 | 0              |  | 7.00  |  |
| 8.00                   | RECOVERY ROOM                       | 51.00     | 0      | 962       | 0              |  | 8.00  |  |
| 10.00                  | ANESTHESIOLOGY                      | 53.00     | 0      | 11,059    | 0              |  | 10.00 |  |
| 11.00                  | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 9,705     | 0              |  | 11.00 |  |
| 12.00                  | OUTPATIENT ONCOLOGY                 | 54.01     | 0      | 2,640     | 0              |  | 12.00 |  |
| 14.00                  | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00     | 0      | 3,546     | 0              |  | 14.00 |  |
| 15.00                  | CARDIAC CATHETERIZATION             | 59.00     | 0      | 262,443   | 0              |  | 15.00 |  |
| 16.00                  | PHYSICAL THERAPY                    | 66.00     | 0      | 96        | 0              |  | 16.00 |  |
| 18.00                  | ELECTROCARDIOLOGY                   | 69.00     | 0      | 275       | 0              |  | 18.00 |  |
| 19.00                  | IP RENAL DIALYSIS                   | 76.01     | 0      | 7,999     | 0              |  | 19.00 |  |
| 20.00                  | CLINIC                              | 90.00     | 0      | 33        | 0              |  | 20.00 |  |
| 21.00                  | EMERGENCY                           | 91.00     | 0      | 71,606    | 0              |  | 21.00 |  |
|                        | TOTALS                              |           | 0      | 3,596,430 |                |  |       |  |
| E - BUILDING INSURANCE |                                     |           |        |           |                |  |       |  |
| 1.00                   | ADMINISTRATIVE & GENERAL            | 5.00      | 0      | 51,577    | 12             |  | 1.00  |  |
|                        | TOTALS                              |           | 0      | 51,577    |                |  |       |  |
| F - MORTGAGE INTEREST  |                                     |           |        |           |                |  |       |  |
| 1.00                   | INTEREST EXPENSE                    | 113.00    | 0      | 2,623,064 | 11             |  | 1.00  |  |
|                        | TOTALS                              |           | 0      | 2,623,064 |                |  |       |  |
| G - DEPRECIATION1      |                                     |           |        |           |                |  |       |  |
| 1.00                   | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0      | 60        | 9              |  | 1.00  |  |
| 2.00                   | ADMINISTRATIVE & GENERAL            | 5.00      | 0      | 47,749    | 9              |  | 2.00  |  |
| 3.00                   | OPERATION OF PLANT                  | 7.00      | 0      | 3,207     | 9              |  | 3.00  |  |
| 4.00                   | LAUNDRY & LINEN SERVICE             | 8.00      | 0      | 103       | 9              |  | 4.00  |  |
| 5.00                   | HOUSEKEEPING                        | 9.00      | 0      | 13        | 9              |  | 5.00  |  |
| 6.00                   | DIETARY                             | 10.00     | 0      | 5,346     | 9              |  | 6.00  |  |
| 7.00                   | NURSING ADMINISTRATION              | 13.00     | 0      | 7,249     | 9              |  | 7.00  |  |
| 8.00                   | CENTRAL SERVICES & SUPPLY           | 14.00     | 0      | 173,177   | 9              |  | 8.00  |  |
| 9.00                   | PHARMACY                            | 15.00     | 0      | 4,467     | 9              |  | 9.00  |  |
| 10.00                  | MEDICAL RECORDS & LIBRARY           | 16.00     | 0      | 3,728     | 9              |  | 10.00 |  |
| 11.00                  | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00     | 0      | 209       | 9              |  | 11.00 |  |
| 12.00                  | ADULTS & PEDIATRICS                 | 30.00     | 0      | 43,801    | 9              |  | 12.00 |  |
| 13.00                  | INTENSIVE CARE UNIT                 | 31.00     | 0      | 2,662     | 9              |  | 13.00 |  |
| 14.00                  | SUBPROVIDER - IRF                   | 41.00     | 0      | 3,876     | 9              |  | 14.00 |  |
| 16.00                  | OPERATING ROOM                      | 50.00     | 0      | 282,351   | 9              |  | 16.00 |  |
| 17.00                  | RECOVERY ROOM                       | 51.00     | 0      | 53        | 9              |  | 17.00 |  |
| 18.00                  | ANESTHESIOLOGY                      | 53.00     | 0      | 150       | 9              |  | 18.00 |  |
| 19.00                  | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 10,865    | 9              |  | 19.00 |  |
| 20.00                  | OUTPATIENT ONCOLOGY                 | 54.01     | 0      | 1,309     | 9              |  | 20.00 |  |
| 21.00                  | RADIOLOGY-THERAPEUTIC               | 55.00     | 0      | 272       | 9              |  | 21.00 |  |
| 22.00                  | CARDIAC CATHETERIZATION             | 59.00     | 0      | 1,028     | 9              |  | 22.00 |  |
| 23.00                  | LABORATORY                          | 60.00     | 0      | 8,853     | 9              |  | 23.00 |  |
| 24.00                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 62.30     | 0      | 31        | 9              |  | 24.00 |  |
| 25.00                  | BLOOD STORING, PROCESSING & TRANS.  | 63.00     | 0      | 337       | 9              |  | 25.00 |  |
| 26.00                  | RESPIRATORY THERAPY                 | 65.00     | 0      | 90,472    | 9              |  | 26.00 |  |
| 27.00                  | PHYSICAL THERAPY                    | 66.00     | 0      | 2,715     | 9              |  | 27.00 |  |
| 28.00                  | OCCUPATIONAL THERAPY                | 67.00     | 0      | 1,100     | 9              |  | 28.00 |  |
| 29.00                  | SPEECH PATHOLOGY                    | 68.00     | 0      | 37        | 9              |  | 29.00 |  |
| 30.00                  | ELECTROCARDIOLOGY                   | 69.00     | 0      | 6,206     | 9              |  | 30.00 |  |
| 31.00                  | ELECTROENCEPHALOGRAPHY              | 70.00     | 0      | 646       | 9              |  | 31.00 |  |
| 32.00                  | IP RENAL DIALYSIS                   | 76.01     | 0      | 98        | 9              |  | 32.00 |  |
| 33.00                  | CLINIC                              | 90.00     | 0      | 12,224    | 9              |  | 33.00 |  |
| 34.00                  | EMERGENCY                           | 91.00     | 0      | 10,537    | 9              |  | 34.00 |  |
| 35.00                  | OUTPATIENT ONCOLOGY                 | 54.01     | 0      | 259,377   | 0              |  | 35.00 |  |
| 36.00                  | RADIOLOGY-DIAGNOSTIC                | 54.00     | 0      | 23,558    | 0              |  | 36.00 |  |
| 37.00                  | PHYSICIANS' PRIVATE OFFICES         | 192.00    | 0      | 68,705    | 0              |  | 37.00 |  |

## RECLASSIFICATIONS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
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| Decreases                      |                                  |        |           |            |                |        |
|--------------------------------|----------------------------------|--------|-----------|------------|----------------|--------|
|                                | Cost Center                      | Line # | Salary    | Other      | Wkst. A-7 Ref. |        |
|                                | 6.00                             | 7.00   | 8.00      | 9.00       | 10.00          |        |
| 38.00                          | PHYSICIANS' PRIVATE OFFICES      | 192.00 | 0         | 76,781     | 0              | 38.00  |
| 39.00                          | OUTPATIENT ONCOLOGY              | 54.01  | 0         | 12,460     | 0              | 39.00  |
|                                | TOTALS                           |        | 0         | 1,165,812  |                |        |
| H - DEPRECIATION2              |                                  |        |           |            |                |        |
| 1.00                           | ADMINISTRATIVE & GENERAL         | 5.00   | 0         | 12,156     | 9              | 1.00   |
| 2.00                           | OPERATION OF PLANT               | 7.00   | 0         | 1,433      | 9              | 2.00   |
| 3.00                           | HOUSEKEEPING                     | 9.00   | 0         | 2,446      | 9              | 3.00   |
| 4.00                           | NURSING ADMINISTRATION           | 13.00  | 0         | 4,362      | 9              | 4.00   |
| 5.00                           | CENTRAL SERVICES & SUPPLY        | 14.00  | 0         | 3,578      | 9              | 5.00   |
| 6.00                           | PHARMACY                         | 15.00  | 0         | 877        | 9              | 6.00   |
| 7.00                           | ADULTS & PEDIATRICS              | 30.00  | 0         | 20,826     | 9              | 7.00   |
| 8.00                           | INTENSIVE CARE UNIT              | 31.00  | 0         | 12,177     | 9              | 8.00   |
| 9.00                           | SKILLED NURSING FACILITY         | 44.00  | 0         | 558        | 9              | 9.00   |
| 10.00                          | OPERATING ROOM                   | 50.00  | 0         | 6,113      | 9              | 10.00  |
| 11.00                          | ANESTHESIOLOGY                   | 53.00  | 0         | 1,637      | 9              | 11.00  |
| 12.00                          | RADIOLOGY-DIAGNOSTIC             | 54.00  | 0         | 10         | 9              | 12.00  |
| 13.00                          | RADIOLOGY-DIAGNOSTIC             | 54.00  | 0         | 10         | 9              | 13.00  |
| 14.00                          | OUTPATIENT ONCOLOGY              | 54.01  | 0         | 319        | 9              | 14.00  |
| 15.00                          | OUTPATIENT ONCOLOGY              | 54.01  | 0         | 319        | 9              | 15.00  |
| 16.00                          | MAGNETIC RESONANCE IMAGING (MRI) | 58.00  | 0         | 344        | 9              | 16.00  |
| 17.00                          | RESPIRATORY THERAPY              | 65.00  | 0         | 6,093      | 9              | 17.00  |
| 18.00                          | PHYSICAL THERAPY                 | 66.00  | 0         | 372        | 9              | 18.00  |
| 19.00                          | OCCUPATIONAL THERAPY             | 67.00  | 0         | 1,797      | 9              | 19.00  |
| 20.00                          | EMERGENCY                        | 91.00  | 0         | 11,264     | 9              | 20.00  |
|                                | TOTALS                           |        | 0         | 86,691     |                |        |
| I - PHONE                      |                                  |        |           |            |                |        |
| 1.00                           | ADMINISTRATIVE & GENERAL         | 5.00   | 0         | 115,931    | 0              | 1.00   |
| 2.00                           | DIETARY                          | 10.00  | 0         | 1,048      | 0              | 2.00   |
| 3.00                           | PHYSICIANS' PRIVATE OFFICES      | 192.00 | 0         | 225        | 0              | 3.00   |
|                                | TOTALS                           |        | 0         | 117,204    |                |        |
| J - CAFETERIA                  |                                  |        |           |            |                |        |
| 1.00                           | DIETARY                          | 10.00  | 552,458   | 1,068,451  | 0              | 1.00   |
|                                | TOTALS                           |        | 552,458   | 1,068,451  |                |        |
| K - INTERNS RESIDENTS          |                                  |        |           |            |                |        |
| 1.00                           | I&R SERVICES-OTHER PRGM COSTS    | 22.00  | 1,290,676 | 0          | 0              | 1.00   |
|                                | APPRV                            |        |           |            |                |        |
|                                | TOTALS                           |        | 1,290,676 | 0          |                |        |
| L - CONVENT MAINT              |                                  |        |           |            |                |        |
| 1.00                           | OPERATION OF PLANT               | 7.00   | 11,856    | 30,399     | 0              | 1.00   |
|                                | TOTALS                           |        | 11,856    | 30,399     |                |        |
| M - RECLASS EHW SALARY ACCRUAL |                                  |        |           |            |                |        |
| 1.00                           | EMPLOYEE BENEFITS DEPARTMENT     | 4.00   | 0         | 69,142     | 0              | 1.00   |
|                                | TOTALS                           |        | 0         | 69,142     |                |        |
| 500.00                         | Grand Total: Decreases           |        | 1,854,990 | 29,729,053 |                | 500.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet A-7  
Part I  
Date/Time Prepared:  
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|       |                                                        | 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                                                   | 5,370,865             | 29,639,135                     | 0        | 29,639,135 | 0                            | 1.00  |  |
| 2.00  | Land Improvements                                      | 1,198,805             | 0                              | 0        | 0          | 926,055                      | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 129,440,640           | 0                              | 0        | 0          | 15,760,376                   | 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                                      | 89,364,457            | 0                              | 0        | 0          | 62,935,875                   | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              | 0        | 0          | 0                            | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 225,374,767           | 29,639,135                     | 0        | 29,639,135 | 79,622,306                   | 8.00  |  |
| 9.00  | Reconciling Items                                      | 73,884                | 0                              | 0        | 0          | 73,884                       | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 225,300,883           | 29,639,135                     | 0        | 29,639,135 | 79,548,422                   | 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                                                   | 35,010,000            | 0                              |          |            |                              | 1.00  |  |
| 2.00  | Land Improvements                                      | 272,750               | 0                              |          |            |                              | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 113,680,264           | 0                              |          |            |                              | 3.00  |  |
| 4.00  | Building Improvements                                  | 0                     | 0                              |          |            |                              | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 0                     | 0                              |          |            |                              | 5.00  |  |
| 6.00  | Movable Equipment                                      | 26,428,582            | 0                              |          |            |                              | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              |          |            |                              | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 175,391,596           | 0                              |          |            |                              | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              |          |            |                              | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 175,391,596           | 0                              |          |            |                              | 10.00 |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:  
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To 06/30/2018Worksheet A-7  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |                                                                               | SUMMARY OF CAPITAL                                                            |                                       |          |                              |                          |      |
|-------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------|----------|------------------------------|--------------------------|------|
|                         |                                                                               | Depreciation                                                                  | Lease                                 | Interest | Insurance (see instructions) | Taxes (see instructions) |      |
|                         |                                                                               | 9.00                                                                          | 10.00                                 | 11.00    | 12.00                        | 13.00                    |      |
|                         | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                                                                               |                                       |          |                              |                          |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                                                     | 2,216,445                                                                     | 0                                     | 0        | 0                            | 0                        | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 6,505,842                                                                     | 0                                     | 0        | 0                            | 0                        | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 8,722,287                                                                     | 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                                                                             | 2,216,445                             |          |                              |                          | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                                                             | 6,505,842                             |          |                              |                          | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                                                             | 8,722,287                             |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:  
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To 06/30/2018Worksheet A-7  
Part III  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |                                                    | COMPUTATION OF RATIOS       |                              |                                          | ALLOCATION OF OTHER CAPITAL                    |                                       |      |
|-------------------------|----------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|------------------------------------------------|---------------------------------------|------|
|                         |                                                    | Gross Assets                | Capitalized Leases           | Gross Assets for Ratio (col. 1 - col. 2) | Ratio (see instructions)                       | Insurance                             |      |
|                         |                                                    | 1.00                        | 2.00                         | 3.00                                     | 4.00                                           | 5.00                                  |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | CAP REL COSTS-BLDG & FIXT                          | 148,963,014                 | 0                            | 148,963,014                              | 0.849317                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 26,428,582                  | 0                            | 26,428,582                               | 0.150683                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 175,391,596                 | 0                            | 175,391,596                              | 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                                        | 2,818,138                                      | -424,509                              | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 7,020,444                                      | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 9,838,582                                      | -424,509                              | 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                          | 4,214,242                   | 51,577                       | 0                                        | -2,622,880                                     | 4,036,568                             | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0                                              | 7,020,444                             | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 4,214,242                   | 51,577                       | 0                                        | -2,622,880                                     | 11,057,012                            | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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           | 2.00       | 3.00                                                                                | 4.00   | 5.00           |       |
| 1.00                    | Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                               |                |            | 0CAP REL COSTS-BLDG & FIXT                                                          | 1.00   | 0              | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |            | 0CAP 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          | -3,110,823 |                                                                                     |        | 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          | 10,962,303 |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                |            | 0                                                                                   | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              | -587,335   | CAFETERIA                                                                           | 11.00  | 0              | 14.00 |
| 15.00                   | Rental of quarters to employee and others                                               |                |            | 0                                                                                   | 0.00   | 0              | 15.00 |
| 16.00                   | Sale of medical and surgical supplies to other than patients                            |                |            | 0                                                                                   | 0.00   | 0              | 16.00 |
| 17.00                   | Sale of drugs to other than patients                                                    |                |            | 0                                                                                   | 0.00   | 0              | 17.00 |
| 18.00                   | Sale of medical records and abstracts                                                   |                |            | 0                                                                                   | 0.00   | 0              | 18.00 |
| 19.00                   | Nursing and allied health education (tuition, fees, books, etc.)                        |                |            | 0                                                                                   | 0.00   | 0              | 19.00 |
| 20.00                   | Vending machines                                                                        |                |            | 0                                                                                   | 0.00   | 0              | 20.00 |
| 21.00                   | Income from imposition of interest, finance or penalty charges (chapter 21)             |                |            | 0                                                                                   | 0.00   | 0              | 21.00 |
| 22.00                   | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                |            | 0                                                                                   | 0.00   | 0              | 22.00 |
| 23.00                   | Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | A-8-3          |            | 0RESPIRATORY THERAPY                                                                | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          |            | 0PHYSICAL THERAPY                                                                   | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                |            | 0UTILIZATION REVIEW-SNF                                                             | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - CAP REL COSTS-BLDG & FIXT                                                | A              | -588,795   | CAP REL COSTS-BLDG & FIXT                                                           | 1.00   | 9              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                | A              | 401,720    | CAP REL COSTS-MVBLE EQUIP                                                           | 2.00   | 9              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                |            | 0*** Cost Center Deleted ***                                                        | 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          |            | 0OCCUPATIONAL THERAPY                                                               | 67.00  |                | 30.00 |
| 30.99                   | Hospice (non-distinct) (see instructions)                                               |                |            | 0ADULTS & PEDIATRICS                                                                | 30.00  |                | 30.99 |
| 31.00                   | Adjustment for speech pathology costs in excess of limitation (chapter 14)              | A-8-3          |            | 0SPEECH PATHOLOGY                                                                   | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                                        |                |            | 0                                                                                   | 0.00   | 0              | 32.00 |
| 33.00                   | MISC REV OFFSET                                                                         | B              |            | 0I&R SERVICES-OTHER PRGM COSTS APPRV                                                | 22.00  | 0              | 33.00 |
| 34.00                   | MISC REV OFFSET                                                                         | B              | -680,652   | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 34.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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           | 2.00      | 3.00                                                                                | 4.00   | 5.00           |       |
| 36.00                   | MISC REV OFFSET                                                                     | B              | -680      | NURSING ADMINISTRATION                                                              | 13.00  | 0              | 36.00 |
| 37.00                   | MISC REV OFFSET                                                                     | B              | -2        | PHARMACY                                                                            | 15.00  | 0              | 37.00 |
| 38.00                   | MISC REV OFFSET                                                                     | B              | -126,820  | OPERATING ROOM                                                                      | 50.00  | 0              | 38.00 |
| 39.00                   | MISC REV OFFSET                                                                     | B              | -1,285    | RADIOLOGY-DIAGNOSTIC                                                                | 54.00  | 0              | 39.00 |
| 41.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                     | B              | 0         |                                                                                     | 0.00   | 0              | 41.00 |
| 43.00                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                     | B              | 0         |                                                                                     | 0.00   | 0              | 43.00 |
| 44.00                   | MISC REV OFFSET                                                                     | B              | -35,891   | PSYCHIATRIC/PSYCHOLOGICAL<br>SERVICES                                               | 76.00  | 0              | 44.00 |
| 45.00                   | MISC REV OFFSET                                                                     | B              | -1,924    | CARDIAC REHABILITATION                                                              | 76.97  | 0              | 45.00 |
| 46.00                   | MISC REV OFFSET                                                                     | B              | -211      | CLINIC                                                                              | 90.00  | 0              | 46.00 |
| 47.00                   | COST OFFSET- CONTRIBUTIONS                                                          | A              | -305,236  | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 47.00 |
| 48.00                   | OFFSET ALCOHOL EXPENSE                                                              | A              | -1,000    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 48.00 |
| 48.01                   | COST OFFSET- CONTRIBUTIONS                                                          | A              | -27,127   | PSYCHIATRIC/PSYCHOLOGICAL<br>SERVICES                                               | 76.00  | 0              | 48.01 |
| 48.02                   | INCOME TAX                                                                          | A              | -1,175    | ADMINISTRATIVE & GENERAL                                                            | 5.00   | 0              | 48.02 |
| 48.03                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                     |                | 0         |                                                                                     | 0.00   | 0              | 48.03 |
| 48.04                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                     |                | 0         |                                                                                     | 0.00   | 0              | 48.04 |
| 48.05                   | OTHER ADJUSTMENTS (SPECIFY) (3)                                                     |                | 0         |                                                                                     | 0.00   | 0              | 48.05 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | 5,895,067 |                                                                                     |        |                | 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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                                                                 | Line No.                                                                                        | Cost Center                  | Expense Items | Amount of Allowable Cost | Amount Included in wks. A, column 5 |      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------|---------------|--------------------------|-------------------------------------|------|
|                                                                                                                                 | 1.00                                                                                            | 2.00                         | 3.00          | 4.00                     | 5.00                                |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |                                                                                                 |                              |               |                          |                                     |      |
| 1.00                                                                                                                            | 1.00                                                                                            | CAP REL COSTS-BLDG & FIXT    | HOME OFFICE   | -2,622,880               | 0                                   | 1.00 |
| 2.00                                                                                                                            | 1.00                                                                                            | CAP REL COSTS-BLDG & FIXT    | HOME OFFICE   | 1,591,178                | 0                                   | 2.00 |
| 3.00                                                                                                                            | 1.00                                                                                            | CAP REL COSTS-BLDG & FIXT    | HOME OFFICE   | -424,509                 | 0                                   | 3.00 |
| 4.00                                                                                                                            | 2.00                                                                                            | CAP REL COSTS-MVBLE EQUIP    | HOME OFFICE   | 26,191                   | 0                                   | 4.00 |
| 4.01                                                                                                                            | 1.00                                                                                            | CAP REL COSTS-BLDG & FIXT    | HOME OFFICE   | 25,270                   | 0                                   | 4.01 |
| 4.02                                                                                                                            | 4.00                                                                                            | EMPLOYEE BENEFITS DEPARTMENT | HOME OFFICE   | 190,930                  | 17,729,234                          | 4.02 |
| 4.03                                                                                                                            | 5.00                                                                                            | ADMINISTRATIVE & GENERAL     | HOME OFFICE   | 21,762,585               | 0                                   | 4.03 |
| 4.04                                                                                                                            | 5.00                                                                                            | ADMINISTRATIVE & GENERAL     | HOME OFFICE   | 3,346,742                | 0                                   | 4.04 |
| 4.05                                                                                                                            | 5.00                                                                                            | ADMINISTRATIVE & GENERAL     | HOME OFFICE   | 2,226,111                | 0                                   | 4.05 |
| 4.06                                                                                                                            | 5.00                                                                                            | ADMINISTRATIVE & GENERAL     | HOME OFFICE   | -239,541                 | 0                                   | 4.06 |
| 4.07                                                                                                                            | 16.00                                                                                           | MEDICAL RECORDS & LIBRARY    | HOME OFFICE   | 1,146,994                | 0                                   | 4.07 |
| 4.08                                                                                                                            | 31.00                                                                                           | INTENSIVE CARE UNIT          | HOME OFFICE   | 295,844                  | 0                                   | 4.08 |
| 4.09                                                                                                                            | 5.00                                                                                            | ADMINISTRATIVE & GENERAL     | HOME OFFICE   | 1,351,554                | 0                                   | 4.09 |
| 4.10                                                                                                                            | 0.00                                                                                            |                              |               | 0                        | 0                                   | 4.10 |
| 4.11                                                                                                                            | 0.00                                                                                            |                              |               | 0                        | 0                                   | 4.11 |
| 4.12                                                                                                                            | 60.00                                                                                           | LABORATORY                   | ALVERNO       | 4,941,971                | 4,926,903                           | 4.12 |
| 5.00                                                                                                                            | TOTALS (sum of lines 1-4).<br>Transfer column 6, line 5 to<br>Worksheet A-8, column 2, line 12. |                              |               | 33,618,440               | 22,656,137                          | 5.00 |

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

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

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

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

|        |                                                |        |                 |        |        |
|--------|------------------------------------------------|--------|-----------------|--------|--------|
| 6.00   | B                                              | 100.00 | PRESENCE HEALTH | 100.00 | 6.00   |
| 7.00   |                                                | 0.00   |                 | 0.00   | 7.00   |
| 8.00   |                                                | 0.00   |                 | 0.00   | 8.00   |
| 9.00   |                                                | 0.00   |                 | 0.00   | 9.00   |
| 10.00  |                                                | 0.00   |                 | 0.00   | 10.00  |
| 100.00 | G. Other (financial or non-financial) specify: |        |                 |        | 100.00 |

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

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

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

Provider CCN: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                                                                        | Net<br>Adjustments<br>(col. 4 minus<br>col. 5)* | Wkst. A-7 Ref. |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--|------|
|                                                                                                                                        | 6.00                                            | 7.00           |  |      |
| <b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b> |                                                 |                |  |      |
| 1.00                                                                                                                                   | -2,622,880                                      | 14             |  | 1.00 |
| 2.00                                                                                                                                   | 1,591,178                                       | 11             |  | 2.00 |
| 3.00                                                                                                                                   | -424,509                                        | 10             |  | 3.00 |
| 4.00                                                                                                                                   | 26,191                                          | 9              |  | 4.00 |
| 4.01                                                                                                                                   | 25,270                                          | 9              |  | 4.01 |
| 4.02                                                                                                                                   | -17,538,304                                     | 0              |  | 4.02 |
| 4.03                                                                                                                                   | 21,762,585                                      | 0              |  | 4.03 |
| 4.04                                                                                                                                   | 3,346,742                                       | 0              |  | 4.04 |
| 4.05                                                                                                                                   | 2,226,111                                       | 0              |  | 4.05 |
| 4.06                                                                                                                                   | -239,541                                        | 0              |  | 4.06 |
| 4.07                                                                                                                                   | 1,146,994                                       | 0              |  | 4.07 |
| 4.08                                                                                                                                   | 295,844                                         | 0              |  | 4.08 |
| 4.09                                                                                                                                   | 1,351,554                                       | 0              |  | 4.09 |
| 4.10                                                                                                                                   | 0                                               | 0              |  | 4.10 |
| 4.11                                                                                                                                   | 0                                               | 0              |  | 4.11 |
| 4.12                                                                                                                                   | 15,068                                          | 0              |  | 4.12 |
| 5.00                                                                                                                                   | 10,962,303                                      |                |  | 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b> |                                               |  |

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   | SOLE CORPORATE MEMBER |  | 6.00   |
| 7.00   |                       |  | 7.00   |
| 8.00   |                       |  | 8.00   |
| 9.00   |                       |  | 9.00   |
| 10.00  |                       |  | 10.00  |
| 100.00 |                       |  | 100.00 |

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

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

## PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0180

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

Worksheet A-8-2

Date/Time Prepared:  
11/28/2018 3:54 pm

|        | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration                  | Professional Component            | Provider Component                         | RCE Amount                          | Physician/Provider Component Hours      |        |
|--------|----------------|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|--------|
|        | 1.00           | 2.00                             | 3.00                                | 4.00                              | 5.00                                       | 6.00                                | 7.00                                    |        |
| 1.00   | 30.00          | ADULTS & PEDIATRICS              | 81,040                              | 81,040                            | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT              | 272,229                             | 272,229                           | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 41.00          | SUBPROVIDER - IRF                | 15,000                              | 15,000                            | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 43.00          | NURSERY                          | 180,000                             | 180,000                           | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                   | 329,168                             | 329,168                           | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | -33,758                             | -33,758                           | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                   | 793,403                             | 793,403                           | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 54.01          | OUTPATIENT ONCOLOGY              | 142,138                             | 142,138                           | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 60.00          | LABORATORY                       | 36,056                              | 36,056                            | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 65.00          | RESPIRATORY THERAPY              | 7,992                               | 7,992                             | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 66.00          | PHYSICAL THERAPY                 | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 69.00          | ELECTROCARDIOLOGY                | 57,122                              | 57,122                            | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 70.00          | ELECTROENCEPHALOGRAPHY           | 286,784                             | 286,784                           | 0                                          | 0                                   | 0                                       | 13.00  |
| 14.00  | 90.00          | CLINIC                           | 254,945                             | 254,945                           | 0                                          | 0                                   | 0                                       | 14.00  |
| 15.00  | 91.00          | EMERGENCY                        | 572,469                             | 572,469                           | 0                                          | 0                                   | 0                                       | 15.00  |
| 16.00  | 40.00          | SUBPROVIDER - IPF                | 23,642                              | 23,642                            | 0                                          | 0                                   | 0                                       | 16.00  |
| 17.00  | 4.00           | EMPLOYEE BENEFITS DEPARTMENT     | 92,593                              | 92,593                            | 0                                          | 0                                   | 0                                       | 17.00  |
| 200.00 |                |                                  | 3,110,823                           | 3,110,823                         | 0                                          | 0                                   | 0                                       | 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   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 41.00          | SUBPROVIDER - IRF                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 43.00          | NURSERY                          | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 54.01          | OUTPATIENT ONCOLOGY              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 60.00          | LABORATORY                       | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 65.00          | RESPIRATORY THERAPY              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 66.00          | PHYSICAL THERAPY                 | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 70.00          | ELECTROENCEPHALOGRAPHY           | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 13.00  |
| 14.00  | 90.00          | CLINIC                           | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 14.00  |
| 15.00  | 91.00          | EMERGENCY                        | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 15.00  |
| 16.00  | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 16.00  |
| 17.00  | 4.00           | EMPLOYEE BENEFITS DEPARTMENT     | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 17.00  |
| 200.00 |                |                                  | 0                                   | 0                                 | 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   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 0                                 | 0                                          | 81,040                              |                                         | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 0                                 | 0                                          | 272,229                             |                                         | 2.00   |
| 3.00   | 41.00          | SUBPROVIDER - IRF                | 0                                   | 0                                 | 0                                          | 15,000                              |                                         | 3.00   |
| 4.00   | 43.00          | NURSERY                          | 0                                   | 0                                 | 0                                          | 180,000                             |                                         | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                   | 0                                   | 0                                 | 0                                          | 329,168                             |                                         | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                                 | 0                                          | -33,758                             |                                         | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 793,403                             |                                         | 7.00   |
| 8.00   | 54.01          | OUTPATIENT ONCOLOGY              | 0                                   | 0                                 | 0                                          | 142,138                             |                                         | 8.00   |
| 9.00   | 60.00          | LABORATORY                       | 0                                   | 0                                 | 0                                          | 36,056                              |                                         | 9.00   |
| 10.00  | 65.00          | RESPIRATORY THERAPY              | 0                                   | 0                                 | 0                                          | 7,992                               |                                         | 10.00  |
| 11.00  | 66.00          | PHYSICAL THERAPY                 | 0                                   | 0                                 | 0                                          | 0                                   |                                         | 11.00  |
| 12.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 0                                 | 0                                          | 57,122                              |                                         | 12.00  |
| 13.00  | 70.00          | ELECTROENCEPHALOGRAPHY           | 0                                   | 0                                 | 0                                          | 286,784                             |                                         | 13.00  |
| 14.00  | 90.00          | CLINIC                           | 0                                   | 0                                 | 0                                          | 254,945                             |                                         | 14.00  |
| 15.00  | 91.00          | EMERGENCY                        | 0                                   | 0                                 | 0                                          | 572,469                             |                                         | 15.00  |
| 16.00  | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                                 | 0                                          | 23,642                              |                                         | 16.00  |
| 17.00  | 4.00           | EMPLOYEE BENEFITS DEPARTMENT     | 0                                   | 0                                 | 0                                          | 92,593                              |                                         | 17.00  |
| 200.00 |                |                                  | 0                                   | 0                                 | 0                                          | 3,110,823                           |                                         | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | CAPITAL RELATED COSTS |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal    |        |
|----------------------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-----------------------|-------------|------------------------------------|-------------|--------|
|                                        |       |                                        |                                                                   | BLDG & FIXT           | MVBLE EQUIP |                                    |             |        |
|                                        |       |                                        | 0                                                                 | 1.00                  | 2.00        | 4.00                               | 4A          |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                                                   |                       |             |                                    |             |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 4,036,568                                                         | 4,036,568             |             |                                    |             | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              | 7,020,444                                                         |                       | 7,020,444   |                                    |             | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | -7,027,377                                                        | 27,900                | 48,524      | -6,950,953                         |             | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 69,256,802                                                        | 239,898               | 417,233     | 0                                  | 69,913,933  | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                                                                 | 0                     | 0           | 0                                  | 0           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 5,528,755                                                         | 490,143               | 852,463     | 0                                  | 6,871,361   | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 436,289                                                           | 16,862                | 29,327      | 0                                  | 482,478     | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 1,545,171                                                         | 50,719                | 88,210      | 0                                  | 1,684,100   | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 830,480                                                           | 100,691               | 175,122     | 0                                  | 1,106,293   | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 1,033,574                                                         | 15,060                | 26,192      | 0                                  | 1,074,826   | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 972,524                                                           | 77,194                | 134,256     | 0                                  | 1,183,974   | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 71,920                                                            | 75,668                | 131,603     | 0                                  | 279,191     | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 2,326,149                                                         | 27,290                | 47,463      | 0                                  | 2,400,902   | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 1,200,025                                                         | 47,399                | 82,437      | 0                                  | 1,329,861   | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                                                 | 0                     | 0           | 0                                  | 0           | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                                                                 | 0                     | 0           | 0                                  | 0           | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 1,290,676                                                         | 0                     | 0           | 0                                  | 1,290,676   | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 1,087,641                                                         | 8,698                 | 15,128      | 0                                  | 1,111,467   | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 411,394                                                           | 0                     | 0           | 0                                  | 411,394     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                                                   |                       |             |                                    |             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 18,004,148                                                        | 778,126               | 1,353,327   | 0                                  | 20,135,601  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 2,454,800                                                         | 40,459                | 70,367      | 0                                  | 2,565,626   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 737,216                                                           | 19,495                | 33,906      | 0                                  | 790,617     | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 586,247                                                           | 33,246                | 57,823      | 0                                  | 677,316     | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 358,625                                                           | 7,430                 | 12,922      | 0                                  | 378,977     | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 1,366,654                                                         | 37,304                | 64,880      | 0                                  | 1,468,838   | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                                                   |                       |             |                                    |             |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 3,738,652                                                         | 213,993               | 372,178     | 0                                  | 4,324,823   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 435,298                                                           | 14,024                | 24,391      | 0                                  | 473,713     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 804,378                                                           | 98,134                | 170,675     | 0                                  | 1,073,187   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 111,486                                                           | 2,063                 | 3,588       | 0                                  | 117,137     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,855,988                                                         | 84,467                | 146,906     | 0                                  | 2,087,361   | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 4,521,650                                                         | 907                   | 1,578       | 0                                  | 4,524,135   | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 210,186                                                           | 5,178                 | 9,005       | 0                                  | 224,369     | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 328,727                                                           | 8,654                 | 15,051      | 0                                  | 352,432     | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 256,480                                                           | 3,187                 | 5,543       | 0                                  | 265,210     | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 307,166                                                           | 22,040                | 38,332      | 0                                  | 367,538     | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 5,334,301                                                         | 75,660                | 131,590     | 0                                  | 5,541,551   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 26,090                                                            | 0                     | 0           | 0                                  | 26,090      | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 4,522                                                             | 6,282                 | 10,925      | 0                                  | 21,729      | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 935,299                                                           | 4,544                 | 7,902       | 0                                  | 947,745     | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 1,394,022                                                         | 35,871                | 62,388      | 0                                  | 1,492,281   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 535,680                                                           | 3,861                 | 6,716       | 0                                  | 546,257     | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 151,670                                                           | 0                     | 0           | 0                                  | 151,670     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 561,393                                                           | 31,745                | 55,212      | 0                                  | 648,350     | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 138,143                                                           | 8,606                 | 14,967      | 0                                  | 161,716     | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 5,169,984                                                         | 0                     | 0           | 0                                  | 5,169,984   | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 3,596,430                                                         | 0                     | 0           | 0                                  | 3,596,430   | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 4,259,986                                                         | 0                     | 0           | 0                                  | 4,259,986   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                                                 | 0                     | 0           | 0                                  | 0           | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                                                                 | 0                     | 0           | 0                                  | 0           | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 2,248,451                                                         | 48,447                | 84,259      | 0                                  | 2,381,157   | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 368,711                                                           | 2,436                 | 4,237       | 0                                  | 375,384     | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 71,142                                                            | 14,165                | 24,636      | 0                                  | 109,943     | 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        |       |                                        |                                                                   |                       |             |                                    |             |        |
| 90.00                                  | 09000 | CLINIC                                 | 648,308                                                           | 105,359               | 183,241     | 0                                  | 936,908     | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 3,933,201                                                         | 636,961               | 1,107,809   | 0                                  | 5,677,971   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   | 0                                                                 | 0                     | 0           | 0                                  | 0           | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                                                   |                       |             |                                    |             |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       | 0                                                                 | 0                     | 0           | 0                                  | 0           | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 | 0                                                                 | 0                     | 0           | 0                                  | 0           | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 155,476,069                                                       | 3,520,166             | 6,122,312   | 0                                  | 161,012,488 | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                                                   |                       |             |                                    |             |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                                                                 | 2,741                 | 4,768       | 0                                  | 7,509       | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | -113,217                                                          | 477,082               | 829,747     | 0                                  | 1,193,612   | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                                                                 | 0                     | 0           | 0                                  | 0           | 193.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                   | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | CAPITAL RELATED COSTS |             | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal    |        |
|-------------------------|-------|-----------------------------------|-------------------------------------------------------------------|-----------------------|-------------|------------------------------------|-------------|--------|
|                         |       |                                   |                                                                   | BLDG & FIXT           | MVBLE EQUIP |                                    |             |        |
|                         |       |                                   | 0                                                                 | 1.00                  | 2.00        | 4.00                               | 4A          |        |
| 194.00                  | 07950 | CONVENT                           | 42,255                                                            | 33,283                | 57,885      | 0                                  | 133,423     | 194.00 |
| 194.01                  | 07951 | OUTPATIENT PHARMACY               | 740,543                                                           | 2,196                 | 3,819       | 0                                  | 746,558     | 194.01 |
| 194.02                  | 07952 | FUND DEVELOPMENT                  | 0                                                                 | 1,100                 | 1,913       | 0                                  | 3,013       | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE     | 0                                                                 | 0                     | 0           | 0                                  | 0           | 194.03 |
| 200.00                  |       | Cross Foot Adjustments            |                                                                   |                       |             |                                    | 0           | 200.00 |
| 201.00                  |       | Negative Cost Centers             |                                                                   | 0                     | 0           | -6,950,953                         | -6,950,953  | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 156,145,650                                                       | 4,036,568             | 7,020,444   | -6,950,953                         | 156,145,650 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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               | 69,913,933                  |                          |                       |                            |              | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                           | 0                        |                       |                            |              | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 5,155,507                   |                          | 12,026,868            |                            |              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 361,998                     | 0                        | 61,854                | 906,330                    |              | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 1,263,562                   | 0                        | 186,049               | 46,778                     | 3,180,489    | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 830,039                     | 0                        | 369,360               | 0                          | 99,732       | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 806,430                     | 0                        | 55,243                | 0                          | 14,917       | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 888,323                     | 0                        | 283,167               | 0                          | 76,459       | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 209,474                     | 0                        | 277,572               | 1,263                      | 74,948       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 1,801,370                   | 0                        | 100,107               | 0                          | 27,030       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 997,780                     | 0                        | 173,873               | 0                          | 46,948       | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                           | 0                        | 0                     | 0                          | 0            | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                           | 0                        | 0                     | 0                          | 0            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 968,380                     | 0                        | 0                     | 0                          | 0            | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 833,921                     | 0                        | 31,906                | 0                          | 8,615        | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 308,664                     | 0                        | 0                     | 0                          | 0            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 15,107,519                  | 0                        | 2,854,374             | 301,573                    | 770,725      | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 1,924,961                   | 0                        | 148,415               | 24,895                     | 40,074       | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 593,191                     | 0                        | 71,513                | 40,602                     | 19,310       | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 508,183                     | 0                        | 121,957               | 49,183                     | 32,930       | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 284,342                     | 0                        | 27,254                | 0                          | 7,359        | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 1,102,053                   | 0                        | 136,842               | 29,968                     | 36,949       | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                          |                       |                            |              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 3,244,867                   | 0                        | 784,982               | 114,536                    | 211,956      | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 355,422                     | 0                        | 51,445                | 19,730                     | 13,891       | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 805,200                     | 0                        | 359,981               | 8,706                      | 97,200       | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 87,887                      | 0                        | 7,568                 | 0                          | 2,043        | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,566,124                   | 0                        | 309,846               | 68,448                     | 83,663       | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 3,394,409                   | 0                        | 3,328                 | 8,378                      | 898          | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 168,342                     | 0                        | 18,994                | 0                          | 5,129        | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 264,426                     | 0                        | 31,744                | 0                          | 8,571        | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 198,984                     | 0                        | 11,691                | 0                          | 3,157        | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 275,760                     | 0                        | 80,848                | 4,691                      | 21,830       | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 4,157,765                   | 0                        | 277,543               | 0                          | 74,940       | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 19,575                      | 0                        | 0                     | 0                          | 0            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 16,303                      | 0                        | 23,043                | 0                          | 6,222        | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 711,083                     | 0                        | 16,667                | 0                          | 4,500        | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 1,119,642                   | 0                        | 131,586               | 24,984                     | 35,530       | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 409,851                     | 0                        | 14,164                | 0                          | 3,825        | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 113,796                     | 0                        | 0                     | 0                          | 0            | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 486,450                     | 0                        | 116,450               | 12,464                     | 31,443       | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 121,334                     | 0                        | 31,568                | 0                          | 8,524        | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 3,878,982                   | 0                        | 0                     | 0                          | 0            | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 2,698,362                   | 0                        | 0                     | 0                          | 0            | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 3,196,221                   | 0                        | 0                     | 0                          | 0            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                           | 0                        | 0                     | 0                          | 0            | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                           | 0                        | 0                     | 0                          | 0            | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 1,786,556                   | 0                        | 177,716               | 0                          | 47,986       | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 281,646                     | 0                        | 8,937                 | 4,211                      | 2,413        | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 82,489                      | 0                        | 51,960                | 215                        | 14,030       | 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        |       |                                        |                             |                          |                       |                            |              |        |
| 90.00                                  | 09000 | CLINIC                                 | 702,952                     | 0                        | 386,484               | 2,347                      | 104,356      | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 4,260,119                   | 0                        | 2,336,540             | 142,601                    | 630,899      | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                          |                       |                            |              | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |                          |                       |                            |              | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                             |                          |                       |                            |              | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 68,350,244                  | 0                        | 10,132,571            | 905,573                    | 2,669,002    | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 5,634                       | 0                        | 10,056                | 0                          | 2,715        | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 895,554                     | 0                        | 1,750,064             | 757                        | 472,542      | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                           | 0                        | 0                     | 0                          | 0            | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 100,106                     | 0                        | 122,089               | 0                          | 32,966       | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 560,134                     | 0                        | 8,054                 | 0                          | 2,175        | 194.01 |
| 194.02                                 | 07952 | FUND DEVELOPMENT                       | 2,261                       | 0                        | 4,034                 | 0                          | 1,089        | 194.02 |
| 194.03                                 | 07953 | NURSING EDUC BLD UNUSED SPACE          | 0                           | 0                        | 0                     | 0                          | 0            | 194.03 |
| 200.00                                 |       | Cross Foot Adjustments                 |                             |                          |                       |                            |              | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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         |        |
| 201.00                  |  | Negative Cost Centers             | 0                           | 0                        | 0                     | 0                          | 0            | 201.00 |
| 202.00                  |  | TOTAL (sum lines 118 through 201) | 69,913,933                  | 0                        | 12,026,868            | 906,330                    | 3,180,489    | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | DIETARY   | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY  |        |
|----------------------------------------|-------|----------------------------------------|-----------|-----------|---------------------------|---------------------------------|-----------|--------|
|                                        |       |                                        | 10.00     | 11.00     | 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                                | 2,405,424 |           |                           |                                 |           | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0         | 1,951,416 |                           |                                 |           | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0         | 43,051    | 2,474,974                 |                                 |           | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0         | 7,993     | 0                         | 850,441                         |           | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0         | 97,143    | 0                         | 0                               | 4,426,552 | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0         | 1,114     | 0                         | 0                               | 0         | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0         | 0         | 0                         | 0                               | 0         | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0         | 0         | 0                         | 0                               | 0         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0         | 61,968    | 0                         | 0                               | 0         | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0         | 46,479    | 0                         | 0                               | 0         | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0         | 4,362     | 0                         | 0                               | 0         | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |           |           |                           |                                 |           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 1,911,429 | 676,493   | 1,254,225                 | 262,007                         | 1,363,484 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 110,511   | 111,047   | 216,536                   | 28,364                          | 147,647   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 107,559   | 35,105    | 60,396                    | 10,437                          | 54,329    | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 101,516   | 27,791    | 64,997                    | 11,707                          | 60,938    | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0         | 16,397    | 37,264                    | 15,761                          | 82,043    | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 174,409   | 61,044    | 69,441                    | 8,226                           | 42,818    | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |           |           |                           |                                 |           |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0         | 156,206   | 251,148                   | 53,723                          | 279,653   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0         | 20,592    | 43,933                    | 10,475                          | 54,527    | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0         | 38,855    | 21,353                    | 7,105                           | 36,986    | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0         | 2,219     | 0                         | 11,131                          | 57,941    | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0         | 86,548    | 3,323                     | 17,517                          | 91,184    | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0         | 36,138    | 48,442                    | 46                              | 240       | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0         | 4,935     | 0                         | 104                             | 542       | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0         | 15,783    | 1,356                     | 22,137                          | 115,232   | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0         | 7,194     | 0                         | 4,233                           | 22,034    | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0         | 13,464    | 11,435                    | 12,233                          | 63,680    | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0         | 0         | 0                         | 86,399                          | 449,749   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0         | 1,138     | 0                         | 0                               | 0         | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0         | 0         | 0                         | 3,894                           | 20,268    | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0         | 41,704    | 0                         | 26,216                          | 136,467   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0         | 66,203    | 0                         | 13,365                          | 69,570    | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0         | 25,670    | 0                         | 9,408                           | 48,972    | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0         | 7,269     | 0                         | 1,285                           | 6,688     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0         | 24,563    | 6,297                     | 22,023                          | 114,641   | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0         | 6,391     | 2,096                     | 225                             | 1,169     | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0         | 0         | 0                         | 32,573                          | 169,559   | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0         | 0         | 0                         | 24,005                          | 124,958   | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0         | 0         | 0                         | 97,415                          | 507,090   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0         | 0         | 0                         | 0                               | 0         | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0         | 0         | 0                         | 0                               | 0         | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0         | 0         | 0                         | 13                              | 66        | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0         | 13,078    | 0                         | 9,833                           | 51,185    | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0         | 3,505     | 2,565                     | 126                             | 656       | 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        |       |                                        |           |           |                           |                                 |           |        |
| 90.00                                  | 09000 | CLINIC                                 | 0         | 23,613    | 26,730                    | 31                              | 164       | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0         | 165,097   | 351,419                   | 48,424                          | 252,072   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |           |           |                           |                                 |           | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |           |           |                           |                                 |           |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |           |           |                           |                                 |           | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |           |           |                           |                                 |           | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 2,405,424 | 1,950,152 | 2,472,956                 | 850,441                         | 4,426,552 | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |           |           |                           |                                 |           |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0         | 0         | 0                         | 0                               | 0         | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0         | 695       | 2,018                     | 0                               | 0         | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0         | 0         | 0                         | 0                               | 0         | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 0         | 569       | 0                         | 0                               | 0         | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 0         | 0         | 0                         | 0                               | 0         | 194.01 |
| 194.02                                 | 07952 | FUND DEVELOPMENT                       | 0         | 0         | 0                         | 0                               | 0         | 194.02 |
| 194.03                                 | 07953 | NURSING EDUC BLD UNUSED SPACE          | 0         | 0         | 0                         | 0                               | 0         | 194.03 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |                                   | DIETARY   | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY  |        |
|-------------------------|-----------------------------------|-----------|-----------|---------------------------|---------------------------------|-----------|--------|
|                         |                                   | 10.00     | 11.00     | 13.00                     | 14.00                           | 15.00     |        |
| 200.00                  | Cross Foot Adjustments            |           |           |                           |                                 |           | 200.00 |
| 201.00                  | Negative Cost Centers             | 0         | 0         | 0                         | 0                               | 0         | 201.00 |
| 202.00                  | TOTAL (sum lines 118 through 201) | 2,405,424 | 1,951,416 | 2,474,974                 | 850,441                         | 4,426,552 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS             |                |                |                      |                     |        |
|----------------------------------------|-------|----------------------------------------|---------------------------------|----------------|----------------|----------------------|---------------------|--------|
|                                        |       |                                        | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NURSING SCHOOL | SERVICES-SALAR       | SERVICES-OTHER      |        |
|                                        |       |                                        |                                 |                |                | Y & FRINGES<br>APPRV | PRGM COSTS<br>APPRV |        |
|                                        |       |                                        | 16.00                           | 17.00          | 20.00          | 21.00                | 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  |
| 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              | 2,549,576                       |                |                |                      |                     | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                               | 0              |                |                      |                     | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                               | 0              | 0              |                      |                     | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                               | 0              |                | 2,321,024            |                     | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                               | 0              |                |                      | 2,032,388           | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0                               | 0              |                |                      |                     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                 |                |                |                      |                     |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 1,966,797                       | 0              | 0              | 2,118,338            | 1,854,907           | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 113,712                         | 0              | 0              | 122,473              | 107,243             | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 110,675                         | 0              | 0              | 0                    | 0                   | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 104,457                         | 0              | 0              | 0                    | 0                   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 74,474                          | 0              | 0              | 80,213               | 70,238              | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 179,461                         | 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  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0                               | 0              | 0              | 0                    | 0                   | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                               | 0              | 0              | 0                    | 0                   | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                               | 0              | 0              | 0                    | 0                   | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                               | 0              | 0              | 0                    | 0                   | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                               | 0              | 0              | 0                    | 0                   | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                               | 0              | 0              | 0                    | 0                   | 60.00  |
| 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  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                               | 0              | 0              | 0                    | 0                   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                               | 0              | 0              | 0                    | 0                   | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                               | 0              | 0              | 0                    | 0                   | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                               | 0              | 0              | 0                    | 0                   | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO 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  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                               | 0              | 0              | 0                    | 0                   | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                               | 0              | 0              | 0                    | 0                   | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0                               | 0              | 0              | 0                    | 0                   | 76.01  |
| 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        |       |                                        |                                 |                |                |                      |                     |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                               | 0              | 0              | 0                    | 0                   | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                               | 0              | 0              | 0                    | 0                   | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |                |                |                      |                     | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                 |                |                |                      |                     |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                 |                |                |                      |                     | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                                 |                |                |                      |                     | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 2,549,576                       | 0              | 0              | 2,321,024            | 2,032,388           | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                 |                |                |                      |                     |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                               | 0              | 0              | 0                    | 0                   | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                               | 0              | 0              | 0                    | 0                   | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                               | 0              | 0              | 0                    | 0                   | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 0                               | 0              | 0              | 0                    | 0                   | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 0                               | 0              | 0              | 0                    | 0                   | 194.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                   | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NURSING SCHOOL | INTERNS & RESIDENTS                    |                                       |        |
|-------------------------|-------|-----------------------------------|---------------------------------|----------------|----------------|----------------------------------------|---------------------------------------|--------|
|                         |       |                                   |                                 |                |                | SERVICES-SALAR<br>Y & FRINGES<br>APPRV | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |        |
|                         |       |                                   |                                 |                |                | 21.00                                  | 22.00                                 |        |
| 194.02                  | 07952 | FUND DEVELOPMENT                  | 0                               | 0              | 0              | 0                                      | 0                                     | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE     | 0                               | 0              | 0              | 0                                      | 0                                     | 194.03 |
| 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) | 2,549,576                       | 0              | 0              | 2,321,024                              | 2,032,388                             | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | PARAMED ED<br>PRGM-PHARMACY | Subtotal    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total       |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|-------------|-----------------------------------------------------------------|-------------|--------|
|                                        |       |                                        | 23.00                       | 24.00       | 25.00                                                           | 26.00       |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |             |                                                                 |             |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |             |                                                                 |             | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |             |                                                                 |             | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |             |                                                                 |             | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                             |             |                                                                 |             | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                             |             |                                                                 |             | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                             |             |                                                                 |             | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                             |             |                                                                 |             | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                             |             |                                                                 |             | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                             |             |                                                                 |             | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                             |             |                                                                 |             | 11.00  |
| 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  |
| 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-PHARMACY               | 724,420                     |             |                                                                 |             | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |             |                                                                 |             |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                           | 50,577,472  | -3,973,245                                                      | 46,604,227  | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                           | 5,661,504   | -229,716                                                        | 5,431,788   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 0                           | 1,893,734   | 0                                                               | 1,893,734   | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0                           | 1,760,975   | 0                                                               | 1,760,975   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                           | 1,074,322   | -150,451                                                        | 923,871     | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                           | 3,310,049   | 0                                                               | 3,310,049   | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |             |                                                                 |             |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                           | 9,421,894   | 0                                                               | 9,421,894   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                           | 1,043,728   | 0                                                               | 1,043,728   | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                           | 2,448,573   | 0                                                               | 2,448,573   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                           | 285,926     | 0                                                               | 285,926     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                           | 4,314,014   | 0                                                               | 4,314,014   | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0                           | 8,016,014   | 0                                                               | 8,016,014   | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                           | 422,415     | 0                                                               | 422,415     | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                           | 811,681     | 0                                                               | 811,681     | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                           | 512,503     | 0                                                               | 512,503     | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                           | 851,479     | 0                                                               | 851,479     | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                           | 10,587,947  | 0                                                               | 10,587,947  | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                           | 46,803      | 0                                                               | 46,803      | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0                           | 91,459      | 0                                                               | 91,459      | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                           | 1,884,382   | 0                                                               | 1,884,382   | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                           | 2,953,161   | 0                                                               | 2,953,161   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                           | 1,058,147   | 0                                                               | 1,058,147   | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                           | 280,708     | 0                                                               | 280,708     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                           | 1,462,681   | 0                                                               | 1,462,681   | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                           | 333,023     | 0                                                               | 333,023     | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                           | 9,251,098   | 0                                                               | 9,251,098   | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                           | 6,443,755   | 0                                                               | 6,443,755   | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 724,420                     | 8,785,132   | 0                                                               | 8,785,132   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                           | 0           | 0                                                               | 0           | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                           | 0           | 0                                                               | 0           | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                           | 4,393,494   | 0                                                               | 4,393,494   | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0                           | 746,687     | 0                                                               | 746,687     | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                           | 265,489     | 0                                                               | 265,489     | 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        |       |                                        |                             |             |                                                                 |             |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                           | 2,183,585   | 0                                                               | 2,183,585   | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                           | 13,865,142  | 0                                                               | 13,865,142  | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |             | 0                                                               |             | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |             |                                                                 |             |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |             |                                                                 |             | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                             |             |                                                                 |             | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 724,420                     | 157,038,976 | -4,353,412                                                      | 152,685,564 | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |             |                                                                 |             |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                           | 25,914      | 0                                                               | 25,914      | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                           | 4,315,242   | 0                                                               | 4,315,242   | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                           | 0           | 0                                                               | 0           | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 0                           | 389,153     | 0                                                               | 389,153     | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 0                           | 1,316,921   | 0                                                               | 1,316,921   | 194.01 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                   | PARAMED ED<br>PRGM-PHARMACY | Subtotal    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total       |  |        |
|-------------------------|-------|-----------------------------------|-----------------------------|-------------|-----------------------------------------------------------------|-------------|--|--------|
|                         |       |                                   | 23.00                       | 24.00       | 25.00                                                           | 26.00       |  |        |
| 194.02                  | 07952 | FUND DEVELOPMENT                  | 0                           | 10,397      | 0                                                               | 10,397      |  | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE     | 0                           | 0           | 0                                                               | 0           |  | 194.03 |
| 200.00                  |       | Cross Foot Adjustments            | 0                           | 0           | 0                                                               | 0           |  | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                           | -6,950,953  | 0                                                               | -6,950,953  |  | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 724,420                     | 156,145,650 | -4,353,412                                                      | 151,792,238 |  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                                           | 27,900      | 48,524      | 76,424                       | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 0                                           | 239,898     | 417,233     | 657,131                      | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                                           | 0           | 0           | 0                            | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 0                                           | 490,143     | 852,463     | 1,342,606                    | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 0                                           | 16,862      | 29,327      | 46,189                       | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 0                                           | 50,719      | 88,210      | 138,929                      | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 0                                           | 100,691     | 175,122     | 275,813                      | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0                                           | 15,060      | 26,192      | 41,252                       | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0                                           | 77,194      | 134,256     | 211,450                      | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0                                           | 75,668      | 131,603     | 207,271                      | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0                                           | 27,290      | 47,463      | 74,753                       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0                                           | 47,399      | 82,437      | 129,836                      | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                           | 0           | 0           | 0                            | 17.00  |
| 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                                           | 8,698       | 15,128      | 23,826                       | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0                                           | 0           | 0           | 0                            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                             |             |             |                              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                                           | 778,126     | 1,353,327   | 2,131,453                    | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                                           | 40,459      | 70,367      | 110,826                      | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 0                                           | 19,495      | 33,906      | 53,401                       | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 0                                           | 33,246      | 57,823      | 91,069                       | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                           | 7,430       | 12,922      | 20,352                       | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                                           | 37,304      | 64,880      | 102,184                      | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                             |             |             |                              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                                           | 213,993     | 372,178     | 586,171                      | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                                           | 14,024      | 24,391      | 38,415                       | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                           | 98,134      | 170,675     | 268,809                      | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                                           | 2,063       | 3,588       | 5,651                        | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                           | 84,467      | 146,906     | 231,373                      | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0                                           | 907         | 1,578       | 2,485                        | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                           | 5,178       | 9,005       | 14,183                       | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                                           | 8,654       | 15,051      | 23,705                       | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                                           | 3,187       | 5,543       | 8,730                        | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                                           | 22,040      | 38,332      | 60,372                       | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                                           | 75,660      | 131,590     | 207,250                      | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                                           | 0           | 0           | 0                            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0                                           | 6,282       | 10,925      | 17,207                       | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                           | 4,544       | 7,902       | 12,446                       | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                                           | 35,871      | 62,388      | 98,259                       | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                                           | 3,861       | 6,716       | 10,577                       | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                                           | 0           | 0           | 0                            | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                                           | 31,745      | 55,212      | 86,957                       | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                                           | 8,606       | 14,967      | 23,573                       | 70.00  |
| 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  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                                           | 0           | 0           | 0                            | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                                           | 48,447      | 84,259      | 132,706                      | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0                                           | 2,436       | 4,237       | 6,673                        | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                                           | 14,165      | 24,636      | 38,801                       | 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        |       |                                        |                                             |             |             |                              |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                                           | 105,359     | 183,241     | 288,600                      | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                                           | 636,961     | 1,107,809   | 1,744,770                    | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                             |             |             | 0                            | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                             |             |             |                              |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                             |             |             |                              | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                                             |             |             |                              | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                           | 3,520,166   | 6,122,312   | 9,642,478                    | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                             |             |             |                              |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                                           | 2,741       | 4,768       | 7,509                        | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                                           | 477,082     | 829,747     | 1,306,829                    | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                                           | 0           | 0           | 0                            | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 0                                           | 33,283      | 57,885      | 91,168                       | 194.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                               |        |
| 194.01                  | 07951 | OUTPATIENT PHARMACY               | 0                                                    | 2,196                 | 3,819       | 6,015      | 0                                  | 194.01 |
| 194.02                  | 07952 | FUND DEVELOPMENT                  | 0                                                    | 1,100                 | 1,913       | 3,013      | 0                                  | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE     | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.03 |
| 200.00                  |       | Cross Foot Adjustments            |                                                      |                       |             | 0          |                                    | 200.00 |
| 201.00                  |       | Negative Cost Centers             |                                                      | 0                     | 0           | 0          | 76,424                             | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 0                                                    | 4,036,568             | 7,020,444   | 11,057,012 | 76,424                             | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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               | 657,131                     |                          |                       |                            |              | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                           | 0                        |                       |                            |              | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 48,457                      | 0                        | 1,391,063             |                            |              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 3,402                       | 0                        | 7,154                 | 56,745                     |              | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 11,876                      | 0                        | 21,519                | 2,929                      | 175,253      | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 7,802                       | 0                        | 42,721                | 0                          | 5,496        | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 7,580                       | 0                        | 6,390                 | 0                          | 822          | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 8,349                       | 0                        | 32,752                | 0                          | 4,213        | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 1,969                       | 0                        | 32,105                | 79                         | 4,130        | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 16,931                      | 0                        | 11,579                | 0                          | 1,489        | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 9,378                       | 0                        | 20,111                | 0                          | 2,587        | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                           | 0                        | 0                     | 0                          | 0            | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                           | 0                        | 0                     | 0                          | 0            | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 9,102                       | 0                        | 0                     | 0                          | 0            | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 7,838                       | 0                        | 3,690                 | 0                          | 475          | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 2,901                       | 0                        | 0                     | 0                          | 0            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |                          |                       |                            |              |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 142,006                     | 0                        | 330,145               | 18,882                     | 42,467       | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 18,093                      | 0                        | 17,166                | 1,559                      | 2,208        | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 5,575                       | 0                        | 8,271                 | 2,542                      | 1,064        | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 4,776                       | 0                        | 14,106                | 3,079                      | 1,815        | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 2,673                       | 0                        | 3,152                 | 0                          | 405          | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 10,358                      | 0                        | 15,828                | 1,876                      | 2,036        | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |                          |                       |                            |              |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 30,499                      | 0                        | 90,793                | 7,171                      | 11,679       | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 3,341                       | 0                        | 5,950                 | 1,235                      | 765          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 7,568                       | 0                        | 41,636                | 545                        | 5,356        | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 826                         | 0                        | 875                   | 0                          | 113          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 14,720                      | 0                        | 35,838                | 4,286                      | 4,610        | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 31,904                      | 0                        | 385                   | 525                        | 50           | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 1,582                       | 0                        | 2,197                 | 0                          | 283          | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 2,485                       | 0                        | 3,672                 | 0                          | 472          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 1,870                       | 0                        | 1,352                 | 0                          | 174          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 2,592                       | 0                        | 9,351                 | 294                        | 1,203        | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 39,079                      | 0                        | 32,101                | 0                          | 4,129        | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 184                         | 0                        | 0                     | 0                          | 0            | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 153                         | 0                        | 2,665                 | 0                          | 343          | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 6,683                       | 0                        | 1,928                 | 0                          | 248          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 10,524                      | 0                        | 15,220                | 1,564                      | 1,958        | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 3,852                       | 0                        | 1,638                 | 0                          | 211          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 1,070                       | 0                        | 0                     | 0                          | 0            | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 4,572                       | 0                        | 13,469                | 780                        | 1,733        | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 1,140                       | 0                        | 3,651                 | 0                          | 470          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 36,459                      | 0                        | 0                     | 0                          | 0            | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 25,362                      | 0                        | 0                     | 0                          | 0            | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 30,041                      | 0                        | 0                     | 0                          | 0            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                           | 0                        | 0                     | 0                          | 0            | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                           | 0                        | 0                     | 0                          | 0            | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 16,792                      | 0                        | 20,555                | 0                          | 2,644        | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 2,647                       | 0                        | 1,034                 | 264                        | 133          | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 775                         | 0                        | 6,010                 | 13                         | 773          | 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        |       |                                        |                             |                          |                       |                            |              |        |
| 90.00                                  | 09000 | CLINIC                                 | 6,607                       | 0                        | 44,702                | 147                        | 5,750        | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 40,041                      | 0                        | 270,251               | 8,928                      | 34,764       | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |                          |                       |                            |              | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |                          |                       |                            |              | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                             |                          |                       |                            |              | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 642,434                     | 0                        | 1,171,962             | 56,698                     | 147,068      | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |                          |                       |                            |              |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 53                          | 0                        | 1,163                 | 0                          | 150          | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 8,417                       | 0                        | 202,418               | 47                         | 26,038       | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                           | 0                        | 0                     | 0                          | 0            | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 941                         | 0                        | 14,121                | 0                          | 1,817        | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 5,265                       | 0                        | 932                   | 0                          | 120          | 194.01 |
| 194.02                                 | 07952 | FUND DEVELOPMENT                       | 21                          | 0                        | 467                   | 0                          | 60           | 194.02 |
| 194.03                                 | 07953 | NURSING EDUC BLD UNUSED SPACE          | 0                           | 0                        | 0                     | 0                          | 0            | 194.03 |
| 200.00                                 |       | Cross Foot Adjustments                 |                             |                          |                       |                            |              | 200.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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         |        |
| 201.00                  |  | Negative Cost Centers             | 0                           | 0                        | 0                     | 0                          | 0            | 201.00 |
| 202.00                  |  | TOTAL (sum lines 118 through 201) | 657,131                     | 0                        | 1,391,063             | 56,745                     | 175,253      | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | DIETARY | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY |        |
|----------------------------------------|-------|----------------------------------------|---------|-----------|---------------------------|---------------------------------|----------|--------|
|                                        |       |                                        | 10.00   | 11.00     | 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                                | 331,832 |           |                           |                                 |          | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0       | 56,044    |                           |                                 |          | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0       | 1,237     | 258,001                   |                                 |          | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0       | 230       | 0                         | 245,784                         |          | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0       | 2,790     | 0                         | 0                               | 107,542  | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0       | 32        | 0                         | 0                               | 0        | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0       | 0         | 0                         | 0                               | 0        | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0       | 0         | 0                         | 0                               | 0        | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0       | 1,780     | 0                         | 0                               | 0        | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0       | 1,335     | 0                         | 0                               | 0        | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0       | 125       | 0                         | 0                               | 0        | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |         |           |                           |                                 |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 263,685 | 19,424    | 130,746                   | 75,696                          | 33,183   | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 15,245  | 3,189     | 22,573                    | 8,199                           | 3,584    | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 14,838  | 1,008     | 6,296                     | 3,017                           | 1,319    | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 14,004  | 798       | 6,776                     | 3,384                           | 1,479    | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 0       | 471       | 3,885                     | 4,556                           | 1,992    | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 24,060  | 1,753     | 7,239                     | 2,378                           | 1,039    | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |         |           |                           |                                 |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0       | 4,487     | 26,181                    | 15,529                          | 6,789    | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0       | 591       | 4,580                     | 3,028                           | 1,324    | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0       | 1,116     | 2,226                     | 2,054                           | 898      | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0       | 64        | 0                         | 3,217                           | 1,407    | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0       | 2,486     | 346                       | 5,063                           | 2,214    | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0       | 1,038     | 5,050                     | 13                              | 6        | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0       | 142       | 0                         | 30                              | 13       | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0       | 453       | 141                       | 6,399                           | 2,797    | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0       | 207       | 0                         | 1,224                           | 535      | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0       | 387       | 1,192                     | 3,536                           | 1,546    | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0       | 0         | 0                         | 24,974                          | 10,918   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0       | 33        | 0                         | 0                               | 0        | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0       | 0         | 0                         | 1,125                           | 492      | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0       | 1,198     | 0                         | 7,578                           | 3,313    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0       | 1,901     | 0                         | 3,863                           | 1,689    | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0       | 737       | 0                         | 2,719                           | 1,189    | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0       | 209       | 0                         | 371                             | 162      | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0       | 706       | 656                       | 6,366                           | 2,783    | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0       | 184       | 218                       | 65                              | 28       | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0       | 0         | 0                         | 9,415                           | 4,116    | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0       | 0         | 0                         | 6,939                           | 3,033    | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0       | 0         | 0                         | 28,158                          | 12,310   | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0       | 0         | 0                         | 0                               | 0        | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0       | 0         | 0                         | 0                               | 0        | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0       | 0         | 0                         | 4                               | 2        | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0       | 376       | 0                         | 2,842                           | 1,243    | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0       | 101       | 267                       | 36                              | 16       | 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        |       |                                        |         |           |                           |                                 |          |        |
| 90.00                                  | 09000 | CLINIC                                 | 0       | 678       | 2,786                     | 9                               | 4        | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0       | 4,742     | 36,633                    | 13,997                          | 6,119    | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |         |           |                           |                                 |          | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |         |           |                           |                                 |          |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |         |           |                           |                                 |          | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |         |           |                           |                                 |          | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 331,832 | 56,008    | 257,791                   | 245,784                         | 107,542  | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |         |           |                           |                                 |          |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0       | 0         | 0                         | 0                               | 0        | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0       | 20        | 210                       | 0                               | 0        | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0       | 0         | 0                         | 0                               | 0        | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 0       | 16        | 0                         | 0                               | 0        | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 0       | 0         | 0                         | 0                               | 0        | 194.01 |
| 194.02                                 | 07952 | FUND DEVELOPMENT                       | 0       | 0         | 0                         | 0                               | 0        | 194.02 |
| 194.03                                 | 07953 | NURSING EDUC BLD UNUSED SPACE          | 0       | 0         | 0                         | 0                               | 0        | 194.03 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |                                   | DIETARY | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY |        |
|-------------------------|-----------------------------------|---------|-----------|---------------------------|---------------------------------|----------|--------|
|                         |                                   | 10.00   | 11.00     | 13.00                     | 14.00                           | 15.00    |        |
| 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) | 331,832 | 56,044    | 258,001                   | 245,784                         | 107,542  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | INTERNS & RESIDENTS             |                |                |                      |        |                     |
|----------------------------------------|-------|----------------------------------------|---------------------------------|----------------|----------------|----------------------|--------|---------------------|
|                                        |       |                                        | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NURSING SCHOOL | SERVICES-SALAR       |        | SERVICES-OTHER      |
|                                        |       |                                        |                                 |                |                | Y & FRINGES<br>APPRV |        | PRGM COSTS<br>APPRV |
|                                        |       |                                        | 16.00                           | 17.00          | 20.00          | 21.00                | 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               |
| 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              | 161,944                         |                |                |                      |        | 16.00               |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                               | 0              |                |                      |        | 17.00               |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                               | 0              | 0              |                      |        | 20.00               |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                               | 0              |                | 10,882               |        | 21.00               |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                               | 0              |                |                      | 37,164 | 22.00               |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0                               | 0              |                |                      |        | 23.00               |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                 |                |                |                      |        |                     |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 124,927                         | 0              |                |                      |        | 30.00               |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 7,223                           | 0              |                |                      |        | 31.00               |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 7,030                           | 0              |                |                      |        | 40.00               |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 6,635                           | 0              |                |                      |        | 41.00               |
| 43.00                                  | 04300 | NURSERY                                | 4,730                           | 0              |                |                      |        | 43.00               |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 11,399                          | 0              |                |                      |        | 44.00               |
| 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               |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0                               | 0              |                |                      |        | 54.01               |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                               | 0              |                |                      |        | 55.00               |
| 57.00                                  | 05700 | CT SCAN                                | 0                               | 0              |                |                      |        | 57.00               |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                               | 0              |                |                      |        | 58.00               |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                               | 0              |                |                      |        | 59.00               |
| 60.00                                  | 06000 | LABORATORY                             | 0                               | 0              |                |                      |        | 60.00               |
| 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               |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                               | 0              |                |                      |        | 67.00               |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                               | 0              |                |                      |        | 68.00               |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                               | 0              |                |                      |        | 69.00               |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                               | 0              |                |                      |        | 70.00               |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO 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               |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                               | 0              |                |                      |        | 75.00               |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                               | 0              |                |                      |        | 76.00               |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0                               | 0              |                |                      |        | 76.01               |
| 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        |       |                                        |                                 |                |                |                      |        |                     |
| 90.00                                  | 09000 | CLINIC                                 | 0                               | 0              |                |                      |        | 90.00               |
| 91.00                                  | 09100 | EMERGENCY                              | 0                               | 0              |                |                      |        | 91.00               |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                 |                |                |                      |        | 92.00               |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                 |                |                |                      |        |                     |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                 |                |                |                      |        | 113.00              |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                                 |                |                |                      |        | 114.00              |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 161,944                         | 0              | 0              | 0                    | 0      | 118.00              |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                 |                |                |                      |        |                     |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                               | 0              |                |                      |        | 190.00              |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                               | 0              |                |                      |        | 192.00              |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                               | 0              |                |                      |        | 193.00              |
| 194.00                                 | 07950 | CONVENT                                | 0                               | 0              |                |                      |        | 194.00              |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 0                               | 0              |                |                      |        | 194.01              |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                   | MEDICAL<br>RECORDS &<br>LIBRARY | SOCIAL SERVICE | NURSING SCHOOL | INTERNS & RESIDENTS                    |                                       |        |
|-------------------------|-------|-----------------------------------|---------------------------------|----------------|----------------|----------------------------------------|---------------------------------------|--------|
|                         |       |                                   |                                 |                |                | SERVICES-SALAR<br>Y & FRINGES<br>APPRV | SERVICES-OTHER<br>PRGM COSTS<br>APPRV |        |
|                         |       |                                   |                                 |                |                | 21.00                                  | 22.00                                 |        |
| 194.02                  | 07952 | FUND DEVELOPMENT                  | 0                               | 0              |                |                                        |                                       | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE     | 0                               | 0              |                |                                        |                                       | 194.03 |
| 200.00                  |       | Cross Foot Adjustments            |                                 |                | 0              | 10,882                                 | 37,164                                | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                               | 0              | 0              | 0                                      | 0                                     | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 161,944                         | 0              | 0              | 10,882                                 | 37,164                                | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | PARAMED ED<br>PRGM-PHARMACY | Subtotal  | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total     |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------|-----------|-----------------------------------------------------------------|-----------|--------|
|                                        |       |                                        | 23.00                       | 24.00     | 25.00                                                           | 26.00     |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                             |           |                                                                 |           |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                             |           |                                                                 |           | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                             |           |                                                                 |           | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                             |           |                                                                 |           | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                             |           |                                                                 |           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                             |           |                                                                 |           | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                             |           |                                                                 |           | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                             |           |                                                                 |           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                             |           |                                                                 |           | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                             |           |                                                                 |           | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                             |           |                                                                 |           | 11.00  |
| 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  |
| 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-PHARMACY               | 3,026                       |           |                                                                 |           | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                             |           |                                                                 |           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    |                             | 3,312,614 | 0                                                               | 3,312,614 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    |                             | 209,865   | 0                                                               | 209,865   | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      |                             | 104,361   | 0                                                               | 104,361   | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      |                             | 147,921   | 0                                                               | 147,921   | 41.00  |
| 43.00                                  | 04300 | NURSERY                                |                             | 42,216    | 0                                                               | 42,216    | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               |                             | 180,150   | 0                                                               | 180,150   | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                             |           |                                                                 |           |        |
| 50.00                                  | 05000 | OPERATING ROOM                         |                             | 779,299   | 0                                                               | 779,299   | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          |                             | 59,229    | 0                                                               | 59,229    | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             |                             | 330,208   | 0                                                               | 330,208   | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         |                             | 12,153    | 0                                                               | 12,153    | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   |                             | 300,936   | 0                                                               | 300,936   | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    |                             | 41,456    | 0                                                               | 41,456    | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  |                             | 18,430    | 0                                                               | 18,430    | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                |                             | 40,124    | 0                                                               | 40,124    | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       |                             | 14,092    | 0                                                               | 14,092    | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                |                             | 80,473    | 0                                                               | 80,473    | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             |                             | 318,451   | 0                                                               | 318,451   | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        |                             | 217       | 0                                                               | 217       | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     |                             | 21,985    | 0                                                               | 21,985    | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    |                             | 33,394    | 0                                                               | 33,394    | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       |                             | 134,978   | 0                                                               | 134,978   | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   |                             | 20,923    | 0                                                               | 20,923    | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       |                             | 1,812     | 0                                                               | 1,812     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      |                             | 118,022   | 0                                                               | 118,022   | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 |                             | 29,329    | 0                                                               | 29,329    | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    |                             | 49,990    | 0                                                               | 49,990    | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         |                             | 35,334    | 0                                                               | 35,334    | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              |                             | 70,509    | 0                                                               | 70,509    | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         |                             | 0         | 0                                                               | 0         | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                |                             | 0         | 0                                                               | 0         | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     |                             | 172,703   | 0                                                               | 172,703   | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      |                             | 15,212    | 0                                                               | 15,212    | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 |                             | 46,792    | 0                                                               | 46,792    | 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        |       |                                        |                             |           |                                                                 |           |        |
| 90.00                                  | 09000 | CLINIC                                 |                             | 349,283   | 0                                                               | 349,283   | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              |                             | 2,160,245 | 0                                                               | 2,160,245 | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                             |           | 0                                                               |           | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                             |           |                                                                 |           |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                             |           |                                                                 |           | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                             |           |                                                                 |           | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                           | 9,252,706 | 0                                                               | 9,252,706 | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                             |           |                                                                 |           |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   |                             | 8,875     | 0                                                               | 8,875     | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            |                             | 1,543,979 | 0                                                               | 1,543,979 | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        |                             | 0         | 0                                                               | 0         | 193.00 |
| 194.00                                 | 07950 | CONVENT                                |                             | 108,063   | 0                                                               | 108,063   | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    |                             | 12,332    | 0                                                               | 12,332    | 194.01 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                   | PARAMED ED<br>PRGM-PHARMACY | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total      |  |        |
|-------------------------|-------|-----------------------------------|-----------------------------|------------|-----------------------------------------------------------------|------------|--|--------|
|                         |       |                                   | 23.00                       | 24.00      | 25.00                                                           | 26.00      |  |        |
| 194.02                  | 07952 | FUND DEVELOPMENT                  |                             | 3,561      | 0                                                               | 3,561      |  | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE     |                             | 0          | 0                                                               | 0          |  | 194.03 |
| 200.00                  |       | Cross Foot Adjustments            | 3,026                       | 51,072     | 0                                                               | 51,072     |  | 200.00 |
| 201.00                  |       | Negative Cost Centers             | 0                           | 76,424     | 0                                                               | 76,424     |  | 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 3,026                       | 11,057,012 | 0                                                               | 11,057,012 |  | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | CAPITAL RELATED COSTS     |                           | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliation | ADMINISTRATIVE & GENERAL (ACCUM. COST) |        |
|----------------------------------------|-------|----------------------------------------|---------------------------|---------------------------|-----------------------------------------------|----------------|----------------------------------------|--------|
|                                        |       |                                        | BLDG & FIXT (SQUARE FEET) | MVBLE EQUIP (SQUARE FEET) |                                               |                |                                        |        |
|                                        |       |                                        | 1.00                      | 2.00                      | 4.00                                          | 5A             | 5.00                                   |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                           |                           |                                               |                |                                        |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              | 1,005,668                 |                           |                                               |                |                                        | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                           | 1,005,668                 |                                               |                |                                        | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 6,951                     | 6,951                     | 48,838,900                                    |                |                                        | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               | 59,768                    | 59,768                    | 4,943,354                                     | -69,913,933    | 93,182,670                             | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  | 0                         | 0                         | 0                                             | 0              | 0                                      | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     | 122,114                   | 122,114                   | 1,270,004                                     | 0              | 6,871,361                              | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                | 4,201                     | 4,201                     | 56,686                                        | 0              | 482,478                                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           | 12,636                    | 12,636                    | 933,550                                       | 0              | 1,684,100                              | 9.00   |
| 10.00                                  | 01000 | DIETARY                                | 25,086                    | 25,086                    | 438,586                                       | 0              | 1,106,293                              | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 3,752                     | 3,752                     | 552,458                                       | 0              | 1,074,826                              | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 19,232                    | 19,232                    | 896,670                                       | 0              | 1,183,974                              | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 18,852                    | 18,852                    | 166,482                                       | 0              | 279,191                                | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 6,799                     | 6,799                     | 2,023,309                                     | 0              | 2,400,902                              | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 11,809                    | 11,809                    | 23,196                                        | 0              | 1,329,861                              | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                         | 0                         | 0                                             | 0              | 0                                      | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                         | 0                         | 0                                             | 0              | 0                                      | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                         | 0                         | 1,290,676                                     | 0              | 1,290,676                              | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 2,167                     | 2,167                     | 968,061                                       | 0              | 1,111,467                              | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0                         | 0                         | 90,859                                        | 0              | 411,394                                | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                           |                           |                                               |                |                                        |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 193,862                   | 193,862                   | 14,090,020                                    | 0              | 20,135,601                             | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 10,080                    | 10,080                    | 2,312,905                                     | 0              | 2,565,626                              | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 4,857                     | 4,857                     | 731,168                                       | 0              | 790,617                                | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 8,283                     | 8,283                     | 578,830                                       | 0              | 677,316                                | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 1,851                     | 1,851                     | 341,520                                       | 0              | 378,977                                | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 9,294                     | 9,294                     | 1,271,439                                     | 0              | 1,468,838                              | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                           |                           |                                               |                |                                        |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 53,314                    | 53,314                    | 3,253,486                                     | 0              | 4,324,823                              | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 3,494                     | 3,494                     | 428,899                                       | 0              | 473,713                                | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 24,449                    | 24,449                    | 809,286                                       | 0              | 1,073,187                              | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 514                       | 514                       | 46,227                                        | 0              | 117,137                                | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 21,044                    | 21,044                    | 1,802,634                                     | 0              | 2,087,361                              | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 226                       | 226                       | 752,685                                       | 0              | 4,524,135                              | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 1,290                     | 1,290                     | 102,790                                       | 0              | 224,369                                | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 2,156                     | 2,156                     | 328,726                                       | 0              | 352,432                                | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 794                       | 794                       | 149,828                                       | 0              | 265,210                                | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 5,491                     | 5,491                     | 280,421                                       | 0              | 367,538                                | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 18,850                    | 18,850                    | 0                                             | 0              | 5,541,551                              | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 0                         | 0                         | 23,695                                        | 0              | 26,090                                 | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 1,565                     | 1,565                     | 0                                             | 0              | 21,729                                 | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 1,132                     | 1,132                     | 868,616                                       | 0              | 947,745                                | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 8,937                     | 8,937                     | 1,378,889                                     | 0              | 1,492,281                              | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 962                       | 962                       | 534,650                                       | 0              | 546,257                                | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                         | 0                         | 151,396                                       | 0              | 151,670                                | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 7,909                     | 7,909                     | 511,606                                       | 0              | 648,350                                | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 2,144                     | 2,144                     | 133,108                                       | 0              | 161,716                                | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                         | 0                         | 0                                             | 0              | 5,169,984                              | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                         | 0                         | 0                                             | 0              | 3,596,430                              | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                         | 0                         | 0                                             | 0              | 4,259,986                              | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                         | 0                         | 0                                             | 0              | 0                                      | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                         | 0                         | 0                                             | 0              | 0                                      | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 12,070                    | 12,070                    | 0                                             | 0              | 2,381,157                              | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 607                       | 607                       | 272,389                                       | 0              | 375,384                                | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 3,529                     | 3,529                     | 72,997                                        | 0              | 109,943                                | 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        |       |                                        |                           |                           |                                               |                |                                        |        |
| 90.00                                  | 09000 | CLINIC                                 | 26,249                    | 26,249                    | 491,809                                       | 0              | 936,908                                | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 158,692                   | 158,692                   | 3,438,665                                     | 0              | 5,677,971                              | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                           |                           |                                               |                |                                        | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                           |                           |                                               |                |                                        |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                           |                           |                                               |                |                                        | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                           |                           |                                               |                |                                        | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 877,012                   | 877,012                   | 48,812,575                                    | -69,913,933    | 91,098,555                             | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                           |                           |                                               |                |                                        |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 683                       | 683                       | 0                                             | 0              | 7,509                                  | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 118,860                   | 118,860                   | 14,469                                        | 0              | 1,193,612                              | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                         | 0                         | 0                                             | 0              | 0                                      | 193.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                                         |        |
| 194.00                  | 07950 | CONVENT                                                | 8,292                        | 8,292                        | 11,856                                                    | 0              | 133,423                                      | 194.00 |
| 194.01                  | 07951 | OUTPATIENT PHARMACY                                    | 547                          | 547                          | 0                                                         | 0              | 746,558                                      | 194.01 |
| 194.02                  | 07952 | FUND DEVELOPMENT                                       | 274                          | 274                          | 0                                                         | 0              | 3,013                                        | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE                          | 0                            | 0                            | 0                                                         | 0              | 0                                            | 194.03 |
| 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)             | 4,036,568                    | 7,020,444                    | -6,950,953                                                |                | 69,913,933                                   | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 4.013818                     | 6.980876                     | 0.000000                                                  |                | 0.750289                                     | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            |                              |                              | 76,424                                                    |                | 657,131                                      | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                |                              |                              | 0.001565                                                  |                | 0.007052                                     | 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: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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>(PATIENT DA<br>YS) |        |
|-----------------------------------------------|-------|----------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|-------------------------------|--------|
|                                               |       |                                        | 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                  | 0                                         |                                        |                                                      |                               |                               | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0                                         | 816,835                                |                                                      |                               |                               | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 0                                         | 4,201                                  | 687,679                                              |                               |                               | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 0                                         | 12,636                                 | 35,493                                               | 799,998                       |                               | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 0                                         | 25,086                                 | 0                                                    | 25,086                        | 51,347                        | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                                         | 3,752                                  | 0                                                    | 3,752                         | 0                             | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 0                                         | 19,232                                 | 0                                                    | 19,232                        | 0                             | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 0                                         | 18,852                                 | 958                                                  | 18,852                        | 0                             | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 0                                         | 6,799                                  | 0                                                    | 6,799                         | 0                             | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 0                                         | 11,809                                 | 0                                                    | 11,809                        | 0                             | 16.00  |
| 17.00                                         | 01700 | SOCIAL SERVICE                         | 0                                         | 0                                      | 0                                                    | 0                             | 0                             | 17.00  |
| 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    | 0                                         | 2,167                                  | 0                                                    | 2,167                         | 0                             | 22.00  |
| 23.00                                         | 02300 | PARAMED ED PRGM-PHARMACY               | 0                                         | 0                                      | 0                                                    | 0                             | 0                             | 23.00  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                                           |                                        |                                                      |                               |                               |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 0                                         | 193,862                                | 228,819                                              | 193,862                       | 40,802                        | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 0                                         | 10,080                                 | 18,889                                               | 10,080                        | 2,359                         | 31.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 0                                         | 4,857                                  | 30,807                                               | 4,857                         | 2,296                         | 40.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                      | 0                                         | 8,283                                  | 37,318                                               | 8,283                         | 2,167                         | 41.00  |
| 43.00                                         | 04300 | NURSERY                                | 0                                         | 1,851                                  | 0                                                    | 1,851                         | 0                             | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                                         | 9,294                                  | 22,738                                               | 9,294                         | 3,723                         | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                                           |                                        |                                                      |                               |                               |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 0                                         | 53,314                                 | 86,904                                               | 53,314                        | 0                             | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 0                                         | 3,494                                  | 14,970                                               | 3,494                         | 0                             | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                         | 24,449                                 | 6,606                                                | 24,449                        | 0                             | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 0                                         | 514                                    | 0                                                    | 514                           | 0                             | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                         | 21,044                                 | 51,935                                               | 21,044                        | 0                             | 54.00  |
| 54.01                                         | 03190 | OUTPATIENT ONCOLOGY                    | 0                                         | 226                                    | 6,357                                                | 226                           | 0                             | 54.01  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                         | 1,290                                  | 0                                                    | 1,290                         | 0                             | 55.00  |
| 57.00                                         | 05700 | CT SCAN                                | 0                                         | 2,156                                  | 0                                                    | 2,156                         | 0                             | 57.00  |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                                         | 794                                    | 0                                                    | 794                           | 0                             | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 0                                         | 5,491                                  | 3,559                                                | 5,491                         | 0                             | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 0                                         | 18,850                                 | 0                                                    | 18,850                        | 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                                         | 1,565                                  | 0                                                    | 1,565                         | 0                             | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 0                                         | 1,132                                  | 0                                                    | 1,132                         | 0                             | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 0                                         | 8,937                                  | 18,957                                               | 8,937                         | 0                             | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                   | 0                                         | 962                                    | 0                                                    | 962                           | 0                             | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                       | 0                                         | 0                                      | 0                                                    | 0                             | 0                             | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 0                                         | 7,909                                  | 9,457                                                | 7,909                         | 0                             | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                                         | 2,144                                  | 0                                                    | 2,144                         | 0                             | 70.00  |
| 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  |
| 75.00                                         | 07500 | ASC (NON-DISTINCT PART)                | 0                                         | 0                                      | 0                                                    | 0                             | 0                             | 75.00  |
| 76.00                                         | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                                         | 12,070                                 | 0                                                    | 12,070                        | 0                             | 76.00  |
| 76.01                                         | 03950 | IP RENAL DIALYSIS                      | 0                                         | 607                                    | 3,195                                                | 607                           | 0                             | 76.01  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0                                         | 3,529                                  | 163                                                  | 3,529                         | 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>        |       |                                        |                                           |                                        |                                                      |                               |                               |        |
| 90.00                                         | 09000 | CLINIC                                 | 0                                         | 26,249                                 | 1,781                                                | 26,249                        | 0                             | 90.00  |
| 91.00                                         | 09100 | EMERGENCY                              | 0                                         | 158,692                                | 108,199                                              | 158,692                       | 0                             | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                           |                                        |                                                      |                               |                               | 92.00  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                               |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                                           |                                        |                                                      |                               |                               | 113.00 |
| 114.00                                        | 11400 | UTILIZATION REVIEW-SNF                 |                                           |                                        |                                                      |                               |                               | 114.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                         | 688,179                                | 687,105                                              | 671,342                       | 51,347                        | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                                           |                                        |                                                      |                               |                               |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                                         | 683                                    | 0                                                    | 683                           | 0                             | 190.00 |
| 192.00                                        | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                                         | 118,860                                | 574                                                  | 118,860                       | 0                             | 192.00 |
| 193.00                                        | 19300 | NONPAID WORKERS                        | 0                                         | 0                                      | 0                                                    | 0                             | 0                             | 193.00 |
| 194.00                                        | 07950 | CONVENT                                | 0                                         | 8,292                                  | 0                                                    | 8,292                         | 0                             | 194.00 |
| 194.01                                        | 07951 | OUTPATIENT PHARMACY                    | 0                                         | 547                                    | 0                                                    | 547                           | 0                             | 194.01 |
| 194.02                                        | 07952 | FUND DEVELOPMENT                       | 0                                         | 274                                    | 0                                                    | 274                           | 0                             | 194.02 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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>(PATIENT DA<br>YS) |        |
|-------------------------|-------|--------------------------------------------------------|-------------------------------------------|----------------------------------------|------------------------------------------------------|-------------------------------|-------------------------------|--------|
|                         |       |                                                        | 6.00                                      | 7.00                                   | 8.00                                                 | 9.00                          | 10.00                         |        |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE                          | 0                                         | 0                                      | 0                                                    | 0                             | 0                             | 194.03 |
| 200.00                  |       | Cross Foot Adjustments                                 |                                           |                                        |                                                      |                               |                               | 200.00 |
| 201.00                  |       | Negative Cost Centers                                  |                                           |                                        |                                                      |                               |                               | 201.00 |
| 202.00                  |       | Cost to be allocated (per Wkst. B, Part I)             | 0                                         | 12,026,868                             | 906,330                                              | 3,180,489                     | 2,405,424                     | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                  | 14.723742                              | 1.317955                                             | 3.975621                      | 46.846437                     | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 0                                         | 1,391,063                              | 56,745                                               | 175,253                       | 331,832                       | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                  | 1.702991                               | 0.082517                                             | 0.219067                      | 6.462539                      | 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: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | CAFETERIA<br>(GROSS<br>SALARIES) | NURSING<br>ADMINISTRATION<br>(NURSING HO<br>URS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(INPATIENT<br>REVENUE) | PHARMACY<br>(INPATIENT<br>REVENUE) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(PATIENT DA<br>YS) |        |
|----------------------------------------|-------|----------------------------------------|----------------------------------|--------------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------------------------------|--------|
|                                        |       |                                        | 11.00                            | 13.00                                            | 14.00                                                     | 15.00                              | 16.00                                                 |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                  |                                                  |                                                           |                                    |                                                       |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                  |                                                  |                                                           |                                    |                                                       | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                  |                                                  |                                                           |                                    |                                                       | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                  |                                                  |                                                           |                                    |                                                       | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                                  |                                                  |                                                           |                                    |                                                       | 5.00   |
| 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                              | 40,644,262                       |                                                  |                                                           |                                    |                                                       | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 896,670                          | 538,506                                          |                                                           |                                    |                                                       | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 166,482                          | 0                                                | 423,051,229                                               |                                    |                                                       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 2,023,309                        | 0                                                | 0                                                         | 423,051,229                        |                                                       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 23,196                           | 0                                                | 0                                                         | 0                                  | 52,892                                                | 16.00  |
| 17.00                                  | 01700 | SOCIAL SERVICE                         | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 1,290,676                        | 0                                                | 0                                                         | 0                                  | 0                                                     | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 968,061                          | 0                                                | 0                                                         | 0                                  | 0                                                     | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 90,859                           | 0                                                | 0                                                         | 0                                  | 0                                                     | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                  |                                                  |                                                           |                                    |                                                       |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 14,090,020                       | 272,895                                          | 130,298,922                                               | 130,298,922                        | 40,802                                                | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 2,312,905                        | 47,114                                           | 14,111,317                                                | 14,111,317                         | 2,359                                                 | 31.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 731,168                          | 13,141                                           | 5,192,470                                                 | 5,192,470                          | 2,296                                                 | 40.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                      | 578,830                          | 14,142                                           | 5,824,150                                                 | 5,824,150                          | 2,167                                                 | 41.00  |
| 43.00                                  | 04300 | NURSERY                                | 341,520                          | 8,108                                            | 7,841,239                                                 | 7,841,239                          | 1,545                                                 | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 1,271,439                        | 15,109                                           | 4,092,349                                                 | 4,092,349                          | 3,723                                                 | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                  |                                                  |                                                           |                                    |                                                       |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 3,253,486                        | 54,645                                           | 26,727,798                                                | 26,727,798                         | 0                                                     | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 428,899                          | 9,559                                            | 5,211,378                                                 | 5,211,378                          | 0                                                     | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 809,286                          | 4,646                                            | 3,534,911                                                 | 3,534,911                          | 0                                                     | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 46,227                           | 0                                                | 5,537,738                                                 | 5,537,738                          | 0                                                     | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,802,634                        | 723                                              | 8,714,894                                                 | 8,714,894                          | 0                                                     | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 752,685                          | 10,540                                           | 22,934                                                    | 22,934                             | 0                                                     | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 102,790                          | 0                                                | 51,774                                                    | 51,774                             | 0                                                     | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 328,726                          | 295                                              | 11,013,302                                                | 11,013,302                         | 0                                                     | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 149,828                          | 0                                                | 2,105,875                                                 | 2,105,875                          | 0                                                     | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 280,421                          | 2,488                                            | 6,086,233                                                 | 6,086,233                          | 0                                                     | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                                | 0                                                | 42,984,668                                                | 42,984,668                         | 0                                                     | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS        | 23,695                           | 0                                                | 0                                                         | 0                                  | 0                                                     | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0                                | 0                                                | 1,937,157                                                 | 1,937,157                          | 0                                                     | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 868,616                          | 0                                                | 13,042,836                                                | 13,042,836                         | 0                                                     | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 1,378,889                        | 0                                                | 6,649,113                                                 | 6,649,113                          | 0                                                     | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 534,650                          | 0                                                | 4,680,510                                                 | 4,680,510                          | 0                                                     | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 151,396                          | 0                                                | 639,223                                                   | 639,223                            | 0                                                     | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 511,606                          | 1,370                                            | 10,956,827                                                | 10,956,827                         | 0                                                     | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 133,108                          | 456                                              | 111,725                                                   | 111,725                            | 0                                                     | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                | 0                                                | 16,205,608                                                | 16,205,608                         | 0                                                     | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                | 0                                                | 11,942,873                                                | 11,942,873                         | 0                                                     | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                | 0                                                | 48,465,053                                                | 48,465,053                         | 0                                                     | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                                | 0                                                | 6,287                                                     | 6,287                              | 0                                                     | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 272,389                          | 0                                                | 4,892,011                                                 | 4,892,011                          | 0                                                     | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 72,997                           | 558                                              | 62,699                                                    | 62,699                             | 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        |       |                                        |                                  |                                                  |                                                           |                                    |                                                       |        |
| 90.00                                  | 09000 | CLINIC                                 | 491,809                          | 5,816                                            | 15,629                                                    | 15,629                             | 0                                                     | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 3,438,665                        | 76,462                                           | 24,091,726                                                | 24,091,726                         | 0                                                     | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                  |                                                  |                                                           |                                    |                                                       | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                  |                                                  |                                                           |                                    |                                                       |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                  |                                                  |                                                           |                                    |                                                       | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                                  |                                                  |                                                           |                                    |                                                       | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 40,617,937                       | 538,067                                          | 423,051,229                                               | 423,051,229                        | 52,892                                                | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                  |                                                  |                                                           |                                    |                                                       |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 14,469                           | 439                                              | 0                                                         | 0                                  | 0                                                     | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 193.00 |
| 194.00                                 | 07950 | CONVENT                                | 11,856                           | 0                                                | 0                                                         | 0                                  | 0                                                     | 194.00 |
| 194.01                                 | 07951 | OUTPATIENT PHARMACY                    | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 194.01 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                                        | CAFETERIA<br>(GROSS<br>SALARIES) | NURSING<br>ADMINISTRATION<br>(NURSING HO<br>URS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(INPATIENT<br>REVENUE) | PHARMACY<br>(INPATIENT<br>REVENUE) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(PATIENT DA<br>YS) |        |
|-------------------------|-------|--------------------------------------------------------|----------------------------------|--------------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------------------------------|--------|
|                         |       |                                                        | 11.00                            | 13.00                                            | 14.00                                                     | 15.00                              | 16.00                                                 |        |
| 194.02                  | 07952 | FUND DEVELOPMENT                                       | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE                          | 0                                | 0                                                | 0                                                         | 0                                  | 0                                                     | 194.03 |
| 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)             | 1,951,416                        | 2,474,974                                        | 850,441                                                   | 4,426,552                          | 2,549,576                                             | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.048012                         | 4.596001                                         | 0.002010                                                  | 0.010463                           | 48.203433                                             | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 56,044                           | 258,001                                          | 245,784                                                   | 107,542                            | 161,944                                               | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 0.001379                         | 0.479105                                         | 0.000581                                                  | 0.000254                           | 3.061786                                              | 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: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       |                                        | SOCIAL SERVICE<br>(DAYS) | NURSING SCHOOL<br>(PATIENT DAYS) | INTERNS & RESIDENTS                                  |                                                         | PARAMED ED<br>PRGM-PHARMACY<br>(ASSIGNED TIME) |        |
|----------------------------------------|-------|----------------------------------------|--------------------------|----------------------------------|------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|--------|
|                                        |       |                                        |                          |                                  | SERVICES-SALARY & FRINGES<br>APPRV<br>(PATIENT DAYS) | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(PATIENT DAYS) |                                                |        |
|                                        |       |                                        | 17.00                    | 20.00                            | 21.00                                                | 22.00                                                   | 23.00                                          |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                          |                                  |                                                      |                                                         |                                                |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                          |                                  |                                                      |                                                         |                                                | 1.00   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                          |                                  |                                                      |                                                         |                                                | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                          |                                  |                                                      |                                                         |                                                | 4.00   |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL               |                          |                                  |                                                      |                                                         |                                                | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                  |                          |                                  |                                                      |                                                         |                                                | 6.00   |
| 7.00                                   | 00700 | OPERATION OF PLANT                     |                          |                                  |                                                      |                                                         |                                                | 7.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE                |                          |                                  |                                                      |                                                         |                                                | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                           |                          |                                  |                                                      |                                                         |                                                | 9.00   |
| 10.00                                  | 01000 | DIETARY                                |                          |                                  |                                                      |                                                         |                                                | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              |                          |                                  |                                                      |                                                         |                                                | 11.00  |
| 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                         | 0                        |                                  |                                                      |                                                         |                                                | 17.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                        | 0                                |                                                      |                                                         |                                                | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                        |                                  | 44,706                                               |                                                         |                                                | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                        |                                  |                                                      | 44,706                                                  |                                                | 22.00  |
| 23.00                                  | 02300 | PARAMED ED PRGM-PHARMACY               | 0                        |                                  |                                                      |                                                         | 100                                            | 23.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                          |                                  |                                                      |                                                         |                                                |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                        | 0                                | 40,802                                               | 40,802                                                  | 0                                              | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                        | 0                                | 2,359                                                | 2,359                                                   | 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                                | 1,545                                                | 1,545                                                   | 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  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                    | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 55.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 60.00  |
| 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  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                   | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                       | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO 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                                                       | 100                                            | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)                | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES     | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                      | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 76.01  |
| 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        |       |                                        |                          |                                  |                                                      |                                                         |                                                |        |
| 90.00                                  | 09000 | CLINIC                                 | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                              | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                          |                                  |                                                      |                                                         |                                                |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                          |                                  |                                                      |                                                         |                                                | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF                 |                          |                                  |                                                      |                                                         |                                                | 114.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                        | 0                                | 44,706                                               | 44,706                                                  | 100                                            | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                          |                                  |                                                      |                                                         |                                                |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP, & CANTEEN   | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 190.00 |
| 192.00                                 | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 192.00 |
| 193.00                                 | 19300 | NONPAID WORKERS                        | 0                        | 0                                | 0                                                    | 0                                                       | 0                                              | 193.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description |       |                                                        | SOCIAL SERVICE<br>(DAYS) | NURSING SCHOOL<br>(PATIENT DA<br>YS) | INTERNS & RESIDENTS                                          |                                                             | PARAMED ED<br>PRGM-PHARMACY<br>(ASSIGNED<br>TIME) |        |
|-------------------------|-------|--------------------------------------------------------|--------------------------|--------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|--------|
|                         |       |                                                        |                          |                                      | SERVICES-SALAR<br>Y & FRINGES<br>APPRV<br>(PATIENT DA<br>YS) | SERVICES-OTHER<br>PRGM COSTS<br>APPRV<br>(PATIENT DA<br>YS) |                                                   |        |
|                         |       |                                                        |                          |                                      | 21.00                                                        | 22.00                                                       |                                                   |        |
| 194.00                  | 07950 | CONVENT                                                | 0                        | 0                                    | 0                                                            | 0                                                           | 0                                                 | 194.00 |
| 194.01                  | 07951 | OUTPATIENT PHARMACY                                    | 0                        | 0                                    | 0                                                            | 0                                                           | 0                                                 | 194.01 |
| 194.02                  | 07952 | FUND DEVELOPMENT                                       | 0                        | 0                                    | 0                                                            | 0                                                           | 0                                                 | 194.02 |
| 194.03                  | 07953 | NURSING EDUC BLD UNUSED SPACE                          | 0                        | 0                                    | 0                                                            | 0                                                           | 0                                                 | 194.03 |
| 200.00                  |       | Cross Foot Adjustments                                 |                          |                                      |                                                              |                                                             |                                                   | 200.00 |
| 201.00                  |       | Negative Cost Centers                                  |                          |                                      |                                                              |                                                             |                                                   | 201.00 |
| 202.00                  |       | Cost to be allocated (per Wkst. B, Part I)             | 0                        | 0                                    | 2,321,024                                                    | 2,032,388                                                   | 724,420                                           | 202.00 |
| 203.00                  |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                 | 0.000000                             | 51.917505                                                    | 45.461191                                                   | 7,244.200000                                      | 203.00 |
| 204.00                  |       | Cost to be allocated (per Wkst. B, Part II)            | 0                        | 0                                    | 10,882                                                       | 37,164                                                      | 3,026                                             | 204.00 |
| 205.00                  |       | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                 | 0.000000                             | 0.243413                                                     | 0.831298                                                    | 30.260000                                         | 205.00 |
| 206.00                  |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                          | 0                                    |                                                              |                                                             | 0                                                 | 206.00 |
| 207.00                  |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                          | 0.000000                             |                                                              |                                                             | 0.000000                                          | 207.00 |

MCRIF32 - 14.7.166.2

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                         |                                        |                                     | 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                    |                     |                       |        |  |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                     |             |             |                         |                     |                       |        |  |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                 | 128,957,365 |             | 128,957,365             |                     |                       | 30.00  |  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                 | 14,111,317  |             | 14,111,317              |                     |                       | 31.00  |  |
| 40.00                   | 04000                                  | SUBPROVIDER - IPF                   | 5,192,470   |             | 5,192,470               |                     |                       | 40.00  |  |
| 41.00                   | 04100                                  | SUBPROVIDER - IRF                   | 5,824,150   |             | 5,824,150               |                     |                       | 41.00  |  |
| 43.00                   | 04300                                  | NURSERY                             | 7,841,239   |             | 7,841,239               |                     |                       | 43.00  |  |
| 44.00                   | 04400                                  | SKILLED NURSING FACILITY            | 4,092,349   |             | 4,092,349               |                     |                       | 44.00  |  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                     |             |             |                         |                     |                       |        |  |
| 50.00                   | 05000                                  | OPERATING ROOM                      | 26,727,798  | 45,620,760  | 72,348,558              | 0.130229            | 0.000000              | 50.00  |  |
| 51.00                   | 05100                                  | RECOVERY ROOM                       | 5,211,378   | 6,070,685   | 11,282,063              | 0.092512            | 0.000000              | 51.00  |  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM          | 3,534,911   | 362,272     | 3,897,183               | 0.628293            | 0.000000              | 52.00  |  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                      | 5,537,738   | 8,424,110   | 13,961,848              | 0.020479            | 0.000000              | 53.00  |  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                | 8,714,894   | 33,488,721  | 42,203,615              | 0.102219            | 0.000000              | 54.00  |  |
| 54.01                   | 03190                                  | OUTPATIENT ONCOLOGY                 | 22,934      | 42,960,371  | 42,983,305              | 0.186491            | 0.000000              | 54.01  |  |
| 55.00                   | 05500                                  | RADIOLOGY-THERAPEUTIC               | 51,774      | 5,746,513   | 5,798,287               | 0.072852            | 0.000000              | 55.00  |  |
| 57.00                   | 05700                                  | CT SCAN                             | 11,013,302  | 17,868,482  | 28,881,784              | 0.028104            | 0.000000              | 57.00  |  |
| 58.00                   | 05800                                  | MAGNETIC RESONANCE IMAGING (MRI)    | 2,105,875   | 5,787,562   | 7,893,437               | 0.064928            | 0.000000              | 58.00  |  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION             | 6,086,233   | 2,750,726   | 8,836,959               | 0.096354            | 0.000000              | 59.00  |  |
| 60.00                   | 06000                                  | LABORATORY                          | 42,984,668  | 30,439,416  | 73,424,084              | 0.144203            | 0.000000              | 60.00  |  |
| 62.30                   | 06250                                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 0           | 53,911      | 53,911                  | 0.868153            | 0.000000              | 62.30  |  |
| 63.00                   | 06300                                  | BLOOD STORING, PROCESSING & TRANS.  | 1,937,157   | 313,940     | 2,251,097               | 0.040629            | 0.000000              | 63.00  |  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                 | 13,042,836  | 1,684,391   | 14,727,227              | 0.127952            | 0.000000              | 65.00  |  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                    | 6,649,113   | 8,643,071   | 15,292,184              | 0.193116            | 0.000000              | 66.00  |  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                | 4,680,510   | 1,988,615   | 6,669,125               | 0.158664            | 0.000000              | 67.00  |  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                    | 639,223     | 43,362      | 682,585                 | 0.411243            | 0.000000              | 68.00  |  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                   | 10,956,827  | 13,542,381  | 24,499,208              | 0.059703            | 0.000000              | 69.00  |  |
| 70.00                   | 07000                                  | ELECTROENCEPHALOGRAPHY              | 111,725     | 541,039     | 652,764                 | 0.510174            | 0.000000              | 70.00  |  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENT | 16,205,608  | 8,988,723   | 25,194,331              | 0.367190            | 0.000000              | 71.00  |  |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENTS      | 11,942,873  | 7,631,513   | 19,574,386              | 0.329193            | 0.000000              | 72.00  |  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS           | 48,465,053  | 20,961,801  | 69,426,854              | 0.126538            | 0.000000              | 73.00  |  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                      | 0           | 0           | 0                       | 0.000000            | 0.000000              | 74.00  |  |
| 75.00                   | 07500                                  | ASC (NON-DISTINCT PART)             | 0           | 0           | 0                       | 0.000000            | 0.000000              | 75.00  |  |
| 76.00                   | 03550                                  | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 6,287       | 6,269,161   | 6,275,448               | 0.700108            | 0.000000              | 76.00  |  |
| 76.01                   | 03950                                  | IP RENAL DIALYSIS                   | 4,892,011   | 335,343     | 5,227,354               | 0.142842            | 0.000000              | 76.01  |  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION              | 62,699      | 264,894     | 327,593                 | 0.810423            | 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        |                                     |             |             |                         |                     |                       |        |  |
| 90.00                   | 09000                                  | CLINIC                              | 15,629      | 3,221,737   | 3,237,366               | 0.674494            | 0.000000              | 90.00  |  |
| 91.00                   | 09100                                  | EMERGENCY                           | 24,091,726  | 58,413,017  | 82,504,743              | 0.168053            | 0.000000              | 91.00  |  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART | 1,341,557   | 13,768,150  | 15,109,707              | 0.163300            | 0.000000              | 92.00  |  |
|                         | SPECIAL PURPOSE COST CENTERS           |                                     |             |             |                         |                     |                       |        |  |
| 113.00                  | 11300                                  | INTEREST EXPENSE                    |             |             |                         |                     |                       | 113.00 |  |
| 114.00                  | 11400                                  | UTILIZATION REVIEW-SNF              |             |             |                         |                     |                       | 114.00 |  |
| 200.00                  |                                        | Subtotal (see instructions)         | 423,051,229 | 346,184,667 | 769,235,896             |                     |                       | 200.00 |  |
| 201.00                  |                                        | Less Observation Beds               |             |             |                         |                     |                       | 201.00 |  |
| 202.00                  |                                        | Total (see instructions)            | 423,051,229 | 346,184,667 | 769,235,896             |                     |                       | 202.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                |       | PPS Inpatient Ratio                  | Title XVIII | Hospital | PPS    |
|----------------------------------------|-------|--------------------------------------|-------------|----------|--------|
|                                        |       | 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                       | 0.130229    |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.092512    |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.628293    |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.020479    |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.102219    |          | 54.00  |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                  | 0.186491    |          | 54.01  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 0.072852    |          | 55.00  |
| 57.00                                  | 05700 | CT SCAN                              | 0.028104    |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.064928    |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.096354    |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.144203    |          | 60.00  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS      | 0.868153    |          | 62.30  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0.040629    |          | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0.127952    |          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0.193116    |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0.158664    |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0.411243    |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0.059703    |          | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0.510174    |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0.367190    |          | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0.329193    |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.126538    |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.000000    |          | 74.00  |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0.000000    |          | 75.00  |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 0.700108    |          | 76.00  |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                    | 0.142842    |          | 76.01  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0.810423    |          | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY            | 0.000000    |          | 76.98  |
| 76.99                                  | 07699 | LITHOTRIPSY                          | 0.000000    |          | 76.99  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |          |        |
| 90.00                                  | 09000 | CLINIC                               | 0.674494    |          | 90.00  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.168053    |          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.163300    |          | 92.00  |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |          |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                     |             |          | 113.00 |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               |             |          | 114.00 |
| 200.00                                 |       | Subtotal (see instructions)          |             |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |             |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |             |          | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                        |       |                                      | 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<br>Disallowance | Total Costs |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |                     |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 46,604,227                                          |                       | 46,604,227  | 0                   | 46,604,227  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 5,431,788                                           |                       | 5,431,788   | 0                   | 5,431,788   |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                    | 1,893,734                                           |                       | 1,893,734   | 0                   | 1,893,734   |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 1,760,975                                           |                       | 1,760,975   | 0                   | 1,760,975   |
| 43.00                                  | 04300 | NURSERY                              | 923,871                                             |                       | 923,871     | 0                   | 923,871     |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY             | 3,310,049                                           |                       | 3,310,049   | 0                   | 3,310,049   |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |                     |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 9,421,894                                           |                       | 9,421,894   | 0                   | 9,421,894   |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 1,043,728                                           |                       | 1,043,728   | 0                   | 1,043,728   |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 2,448,573                                           |                       | 2,448,573   | 0                   | 2,448,573   |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 285,926                                             |                       | 285,926     | 0                   | 285,926     |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 4,314,014                                           |                       | 4,314,014   | 0                   | 4,314,014   |
| 54.01                                  | 03190 | OUTPATIENT ONCOLOGY                  | 8,016,014                                           |                       | 8,016,014   | 0                   | 8,016,014   |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                | 422,415                                             |                       | 422,415     | 0                   | 422,415     |
| 57.00                                  | 05700 | CT SCAN                              | 811,681                                             |                       | 811,681     | 0                   | 811,681     |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 512,503                                             |                       | 512,503     | 0                   | 512,503     |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 851,479                                             |                       | 851,479     | 0                   | 851,479     |
| 60.00                                  | 06000 | LABORATORY                           | 10,587,947                                          |                       | 10,587,947  | 0                   | 10,587,947  |
| 62.30                                  | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS      | 46,803                                              |                       | 46,803      | 0                   | 46,803      |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 91,459                                              |                       | 91,459      | 0                   | 91,459      |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 1,884,382                                           | 0                     | 1,884,382   | 0                   | 1,884,382   |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 2,953,161                                           | 0                     | 2,953,161   | 0                   | 2,953,161   |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 1,058,147                                           | 0                     | 1,058,147   | 0                   | 1,058,147   |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 280,708                                             | 0                     | 280,708     | 0                   | 280,708     |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 1,462,681                                           |                       | 1,462,681   | 0                   | 1,462,681   |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 333,023                                             |                       | 333,023     | 0                   | 333,023     |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 9,251,098                                           |                       | 9,251,098   | 0                   | 9,251,098   |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 6,443,755                                           |                       | 6,443,755   | 0                   | 6,443,755   |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 8,785,132                                           |                       | 8,785,132   | 0                   | 8,785,132   |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                   |                       | 0           | 0                   | 0           |
| 75.00                                  | 07500 | ASC (NON-DISTINCT PART)              | 0                                                   |                       | 0           | 0                   | 0           |
| 76.00                                  | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 4,393,494                                           |                       | 4,393,494   | 0                   | 4,393,494   |
| 76.01                                  | 03950 | IP RENAL DIALYSIS                    | 746,687                                             |                       | 746,687     | 0                   | 746,687     |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 265,489                                             |                       | 265,489     | 0                   | 265,489     |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY            | 0                                                   |                       | 0           | 0                   | 0           |
| 76.99                                  | 07699 | LITHOTRIPSY                          | 0                                                   |                       | 0           | 0                   | 0           |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |
| 90.00                                  | 09000 | CLINIC                               | 2,183,585                                           |                       | 2,183,585   | 0                   | 2,183,585   |
| 91.00                                  | 09100 | EMERGENCY                            | 13,865,142                                          |                       | 13,865,142  | 0                   | 13,865,142  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 2,467,420                                           |                       | 2,467,420   | 0                   | 2,467,420   |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |                     |             |
| 113.00                                 | 11300 | INTEREST EXPENSE                     |                                                     |                       |             |                     |             |
| 114.00                                 | 11400 | UTILIZATION REVIEW-SNF               |                                                     |                       |             |                     |             |
| 200.00                                 |       | Subtotal (see instructions)          | 155,152,984                                         | 0                     | 155,152,984 | 0                   | 155,152,984 |
| 201.00                                 |       | Less Observation Beds                | 2,467,420                                           |                       | 2,467,420   |                     | 2,467,420   |
| 202.00                                 |       | Total (see instructions)             | 152,685,564                                         | 0                     | 152,685,564 | 0                   | 152,685,564 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                         |                                        |                                     | 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                 | 128,957,365 |             | 128,957,365             |                     | 30.00                 |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                 | 14,111,317  |             | 14,111,317              |                     | 31.00                 |
| 40.00                   | 04000                                  | SUBPROVIDER - IPF                   | 5,192,470   |             | 5,192,470               |                     | 40.00                 |
| 41.00                   | 04100                                  | SUBPROVIDER - IRF                   | 5,824,150   |             | 5,824,150               |                     | 41.00                 |
| 43.00                   | 04300                                  | NURSERY                             | 7,841,239   |             | 7,841,239               |                     | 43.00                 |
| 44.00                   | 04400                                  | SKILLED NURSING FACILITY            | 4,092,349   |             | 4,092,349               |                     | 44.00                 |
|                         | ANCILLARY SERVICE COST CENTERS         |                                     |             |             |                         |                     |                       |
| 50.00                   | 05000                                  | OPERATING ROOM                      | 26,727,798  | 45,620,760  | 72,348,558              | 0.130229            | 0.000000              |
| 51.00                   | 05100                                  | RECOVERY ROOM                       | 5,211,378   | 6,070,685   | 11,282,063              | 0.092512            | 0.000000              |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM          | 3,534,911   | 362,272     | 3,897,183               | 0.628293            | 0.000000              |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                      | 5,537,738   | 8,424,110   | 13,961,848              | 0.020479            | 0.000000              |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                | 8,714,894   | 33,488,721  | 42,203,615              | 0.102219            | 0.000000              |
| 54.01                   | 03190                                  | OUTPATIENT ONCOLOGY                 | 22,934      | 42,960,371  | 42,983,305              | 0.186491            | 0.000000              |
| 55.00                   | 05500                                  | RADIOLOGY-THERAPEUTIC               | 51,774      | 5,746,513   | 5,798,287               | 0.072852            | 0.000000              |
| 57.00                   | 05700                                  | CT SCAN                             | 11,013,302  | 17,868,482  | 28,881,784              | 0.028104            | 0.000000              |
| 58.00                   | 05800                                  | MAGNETIC RESONANCE IMAGING (MRI)    | 2,105,875   | 5,787,562   | 7,893,437               | 0.064928            | 0.000000              |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION             | 6,086,233   | 2,750,726   | 8,836,959               | 0.096354            | 0.000000              |
| 60.00                   | 06000                                  | LABORATORY                          | 42,984,668  | 30,439,416  | 73,424,084              | 0.144203            | 0.000000              |
| 62.30                   | 06250                                  | BLOOD CLOTTING FOR HEMOPHILIACS     | 0           | 53,911      | 53,911                  | 0.868153            | 0.000000              |
| 63.00                   | 06300                                  | BLOOD STORING, PROCESSING & TRANS.  | 1,937,157   | 313,940     | 2,251,097               | 0.040629            | 0.000000              |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                 | 13,042,836  | 1,684,391   | 14,727,227              | 0.127952            | 0.000000              |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                    | 6,649,113   | 8,643,071   | 15,292,184              | 0.193116            | 0.000000              |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                | 4,680,510   | 1,988,615   | 6,669,125               | 0.158664            | 0.000000              |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                    | 639,223     | 43,362      | 682,585                 | 0.411243            | 0.000000              |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                   | 10,956,827  | 13,542,381  | 24,499,208              | 0.059703            | 0.000000              |
| 70.00                   | 07000                                  | ELECTROENCEPHALOGRAPHY              | 111,725     | 541,039     | 652,764                 | 0.510174            | 0.000000              |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENT | 16,205,608  | 8,988,723   | 25,194,331              | 0.367190            | 0.000000              |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENTS      | 11,942,873  | 7,631,513   | 19,574,386              | 0.329193            | 0.000000              |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS           | 48,465,053  | 20,961,801  | 69,426,854              | 0.126538            | 0.000000              |
| 74.00                   | 07400                                  | RENAL DIALYSIS                      | 0           | 0           | 0                       | 0.000000            | 0.000000              |
| 75.00                   | 07500                                  | ASC (NON-DISTINCT PART)             | 0           | 0           | 0                       | 0.000000            | 0.000000              |
| 76.00                   | 03550                                  | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 6,287       | 6,269,161   | 6,275,448               | 0.700108            | 0.000000              |
| 76.01                   | 03950                                  | IP RENAL DIALYSIS                   | 4,892,011   | 335,343     | 5,227,354               | 0.142842            | 0.000000              |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION              | 62,699      | 264,894     | 327,593                 | 0.810423            | 0.000000              |
| 76.98                   | 07698                                  | HYPERBARIC OXYGEN THERAPY           | 0           | 0           | 0                       | 0.000000            | 0.000000              |
| 76.99                   | 07699                                  | LITHOTRIPSY                         | 0           | 0           | 0                       | 0.000000            | 0.000000              |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                     |             |             |                         |                     |                       |
| 90.00                   | 09000                                  | CLINIC                              | 15,629      | 3,221,737   | 3,237,366               | 0.674494            | 0.000000              |
| 91.00                   | 09100                                  | EMERGENCY                           | 24,091,726  | 58,413,017  | 82,504,743              | 0.168053            | 0.000000              |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART | 1,341,557   | 13,768,150  | 15,109,707              | 0.163300            | 0.000000              |
|                         | SPECIAL PURPOSE COST CENTERS           |                                     |             |             |                         |                     |                       |
| 113.00                  | 11300                                  | INTEREST EXPENSE                    |             |             |                         |                     | 113.00                |
| 114.00                  | 11400                                  | UTILIZATION REVIEW-SNF              |             |             |                         |                     | 114.00                |
| 200.00                  |                                        | Subtotal (see instructions)         | 423,051,229 | 346,184,667 | 769,235,896             |                     | 200.00                |
| 201.00                  |                                        | Less Observation Beds               |             |             |                         |                     | 201.00                |
| 202.00                  |                                        | Total (see instructions)            | 423,051,229 | 346,184,667 | 769,235,896             |                     | 202.00                |

| COMPUTATION OF RATIO OF COSTS TO CHARGES |       |                                     | Provider CCN: 14-0180  | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|------------------------------------------|-------|-------------------------------------|------------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                          |       |                                     | 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                                                              |
| 54.01                                    | 03190 | OUTPATIENT ONCOLOGY                 | 0.000000               |                                             | 54.01                                                              |
| 55.00                                    | 05500 | RADIOLOGY-THERAPEUTIC               | 0.000000               |                                             | 55.00                                                              |
| 57.00                                    | 05700 | CT SCAN                             | 0.000000               |                                             | 57.00                                                              |
| 58.00                                    | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0.000000               |                                             | 58.00                                                              |
| 59.00                                    | 05900 | CARDIAC CATHETERIZATION             | 0.000000               |                                             | 59.00                                                              |
| 60.00                                    | 06000 | LABORATORY                          | 0.000000               |                                             | 60.00                                                              |
| 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                                                              |
| 67.00                                    | 06700 | OCCUPATIONAL THERAPY                | 0.000000               |                                             | 67.00                                                              |
| 68.00                                    | 06800 | SPEECH PATHOLOGY                    | 0.000000               |                                             | 68.00                                                              |
| 69.00                                    | 06900 | ELECTROCARDIOLOGY                   | 0.000000               |                                             | 69.00                                                              |
| 70.00                                    | 07000 | ELECTROENCEPHALOGRAPHY              | 0.000000               |                                             | 70.00                                                              |
| 71.00                                    | 07100 | MEDICAL SUPPLIES CHARGED TO 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                                                              |
| 75.00                                    | 07500 | ASC (NON-DISTINCT PART)             | 0.000000               |                                             | 75.00                                                              |
| 76.00                                    | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0.000000               |                                             | 76.00                                                              |
| 76.01                                    | 03950 | IP RENAL DIALYSIS                   | 0.000000               |                                             | 76.01                                                              |
| 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          |       |                                     |                        |                                             |                                                                    |
| 90.00                                    | 09000 | CLINIC                              | 0.000000               |                                             | 90.00                                                              |
| 91.00                                    | 09100 | EMERGENCY                           | 0.000000               |                                             | 91.00                                                              |
| 92.00                                    | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000               |                                             | 92.00                                                              |
| SPECIAL PURPOSE COST CENTERS             |       |                                     |                        |                                             |                                                                    |
| 113.00                                   | 11300 | INTEREST EXPENSE                    |                        |                                             | 113.00                                                             |
| 114.00                                   | 11400 | UTILIZATION REVIEW-SNF              |                        |                                             | 114.00                                                             |
| 200.00                                   |       | Subtotal (see instructions)         |                        |                                             | 200.00                                                             |
| 201.00                                   |       | Less Observation Beds               |                        |                                             | 201.00                                                             |
| 202.00                                   |       | Total (see instructions)            |                        |                                             | 202.00                                                             |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet D  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                         |                                        |                                                                   | 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                    | 3,312,614                                                         | 0                                                            | 3,312,614                                                  | 42,762                | 77.47                         | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 209,865                                                           |                                                              | 209,865                                                    | 2,359                 | 88.96                         | 31.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 104,361                                                           | 0                                                            | 104,361                                                    | 2,296                 | 45.45                         | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 147,921                                                           | 0                                                            | 147,921                                                    | 2,167                 | 68.26                         | 41.00  |
| 43.00                   | NURSERY                                | 42,216                                                            |                                                              | 42,216                                                     | 1,545                 | 27.32                         | 43.00  |
| 44.00                   | SKILLED NURSING FACILITY               | 180,150                                                           |                                                              | 180,150                                                    | 3,723                 | 48.39                         | 44.00  |
| 200.00                  | Total (lines 30 through 199)           | 3,997,127                                                         |                                                              | 3,997,127                                                  | 54,852                |                               | 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                    | 9,914                                                             | 768,038                                                      |                                                            |                       |                               | 30.00  |
| 31.00                   | INTENSIVE CARE UNIT                    | 746                                                               | 66,364                                                       |                                                            |                       |                               | 31.00  |
| 40.00                   | SUBPROVIDER - IPF                      | 846                                                               | 38,451                                                       |                                                            |                       |                               | 40.00  |
| 41.00                   | SUBPROVIDER - IRF                      | 888                                                               | 60,615                                                       |                                                            |                       |                               | 41.00  |
| 43.00                   | NURSERY                                | 0                                                                 | 0                                                            |                                                            |                       |                               | 43.00  |
| 44.00                   | SKILLED NURSING FACILITY               | 2,681                                                             | 129,734                                                      |                                                            |                       |                               | 44.00  |
| 200.00                  | Total (lines 30 through 199)           | 15,075                                                            | 1,063,202                                                    |                                                            |                       |                               | 200.00 |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet D  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description         |       |                                     | Title XVIII                                                       |                                                       | Hospital                                            | PPS                             |                                           |        |
|---------------------------------|-------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|
|                                 |       |                                     | 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                      | 779,299                                                           | 72,348,558                                            | 0.010771                                            | 8,579,110                       | 92,406                                    | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                       | 59,229                                                            | 11,282,063                                            | 0.005250                                            | 1,456,743                       | 7,648                                     | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM          | 330,208                                                           | 3,897,183                                             | 0.084730                                            | 0                               | 0                                         | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                      | 12,153                                                            | 13,961,848                                            | 0.000870                                            | 1,693,664                       | 1,473                                     | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                | 300,936                                                           | 42,203,615                                            | 0.007131                                            | 2,804,191                       | 19,997                                    | 54.00  |
| 54.01                           | 03190 | OUTPATIENT ONCOLOGY                 | 41,456                                                            | 42,983,305                                            | 0.000964                                            | 6,952                           | 7                                         | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC               | 18,430                                                            | 5,798,287                                             | 0.003179                                            | 51,774                          | 165                                       | 55.00  |
| 57.00                           | 05700 | CT SCAN                             | 40,124                                                            | 28,881,784                                            | 0.001389                                            | 3,247,381                       | 4,511                                     | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 14,092                                                            | 7,893,437                                             | 0.001785                                            | 590,462                         | 1,054                                     | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION             | 80,473                                                            | 8,836,959                                             | 0.009106                                            | 1,955,190                       | 17,804                                    | 59.00  |
| 60.00                           | 06000 | LABORATORY                          | 318,451                                                           | 73,424,084                                            | 0.004337                                            | 12,215,919                      | 52,980                                    | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 217                                                               | 53,911                                                | 0.004025                                            | 0                               | 0                                         | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 21,985                                                            | 2,251,097                                             | 0.009766                                            | 699,176                         | 6,828                                     | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                 | 33,394                                                            | 14,727,227                                            | 0.002268                                            | 4,411,315                       | 10,005                                    | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                    | 134,978                                                           | 15,292,184                                            | 0.008827                                            | 822,705                         | 7,262                                     | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                | 20,923                                                            | 6,669,125                                             | 0.003137                                            | 493,017                         | 1,547                                     | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                    | 1,812                                                             | 682,585                                               | 0.002655                                            | 161,143                         | 428                                       | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 118,022                                                           | 24,499,208                                            | 0.004817                                            | 3,749,703                       | 18,062                                    | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY              | 29,329                                                            | 652,764                                               | 0.044930                                            | 30,208                          | 1,357                                     | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 49,990                                                            | 25,194,331                                            | 0.001984                                            | 5,201,734                       | 10,320                                    | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 35,334                                                            | 19,574,386                                            | 0.001805                                            | 4,022,072                       | 7,260                                     | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS           | 70,509                                                            | 69,426,854                                            | 0.001016                                            | 14,282,224                      | 14,511                                    | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                      | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)             | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 75.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 172,703                                                           | 6,275,448                                             | 0.027520                                            | 4,162                           | 115                                       | 76.00  |
| 76.01                           | 03950 | IP RENAL DIALYSIS                   | 15,212                                                            | 5,227,354                                             | 0.002910                                            | 2,090,531                       | 6,083                                     | 76.01  |
| 76.97                           | 07697 | CARDIAC REHABILITATION              | 46,792                                                            | 327,593                                               | 0.142836                                            | 27,083                          | 3,868                                     | 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 |       |                                     |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 90.00                           | 09000 | CLINIC                              | 349,283                                                           | 3,237,366                                             | 0.107891                                            | 13,018                          | 1,405                                     | 90.00  |
| 91.00                           | 09100 | EMERGENCY                           | 2,160,245                                                         | 82,504,743                                            | 0.026183                                            | 6,443,784                       | 168,718                                   | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 175,384                                                           | 15,109,707                                            | 0.011607                                            | 510,962                         | 5,931                                     | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)        | 5,430,963                                                         | 603,217,006                                           |                                                     | 75,564,223                      | 461,745                                   | 200.00 |

|                                                                     |       |                              |                                                                   |                                                               |                                               |                               |                                             |   |                                                                      |  |        |
|---------------------------------------------------------------------|-------|------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|---|----------------------------------------------------------------------|--|--------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |                                                                   |                                                               | Provider CCN: 14-0180                         |                               | Period:<br>From 01/01/2018<br>To 06/30/2018 |   | Worksheet D<br>Part III<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |        |
|                                                                     |       |                              |                                                                   |                                                               | 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                                                             | 42,762                                        | 0.00                          | 9,914                                       |   | 30.00                                                                |  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 | 0                                                             | 2,359                                         | 0.00                          | 746                                         |   | 31.00                                                                |  |        |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0                                                                 | 0                                                             | 2,296                                         | 0.00                          | 846                                         |   | 40.00                                                                |  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 | 0                                                             | 2,167                                         | 0.00                          | 888                                         |   | 41.00                                                                |  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 | 0                                                             | 1,545                                         | 0.00                          | 0                                           |   | 43.00                                                                |  |        |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0                                                                 | 0                                                             | 3,723                                         | 0.00                          | 2,681                                       |   | 44.00                                                                |  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 | 0                                                             | 54,852                                        | 0.00                          | 15,075                                      |   | 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: 14-0180                |                                                | Period:<br>From 01/01/2018<br>To 06/30/2018 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     | Title XVIII                          |                                                | Hospital                                    |                                               | 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  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 60.00  |
| 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  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO 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                                             | 724,420                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 76.01  |
| 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                                                  |       |                                     |                                      |                                                |                                             |                                               |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                   | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0                                    | 0                                              | 0                                           | 0                                             | 724,420                                                             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     | Provider CCN: 14-0180            |                                          | Period:<br>From 01/01/2018<br>To 06/30/2018    |                                              | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|----------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     | Title XVIII                      |                                          | Hospital                                       |                                              | 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                                              | 72,348,558                                   | 0.000000                                                            | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0                                | 0                                        | 0                                              | 11,282,063                                   | 0.000000                                                            | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                | 0                                        | 0                                              | 3,897,183                                    | 0.000000                                                            | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0                                | 0                                        | 0                                              | 13,961,848                                   | 0.000000                                                            | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                | 0                                        | 0                                              | 42,203,615                                   | 0.000000                                                            | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0                                | 0                                        | 0                                              | 42,983,305                                   | 0.000000                                                            | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                | 0                                        | 0                                              | 5,798,287                                    | 0.000000                                                            | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0                                | 0                                        | 0                                              | 28,881,784                                   | 0.000000                                                            | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                | 0                                        | 0                                              | 7,893,437                                    | 0.000000                                                            | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0                                | 0                                        | 0                                              | 8,836,959                                    | 0.000000                                                            | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0                                | 0                                        | 0                                              | 73,424,084                                   | 0.000000                                                            | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                | 0                                        | 0                                              | 53,911                                       | 0.000000                                                            | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 0                                | 0                                        | 0                                              | 2,251,097                                    | 0.000000                                                            | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0                                | 0                                        | 0                                              | 14,727,227                                   | 0.000000                                                            | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0                                | 0                                        | 0                                              | 15,292,184                                   | 0.000000                                                            | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0                                | 0                                        | 0                                              | 6,669,125                                    | 0.000000                                                            | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0                                | 0                                        | 0                                              | 682,585                                      | 0.000000                                                            | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0                                | 0                                        | 0                                              | 24,499,208                                   | 0.000000                                                            | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                | 0                                        | 0                                              | 652,764                                      | 0.000000                                                            | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                | 0                                        | 0                                              | 25,194,331                                   | 0.000000                                                            | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                | 0                                        | 0                                              | 19,574,386                                   | 0.000000                                                            | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                | 724,420                                  | 724,420                                        | 69,426,854                                   | 0.010434                                                            | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0                                | 0                                        | 0                                              | 0                                            | 0.000000                                                            | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0                                | 0                                        | 0                                              | 0                                            | 0.000000                                                            | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                | 0                                        | 0                                              | 6,275,448                                    | 0.000000                                                            | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0                                | 0                                        | 0                                              | 5,227,354                                    | 0.000000                                                            | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0                                | 0                                        | 0                                              | 327,593                                      | 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                                                  |       |                                     |                                  |                                          |                                                |                                              |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0                                | 0                                        | 0                                              | 3,237,366                                    | 0.000000                                                            | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0                                | 0                                        | 0                                              | 82,504,743                                   | 0.000000                                                            | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                | 0                                        | 0                                              | 15,109,707                                   | 0.000000                                                            | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0                                | 724,420                                  | 724,420                                        | 603,217,006                                  |                                                                     | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0180                                             |                                 | Period:<br>From 01/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm  |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | Title XVIII                                                       |                                 | Hospital                                                            |                                  | 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                                                          | 8,579,110                       | 0                                                                   | 8,894,222                        | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0.000000                                                          | 1,456,743                       | 0                                                                   | 1,040,190                        | 0                                                                    | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      |  | 0.000000                                                          | 1,693,664                       | 0                                                                   | 1,549,876                        | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0.000000                                                          | 2,804,191                       | 0                                                                   | 4,892,534                        | 0                                                                    | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 |  | 0.000000                                                          | 6,952                           | 0                                                                   | 12,176,188                       | 0                                                                    | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               |  | 0.000000                                                          | 51,774                          | 0                                                                   | 1,683,971                        | 0                                                                    | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0.000000                                                          | 3,247,381                       | 0                                                                   | 3,671,828                        | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    |  | 0.000000                                                          | 590,462                         | 0                                                                   | 1,055,252                        | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0.000000                                                          | 1,955,190                       | 0                                                                   | 850,217                          | 0                                                                    | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0.000000                                                          | 12,215,919                      | 0                                                                   | 4,818,710                        | 0                                                                    | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     |  | 0.000000                                                          | 0                               | 0                                                                   | 22,300                           | 0                                                                    | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  |  | 0.000000                                                          | 699,176                         | 0                                                                   | 38,100                           | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0.000000                                                          | 4,411,315                       | 0                                                                   | 241,161                          | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0.000000                                                          | 822,705                         | 0                                                                   | 49,353                           | 0                                                                    | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0.000000                                                          | 493,017                         | 0                                                                   | 39,179                           | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0.000000                                                          | 161,143                         | 0                                                                   | 4,779                            | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0.000000                                                          | 3,749,703                       | 0                                                                   | 3,208,642                        | 0                                                                    | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              |  | 0.000000                                                          | 30,208                          | 0                                                                   | 76,417                           | 0                                                                    | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0.000000                                                          | 5,201,734                       | 0                                                                   | 1,600,188                        | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0.000000                                                          | 4,022,072                       | 0                                                                   | 2,209,271                        | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0.010434                                                          | 14,282,224                      | 149,021                                                             | 4,388,424                        | 45,789                                                               | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  |  | 0.000000                                                          | 4,162                           | 0                                                                   | 1,190,181                        | 0                                                                    | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   |  | 0.000000                                                          | 2,090,531                       | 0                                                                   | 136,692                          | 0                                                                    | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              |  | 0.000000                                                          | 27,083                          | 0                                                                   | 34,503                           | 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                                                  |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 90.00                                                                            | 09000 | CLINIC                              |  | 0.000000                                                          | 13,018                          | 0                                                                   | 626,976                          | 0                                                                    | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0.000000                                                          | 6,443,784                       | 0                                                                   | 6,129,066                        | 0                                                                    | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0.000000                                                          | 510,962                         | 0                                                                   | 3,015,081                        | 0                                                                    | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  |                                                                   | 75,564,223                      | 149,021                                                             | 63,643,301                       | 45,789                                                               | 200.00 |

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet D  
Part V  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                         |                                 |                                                       | 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                                        | 0.130229                                                       | 8,894,222                                 | 0                                                                            | 3,211                                                                            | 1,158,286                   | 50.00  |  |
| 51.00                   | 05100                           | RECOVERY ROOM                                         | 0.092512                                                       | 1,040,190                                 | 0                                                                            | 0                                                                                | 96,230                      | 51.00  |  |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM                            | 0.628293                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 52.00  |  |
| 53.00                   | 05300                           | ANESTHESIOLOGY                                        | 0.020479                                                       | 1,549,876                                 | 0                                                                            | 0                                                                                | 31,740                      | 53.00  |  |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                                  | 0.102219                                                       | 4,892,534                                 | 0                                                                            | 166                                                                              | 500,110                     | 54.00  |  |
| 54.01                   | 03190                           | OUTPATIENT ONCOLOGY                                   | 0.186491                                                       | 12,176,188                                | 0                                                                            | 15,042                                                                           | 2,270,749                   | 54.01  |  |
| 55.00                   | 05500                           | RADIOLOGY-THERAPEUTIC                                 | 0.072852                                                       | 1,683,971                                 | 0                                                                            | 0                                                                                | 122,681                     | 55.00  |  |
| 57.00                   | 05700                           | CT SCAN                                               | 0.028104                                                       | 3,671,828                                 | 0                                                                            | 2,773                                                                            | 103,193                     | 57.00  |  |
| 58.00                   | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.064928                                                       | 1,055,252                                 | 0                                                                            | 501                                                                              | 68,515                      | 58.00  |  |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION                               | 0.096354                                                       | 850,217                                   | 0                                                                            | 683                                                                              | 81,922                      | 59.00  |  |
| 60.00                   | 06000                           | LABORATORY                                            | 0.144203                                                       | 4,818,710                                 | 0                                                                            | 0                                                                                | 694,872                     | 60.00  |  |
| 62.30                   | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS                       | 0.868153                                                       | 22,300                                    | 0                                                                            | 0                                                                                | 19,360                      | 62.30  |  |
| 63.00                   | 06300                           | BLOOD STORING, PROCESSING & TRANS.                    | 0.040629                                                       | 38,100                                    | 0                                                                            | 0                                                                                | 1,548                       | 63.00  |  |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                                   | 0.127952                                                       | 241,161                                   | 0                                                                            | 0                                                                                | 30,857                      | 65.00  |  |
| 66.00                   | 06600                           | PHYSICAL THERAPY                                      | 0.193116                                                       | 49,353                                    | 0                                                                            | 0                                                                                | 9,531                       | 66.00  |  |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                                  | 0.158664                                                       | 39,179                                    | 0                                                                            | 0                                                                                | 6,216                       | 67.00  |  |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                                      | 0.411243                                                       | 4,779                                     | 0                                                                            | 0                                                                                | 1,965                       | 68.00  |  |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                                     | 0.059703                                                       | 3,208,642                                 | 0                                                                            | 366                                                                              | 191,566                     | 69.00  |  |
| 70.00                   | 07000                           | ELECTROENCEPHALOGRAPHY                                | 0.510174                                                       | 76,417                                    | 0                                                                            | 0                                                                                | 38,986                      | 70.00  |  |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0.367190                                                       | 1,600,188                                 | 0                                                                            | 0                                                                                | 587,573                     | 71.00  |  |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENTS                        | 0.329193                                                       | 2,209,271                                 | 0                                                                            | 0                                                                                | 727,277                     | 72.00  |  |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS                             | 0.126538                                                       | 4,388,424                                 | 0                                                                            | 79,213                                                                           | 555,302                     | 73.00  |  |
| 74.00                   | 07400                           | RENAL DIALYSIS                                        | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 74.00  |  |
| 75.00                   | 07500                           | ASC (NON-DISTINCT PART)                               | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 75.00  |  |
| 76.00                   | 03550                           | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0.700108                                                       | 1,190,181                                 | 0                                                                            | 0                                                                                | 833,255                     | 76.00  |  |
| 76.01                   | 03950                           | IP RENAL DIALYSIS                                     | 0.142842                                                       | 136,692                                   | 0                                                                            | 2                                                                                | 19,525                      | 76.01  |  |
| 76.97                   | 07697                           | CARDIAC REHABILITATION                                | 0.810423                                                       | 34,503                                    | 0                                                                            | 0                                                                                | 27,962                      | 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 |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |        |  |
| 90.00                   | 09000                           | CLINIC                                                | 0.674494                                                       | 626,976                                   | 0                                                                            | 0                                                                                | 422,892                     | 90.00  |  |
| 91.00                   | 09100                           | EMERGENCY                                             | 0.168053                                                       | 6,129,066                                 | 0                                                                            | 0                                                                                | 1,030,008                   | 91.00  |  |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART                   | 0.163300                                                       | 3,015,081                                 | 0                                                                            | 0                                                                                | 492,363                     | 92.00  |  |
| 200.00                  |                                 | Subtotal (see instructions)                           |                                                                | 63,643,301                                | 0                                                                            | 101,957                                                                          | 10,124,484                  | 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)                     |                                                                | 63,643,301                                | 0                                                                            | 101,957                                                                          | 10,124,484                  | 202.00 |  |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       | Provider CCN: 14-0180                                                        |                                                                                  | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|------------------------------------------------------------------|-------|-------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                  |       |                                                       | Title XVIII                                                                  |                                                                                  | Hospital                                    | PPS                                                                |
| Cost Center Description                                          |       |                                                       | Costs                                                                        |                                                                                  |                                             |                                                                    |
|                                                                  |       |                                                       | 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.) |                                             |                                                                    |
|                                                                  |       |                                                       | 6.00                                                                         | 7.00                                                                             |                                             |                                                                    |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |                                                                              |                                                                                  |                                             |                                                                    |
| 50.00                                                            | 05000 | OPERATING ROOM                                        | 0                                                                            | 418                                                                              |                                             | 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                                                                            | 17                                                                               |                                             | 54.00                                                              |
| 54.01                                                            | 03190 | OUTPATIENT ONCOLOGY                                   | 0                                                                            | 2,805                                                                            |                                             | 54.01                                                              |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0                                                                            | 0                                                                                |                                             | 55.00                                                              |
| 57.00                                                            | 05700 | CT SCAN                                               | 0                                                                            | 78                                                                               |                                             | 57.00                                                              |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                                                            | 33                                                                               |                                             | 58.00                                                              |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0                                                                            | 66                                                                               |                                             | 59.00                                                              |
| 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                                                              |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0                                                                            | 0                                                                                |                                             | 67.00                                                              |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0                                                                            | 0                                                                                |                                             | 68.00                                                              |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0                                                                            | 22                                                                               |                                             | 69.00                                                              |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                                                            | 0                                                                                |                                             | 70.00                                                              |
| 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                                                                            | 10,023                                                                           |                                             | 73.00                                                              |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0                                                                            | 0                                                                                |                                             | 74.00                                                              |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0                                                                            | 0                                                                                |                                             | 75.00                                                              |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0                                                                            | 0                                                                                |                                             | 76.00                                                              |
| 76.01                                                            | 03950 | IP RENAL DIALYSIS                                     | 0                                                                            | 0                                                                                |                                             | 76.01                                                              |
| 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                                  |       |                                                       |                                                                              |                                                                                  |                                             |                                                                    |
| 90.00                                                            | 09000 | CLINIC                                                | 0                                                                            | 0                                                                                |                                             | 90.00                                                              |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0                                                                            | 0                                                                                |                                             | 91.00                                                              |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0                                                                            | 0                                                                                |                                             | 92.00                                                              |
| 200.00                                                           |       | Subtotal (see instructions)                           | 0                                                                            | 13,462                                                                           |                                             | 200.00                                                             |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges | 0                                                                            |                                                                                  |                                             | 201.00                                                             |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     | 0                                                                            | 13,462                                                                           |                                             | 202.00                                                             |

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS |                                 |                                     |                                                                   | Provider CCN: 14-0180                                 | Period:<br>From 01/01/2018<br>To 06/30/2018         | Worksheet D<br>Part II<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                                           |
|------------------------------------------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
|                                                            |                                 |                                     |                                                                   | Component CCN: 14-S180                                |                                                     |                                                                     |                                           |
|                                                            |                                 |                                     |                                                                   | 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                      | 779,299                                                           | 72,348,558                                            | 0.010771                                            | 7,402                                                               | 80                                        |
| 51.00                                                      | 05100                           | RECOVERY ROOM                       | 59,229                                                            | 11,282,063                                            | 0.005250                                            | 290                                                                 | 2                                         |
| 52.00                                                      | 05200                           | DELIVERY ROOM & LABOR ROOM          | 330,208                                                           | 3,897,183                                             | 0.004730                                            | 0                                                                   | 0                                         |
| 53.00                                                      | 05300                           | ANESTHESIOLOGY                      | 12,153                                                            | 13,961,848                                            | 0.000870                                            | 1,112                                                               | 1                                         |
| 54.00                                                      | 05400                           | RADIOLOGY-DIAGNOSTIC                | 300,936                                                           | 42,203,615                                            | 0.007131                                            | 20,425                                                              | 146                                       |
| 54.01                                                      | 03190                           | OUTPATIENT ONCOLOGY                 | 41,456                                                            | 42,983,305                                            | 0.000964                                            | 0                                                                   | 0                                         |
| 55.00                                                      | 05500                           | RADIOLOGY-THERAPEUTIC               | 18,430                                                            | 5,798,287                                             | 0.003179                                            | 0                                                                   | 0                                         |
| 57.00                                                      | 05700                           | CT SCAN                             | 40,124                                                            | 28,881,784                                            | 0.001389                                            | 41,388                                                              | 57                                        |
| 58.00                                                      | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)    | 14,092                                                            | 7,893,437                                             | 0.001785                                            | 3,289                                                               | 6                                         |
| 59.00                                                      | 05900                           | CARDIAC CATHETERIZATION             | 80,473                                                            | 8,836,959                                             | 0.009106                                            | 0                                                                   | 0                                         |
| 60.00                                                      | 06000                           | LABORATORY                          | 318,451                                                           | 73,424,084                                            | 0.004337                                            | 262,805                                                             | 1,140                                     |
| 62.30                                                      | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS     | 217                                                               | 53,911                                                | 0.004025                                            | 0                                                                   | 0                                         |
| 63.00                                                      | 06300                           | BLOOD STORING, PROCESSING & TRANS.  | 21,985                                                            | 2,251,097                                             | 0.009766                                            | 46                                                                  | 0                                         |
| 65.00                                                      | 06500                           | RESPIRATORY THERAPY                 | 33,394                                                            | 14,727,227                                            | 0.002268                                            | 44,657                                                              | 101                                       |
| 66.00                                                      | 06600                           | PHYSICAL THERAPY                    | 134,978                                                           | 15,292,184                                            | 0.008827                                            | 7,658                                                               | 68                                        |
| 67.00                                                      | 06700                           | OCCUPATIONAL THERAPY                | 20,923                                                            | 6,669,125                                             | 0.003137                                            | 2,862                                                               | 9                                         |
| 68.00                                                      | 06800                           | SPEECH PATHOLOGY                    | 1,812                                                             | 682,585                                               | 0.002655                                            | 1,605                                                               | 4                                         |
| 69.00                                                      | 06900                           | ELECTROCARDIOLOGY                   | 118,022                                                           | 24,499,208                                            | 0.004817                                            | 52,860                                                              | 255                                       |
| 70.00                                                      | 07000                           | ELECTROENCEPHALOGRAPHY              | 29,329                                                            | 652,764                                               | 0.044930                                            | 1,028                                                               | 46                                        |
| 71.00                                                      | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 49,990                                                            | 25,194,331                                            | 0.001984                                            | 23,585                                                              | 47                                        |
| 72.00                                                      | 07200                           | IMPL. DEV. CHARGED TO PATIENTS      | 35,334                                                            | 19,574,386                                            | 0.001805                                            | 1,847                                                               | 3                                         |
| 73.00                                                      | 07300                           | DRUGS CHARGED TO PATIENTS           | 70,509                                                            | 69,426,854                                            | 0.001016                                            | 474,279                                                             | 482                                       |
| 74.00                                                      | 07400                           | RENAL DIALYSIS                      | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                   | 0                                         |
| 75.00                                                      | 07500                           | ASC (NON-DISTINCT PART)             | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                   | 0                                         |
| 76.00                                                      | 03550                           | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 172,703                                                           | 6,275,448                                             | 0.027520                                            | 0                                                                   | 0                                         |
| 76.01                                                      | 03950                           | IP RENAL DIALYSIS                   | 15,212                                                            | 5,227,354                                             | 0.002910                                            | 18,540                                                              | 54                                        |
| 76.97                                                      | 07697                           | CARDIAC REHABILITATION              | 46,792                                                            | 327,593                                               | 0.142836                                            | 0                                                                   | 0                                         |
| 76.98                                                      | 07698                           | HYPERBARIC OXYGEN THERAPY           | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                   | 0                                         |
| 76.99                                                      | 07699                           | LITHOTRIPSY                         | 0                                                                 | 0                                                     | 0.000000                                            | 0                                                                   | 0                                         |
|                                                            | OUTPATIENT SERVICE COST CENTERS |                                     |                                                                   |                                                       |                                                     |                                                                     |                                           |
| 90.00                                                      | 09000                           | CLINIC                              | 349,283                                                           | 3,237,366                                             | 0.107891                                            | 0                                                                   | 0                                         |
| 91.00                                                      | 09100                           | EMERGENCY                           | 2,160,245                                                         | 82,504,743                                            | 0.026183                                            | 246,864                                                             | 6,464                                     |
| 92.00                                                      | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 0                                                                 | 15,109,707                                            | 0.000000                                            | 9,024                                                               | 0                                         |
| 200.00                                                     |                                 | Total (lines 50 through 199)        | 5,255,579                                                         | 603,217,006                                           |                                                     | 1,221,566                                                           | 8,965                                     |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0180<br>Component CCN: 14-S180 |                                                | Period:<br>From 01/01/2018<br>To 06/30/2018 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | 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  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 60.00  |
| 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  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO 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                                             | 724,420                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 76.01  |
| 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                                                  |       |                                     |  |                                                 |                                                |                                             |                                               |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                              | 0                                           | 0                                             | 724,420                                                             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     | Provider CCN: 14-0180<br>Component CCN: 14-S180 |                                                   | Period:<br>From 01/01/2018<br>To 06/30/2018                |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|-------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     | 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                                                          | 72,348,558                                            | 0.000000                                                            | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0                                               | 0                                                 | 0                                                          | 11,282,063                                            | 0.000000                                                            | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                               | 0                                                 | 0                                                          | 3,897,183                                             | 0.000000                                                            | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0                                               | 0                                                 | 0                                                          | 13,961,848                                            | 0.000000                                                            | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                               | 0                                                 | 0                                                          | 42,203,615                                            | 0.000000                                                            | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0                                               | 0                                                 | 0                                                          | 42,983,305                                            | 0.000000                                                            | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                               | 0                                                 | 0                                                          | 5,798,287                                             | 0.000000                                                            | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0                                               | 0                                                 | 0                                                          | 28,881,784                                            | 0.000000                                                            | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                               | 0                                                 | 0                                                          | 7,893,437                                             | 0.000000                                                            | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0                                               | 0                                                 | 0                                                          | 8,836,959                                             | 0.000000                                                            | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0                                               | 0                                                 | 0                                                          | 73,424,084                                            | 0.000000                                                            | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                               | 0                                                 | 0                                                          | 53,911                                                | 0.000000                                                            | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 0                                               | 0                                                 | 0                                                          | 2,251,097                                             | 0.000000                                                            | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0                                               | 0                                                 | 0                                                          | 14,727,227                                            | 0.000000                                                            | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0                                               | 0                                                 | 0                                                          | 15,292,184                                            | 0.000000                                                            | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0                                               | 0                                                 | 0                                                          | 6,669,125                                             | 0.000000                                                            | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0                                               | 0                                                 | 0                                                          | 682,585                                               | 0.000000                                                            | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0                                               | 0                                                 | 0                                                          | 24,499,208                                            | 0.000000                                                            | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                               | 0                                                 | 0                                                          | 652,764                                               | 0.000000                                                            | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                               | 0                                                 | 0                                                          | 25,194,331                                            | 0.000000                                                            | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                               | 0                                                 | 0                                                          | 19,574,386                                            | 0.000000                                                            | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                               | 724,420                                           | 724,420                                                    | 69,426,854                                            | 0.010434                                                            | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                            | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                            | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                               | 0                                                 | 0                                                          | 6,275,448                                             | 0.000000                                                            | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0                                               | 0                                                 | 0                                                          | 5,227,354                                             | 0.000000                                                            | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0                                               | 0                                                 | 0                                                          | 327,593                                               | 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                                                  |       |                                     |                                                 |                                                   |                                                            |                                                       |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0                                               | 0                                                 | 0                                                          | 3,237,366                                             | 0.000000                                                            | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0                                               | 0                                                 | 0                                                          | 82,504,743                                            | 0.000000                                                            | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                               | 0                                                 | 0                                                          | 15,109,707                                            | 0.000000                                                            | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0                                               | 724,420                                           | 724,420                                                    | 603,217,006                                           |                                                                     | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0180<br>Component CCN: 14-S180                   |                                 | Period:<br>From 01/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm  |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | 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                                                          | 7,402                           | 0                                                                   | 865                              | 0                                                                    | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       |  | 0.000000                                                          | 290                             | 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                                                          | 1,112                           | 0                                                                   | 0                                | 0                                                                    | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                |  | 0.000000                                                          | 20,425                          | 0                                                                   | 2,414                            | 0                                                                    | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 |  | 0.000000                                                          | 0                               | 0                                                                   | 23,051                           | 0                                                                    | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0.000000                                                          | 41,388                          | 0                                                                   | 6,709                            | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    |  | 0.000000                                                          | 3,289                           | 0                                                                   | 76                               | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0.000000                                                          | 0                               | 0                                                                   | 36                               | 0                                                                    | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0.000000                                                          | 262,805                         | 0                                                                   | 1,047                            | 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                                                          | 46                              | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0.000000                                                          | 44,657                          | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0.000000                                                          | 7,658                           | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0.000000                                                          | 2,862                           | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0.000000                                                          | 1,605                           | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0.000000                                                          | 52,860                          | 0                                                                   | 9,334                            | 0                                                                    | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              |  | 0.000000                                                          | 1,028                           | 0                                                                   | 0                                | 0                                                                    | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0.000000                                                          | 23,585                          | 0                                                                   | 0                                | 0                                                                    | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      |  | 0.000000                                                          | 1,847                           | 0                                                                   | 0                                | 0                                                                    | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           |  | 0.010434                                                          | 474,279                         | 4,949                                                               | 9,267                            | 97                                                                   | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   |  | 0.000000                                                          | 18,540                          | 0                                                                   | 0                                | 0                                                                    | 76.01  |
| 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                                                  |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 90.00                                                                            | 09000 | CLINIC                              |  | 0.000000                                                          | 0                               | 0                                                                   | 1                                | 0                                                                    | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0.000000                                                          | 246,864                         | 0                                                                   | 38                               | 0                                                                    | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0.000000                                                          | 9,024                           | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  |                                                                   | 1,221,566                       | 4,949                                                               | 52,838                           | 97                                                                   | 200.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |                                                                | Provider CCN: 14-0180<br>Component CCN: 14-S180 |                                                                              | Period:<br>From 01/01/2018<br>To 06/30/2018                                      |                             | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |
|------------------------------------------------------------------|-------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|--|
|                                                                  |       |                                                       |                                                                | Title XVIII                                     |                                                                              | Subprovider -<br>IPF                                                             |                             | 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                                        | 0.130229                                                       | 865                                             | 0                                                                            | 0                                                                                | 113                         | 50.00                                                              |  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0.092512                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 51.00                                                              |  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.628293                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 52.00                                                              |  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0.020479                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 53.00                                                              |  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.102219                                                       | 2,414                                           | 0                                                                            | 0                                                                                | 247                         | 54.00                                                              |  |
| 54.01                                                            | 03190 | OUTPATIENT ONCOLOGY                                   | 0.186491                                                       | 23,051                                          | 0                                                                            | 0                                                                                | 4,299                       | 54.01                                                              |  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0.072852                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 55.00                                                              |  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0.028104                                                       | 6,709                                           | 0                                                                            | 0                                                                                | 189                         | 57.00                                                              |  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.064928                                                       | 76                                              | 0                                                                            | 0                                                                                | 5                           | 58.00                                                              |  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0.096354                                                       | 36                                              | 0                                                                            | 0                                                                                | 3                           | 59.00                                                              |  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0.144203                                                       | 1,047                                           | 0                                                                            | 0                                                                                | 151                         | 60.00                                                              |  |
| 62.30                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                       | 0.868153                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 62.30                                                              |  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0.040629                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 63.00                                                              |  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0.127952                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 65.00                                                              |  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0.193116                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 66.00                                                              |  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0.158664                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 67.00                                                              |  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0.411243                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 68.00                                                              |  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0.059703                                                       | 9,334                                           | 0                                                                            | 0                                                                                | 557                         | 69.00                                                              |  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0.510174                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 70.00                                                              |  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0.367190                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 71.00                                                              |  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 0.329193                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 72.00                                                              |  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.126538                                                       | 9,267                                           | 0                                                                            | 0                                                                                | 1,173                       | 73.00                                                              |  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0.000000                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 74.00                                                              |  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0.000000                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 75.00                                                              |  |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0.700108                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 76.00                                                              |  |
| 76.01                                                            | 03950 | IP RENAL DIALYSIS                                     | 0.142842                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 76.01                                                              |  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0.810423                                                       | 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                                  |       |                                                       |                                                                |                                                 |                                                                              |                                                                                  |                             |                                                                    |  |
| 90.00                                                            | 09000 | CLINIC                                                | 0.674494                                                       | 1                                               | 0                                                                            | 0                                                                                | 1                           | 90.00                                                              |  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0.168053                                                       | 38                                              | 0                                                                            | 0                                                                                | 6                           | 91.00                                                              |  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0.163300                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 92.00                                                              |  |
| 200.00                                                           |       | Subtotal (see instructions)                           |                                                                | 52,838                                          | 0                                                                            | 0                                                                                | 6,744                       | 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)                     |                                                                | 52,838                                          | 0                                                                            | 0                                                                                | 6,744                       | 202.00                                                             |  |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-S180

From 01/01/2018  
To 06/30/2018Part V  
Date/Time Prepared:  
11/28/2018 3:54 pm

Title XVIII

Subprovider -  
IPF

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  |
| 54.01                           | 03190 | OUTPATIENT ONCOLOGY                                | 0                                                             | 0                                                                 | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                              | 0                                                             | 0                                                                 | 55.00  |
| 57.00                           | 05700 | CT SCAN                                            | 0                                                             | 0                                                                 | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                   | 0                                                             | 0                                                                 | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                            | 0                                                             | 0                                                                 | 59.00  |
| 60.00                           | 06000 | LABORATORY                                         | 0                                                             | 0                                                                 | 60.00  |
| 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  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                               | 0                                                             | 0                                                                 | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                   | 0                                                             | 0                                                                 | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                  | 0                                                             | 0                                                                 | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                             | 0                                                             | 0                                                                 | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO 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  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)                            | 0                                                             | 0                                                                 | 75.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                 | 0                                                             | 0                                                                 | 76.00  |
| 76.01                           | 03950 | IP RENAL DIALYSIS                                  | 0                                                             | 0                                                                 | 76.01  |
| 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 |       |                                                    |                                                               |                                                                   |        |
| 90.00                           | 09000 | CLINIC                                             | 0                                                             | 0                                                                 | 90.00  |
| 91.00                           | 09100 | EMERGENCY                                          | 0                                                             | 0                                                                 | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                | 0                                                             | 0                                                                 | 92.00  |
| 200.00                          |       | Subtotal (see instructions)                        | 0                                                             | 0                                                                 | 200.00 |
| 201.00                          |       | Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   | 201.00 |
| 202.00                          |       | Net Charges (line 200 - line 201)                  | 0                                                             | 0                                                                 | 202.00 |

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS |                                 |                                     |                                                                | Provider CCN: 14-0180                              | Period:<br>From 01/01/2018<br>To 06/30/2018      | Worksheet D<br>Part II<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                                           |
|------------------------------------------------------------|---------------------------------|-------------------------------------|----------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
|                                                            |                                 |                                     |                                                                | Component CCN: 14-T180                             |                                                  |                                                                     |                                           |
|                                                            |                                 |                                     |                                                                | Title XVIII                                        | Subprovider -<br>IRF                             | PPS                                                                 |                                           |
| Cost Center Description                                    |                                 |                                     | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col. 26) | Total Charges<br>(from Wkst. C,<br>Part I, col. 8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col. 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                      | 779,299                                                        | 72,348,558                                         | 0.010771                                         | 162                                                                 | 2 50.00                                   |
| 51.00                                                      | 05100                           | RECOVERY ROOM                       | 59,229                                                         | 11,282,063                                         | 0.005250                                         | 0                                                                   | 0 51.00                                   |
| 52.00                                                      | 05200                           | DELIVERY ROOM & LABOR ROOM          | 330,208                                                        | 3,897,183                                          | 0.004730                                         | 0                                                                   | 0 52.00                                   |
| 53.00                                                      | 05300                           | ANESTHESIOLOGY                      | 12,153                                                         | 13,961,848                                         | 0.000870                                         | 0                                                                   | 0 53.00                                   |
| 54.00                                                      | 05400                           | RADIOLOGY-DIAGNOSTIC                | 300,936                                                        | 42,203,615                                         | 0.007131                                         | 36,695                                                              | 262 54.00                                 |
| 54.01                                                      | 03190                           | OUTPATIENT ONCOLOGY                 | 41,456                                                         | 42,983,305                                         | 0.000964                                         | 0                                                                   | 0 54.01                                   |
| 55.00                                                      | 05500                           | RADIOLOGY-THERAPEUTIC               | 18,430                                                         | 5,798,287                                          | 0.003179                                         | 0                                                                   | 0 55.00                                   |
| 57.00                                                      | 05700                           | CT SCAN                             | 40,124                                                         | 28,881,784                                         | 0.001389                                         | 35,668                                                              | 50 57.00                                  |
| 58.00                                                      | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)    | 14,092                                                         | 7,893,437                                          | 0.001785                                         | 9,505                                                               | 17 58.00                                  |
| 59.00                                                      | 05900                           | CARDIAC CATHETERIZATION             | 80,473                                                         | 8,836,959                                          | 0.009106                                         | 0                                                                   | 0 59.00                                   |
| 60.00                                                      | 06000                           | LABORATORY                          | 318,451                                                        | 73,424,084                                         | 0.004337                                         | 408,999                                                             | 1,774 60.00                               |
| 62.30                                                      | 06250                           | BLOOD CLOTTING FOR HEMOPHILIACS     | 217                                                            | 53,911                                             | 0.004025                                         | 0                                                                   | 0 62.30                                   |
| 63.00                                                      | 06300                           | BLOOD STORING, PROCESSING & TRANS.  | 21,985                                                         | 2,251,097                                          | 0.009766                                         | 1,896                                                               | 19 63.00                                  |
| 65.00                                                      | 06500                           | RESPIRATORY THERAPY                 | 33,394                                                         | 14,727,227                                         | 0.002268                                         | 61,037                                                              | 138 65.00                                 |
| 66.00                                                      | 06600                           | PHYSICAL THERAPY                    | 134,978                                                        | 15,292,184                                         | 0.008827                                         | 999,327                                                             | 8,821 66.00                               |
| 67.00                                                      | 06700                           | OCCUPATIONAL THERAPY                | 20,923                                                         | 6,669,125                                          | 0.003137                                         | 616,295                                                             | 1,933 67.00                               |
| 68.00                                                      | 06800                           | SPEECH PATHOLOGY                    | 1,812                                                          | 682,585                                            | 0.002655                                         | 95,772                                                              | 254 68.00                                 |
| 69.00                                                      | 06900                           | ELECTROCARDIOLOGY                   | 118,022                                                        | 24,499,208                                         | 0.004817                                         | 32,372                                                              | 156 69.00                                 |
| 70.00                                                      | 07000                           | ELECTROENCEPHALOGRAPHY              | 29,329                                                         | 652,764                                            | 0.044930                                         | 0                                                                   | 0 70.00                                   |
| 71.00                                                      | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENT | 49,990                                                         | 25,194,331                                         | 0.001984                                         | 89,008                                                              | 177 71.00                                 |
| 72.00                                                      | 07200                           | IMPL. DEV. CHARGED TO PATIENTS      | 35,334                                                         | 19,574,386                                         | 0.001805                                         | 0                                                                   | 0 72.00                                   |
| 73.00                                                      | 07300                           | DRUGS CHARGED TO PATIENTS           | 70,509                                                         | 69,426,854                                         | 0.001016                                         | 599,955                                                             | 610 73.00                                 |
| 74.00                                                      | 07400                           | RENAL DIALYSIS                      | 0                                                              | 0                                                  | 0.000000                                         | 0                                                                   | 0 74.00                                   |
| 75.00                                                      | 07500                           | ASC (NON-DISTINCT PART)             | 0                                                              | 0                                                  | 0.000000                                         | 0                                                                   | 0 75.00                                   |
| 76.00                                                      | 03550                           | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 172,703                                                        | 6,275,448                                          | 0.027520                                         | 0                                                                   | 0 76.00                                   |
| 76.01                                                      | 03950                           | IP RENAL DIALYSIS                   | 15,212                                                         | 5,227,354                                          | 0.002910                                         | 212,416                                                             | 618 76.01                                 |
| 76.97                                                      | 07697                           | CARDIAC REHABILITATION              | 46,792                                                         | 327,593                                            | 0.142836                                         | 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 |                                     |                                                                |                                                    |                                                  |                                                                     |                                           |
| 90.00                                                      | 09000                           | CLINIC                              | 349,283                                                        | 3,237,366                                          | 0.107891                                         | 0                                                                   | 0 90.00                                   |
| 91.00                                                      | 09100                           | EMERGENCY                           | 2,160,245                                                      | 82,504,743                                         | 0.026183                                         | 0                                                                   | 0 91.00                                   |
| 92.00                                                      | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART | 0                                                              | 15,109,707                                         | 0.000000                                         | 0                                                                   | 0 92.00                                   |
| 200.00                                                     |                                 | Total (lines 50 through 199)        | 5,255,579                                                      | 603,217,006                                        |                                                  | 3,199,107                                                           | 14,831 200.00                             |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0180<br>Component CCN: 14-T180 |                                                | Period:<br>From 01/01/2018<br>To 06/30/2018 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | 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  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 60.00  |
| 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  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO 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                                             | 724,420                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 76.01  |
| 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                                                  |       |                                     |  |                                                 |                                                |                                             |                                               |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0                                               | 0                                              | 0                                           | 0                                             | 0                                                                   | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  | 0                                               | 0                                              | 0                                           | 0                                             | 724,420                                                             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     | Provider CCN: 14-0180<br>Component CCN: 14-T180 |                                                   | Period:<br>From 01/01/2018<br>To 06/30/2018                |                                                       | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|-------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     | 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                                                          | 72,348,558                                            | 0.000000                                                            | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0                                               | 0                                                 | 0                                                          | 11,282,063                                            | 0.000000                                                            | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                               | 0                                                 | 0                                                          | 3,897,183                                             | 0.000000                                                            | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0                                               | 0                                                 | 0                                                          | 13,961,848                                            | 0.000000                                                            | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                               | 0                                                 | 0                                                          | 42,203,615                                            | 0.000000                                                            | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0                                               | 0                                                 | 0                                                          | 42,983,305                                            | 0.000000                                                            | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                               | 0                                                 | 0                                                          | 5,798,287                                             | 0.000000                                                            | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0                                               | 0                                                 | 0                                                          | 28,881,784                                            | 0.000000                                                            | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                               | 0                                                 | 0                                                          | 7,893,437                                             | 0.000000                                                            | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0                                               | 0                                                 | 0                                                          | 8,836,959                                             | 0.000000                                                            | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0                                               | 0                                                 | 0                                                          | 73,424,084                                            | 0.000000                                                            | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                               | 0                                                 | 0                                                          | 53,911                                                | 0.000000                                                            | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 0                                               | 0                                                 | 0                                                          | 2,251,097                                             | 0.000000                                                            | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0                                               | 0                                                 | 0                                                          | 14,727,227                                            | 0.000000                                                            | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0                                               | 0                                                 | 0                                                          | 15,292,184                                            | 0.000000                                                            | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0                                               | 0                                                 | 0                                                          | 6,669,125                                             | 0.000000                                                            | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0                                               | 0                                                 | 0                                                          | 682,585                                               | 0.000000                                                            | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0                                               | 0                                                 | 0                                                          | 24,499,208                                            | 0.000000                                                            | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                               | 0                                                 | 0                                                          | 652,764                                               | 0.000000                                                            | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                               | 0                                                 | 0                                                          | 25,194,331                                            | 0.000000                                                            | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                               | 0                                                 | 0                                                          | 19,574,386                                            | 0.000000                                                            | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                               | 724,420                                           | 724,420                                                    | 69,426,854                                            | 0.010434                                                            | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                            | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0                                               | 0                                                 | 0                                                          | 0                                                     | 0.000000                                                            | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                               | 0                                                 | 0                                                          | 6,275,448                                             | 0.000000                                                            | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0                                               | 0                                                 | 0                                                          | 5,227,354                                             | 0.000000                                                            | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0                                               | 0                                                 | 0                                                          | 327,593                                               | 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                                                  |       |                                     |                                                 |                                                   |                                                            |                                                       |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0                                               | 0                                                 | 0                                                          | 3,237,366                                             | 0.000000                                                            | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0                                               | 0                                                 | 0                                                          | 82,504,743                                            | 0.000000                                                            | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                               | 0                                                 | 0                                                          | 15,109,707                                            | 0.000000                                                            | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0                                               | 724,420                                           | 724,420                                                    | 603,217,006                                           |                                                                     | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |  | Provider CCN: 14-0180<br>Component CCN: 14-T180                   |                                 | Period:<br>From 01/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm  |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|--|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |  | 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                                                          | 162                             | 0                                                                   | 247                              | 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                                                          | 36,695                          | 0                                                                   | 6,381                            | 0                                                                    | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 |  | 0.000000                                                          | 0                               | 0                                                                   | 6,588                            | 0                                                                    | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             |  | 0.000000                                                          | 35,668                          | 0                                                                   | 5,164                            | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    |  | 0.000000                                                          | 9,505                           | 0                                                                   | 22                               | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             |  | 0.000000                                                          | 0                               | 0                                                                   | 23                               | 0                                                                    | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          |  | 0.000000                                                          | 408,999                         | 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                                                          | 1,896                           | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 |  | 0.000000                                                          | 61,037                          | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    |  | 0.000000                                                          | 999,327                         | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                |  | 0.000000                                                          | 616,295                         | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    |  | 0.000000                                                          | 95,772                          | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   |  | 0.000000                                                          | 32,372                          | 0                                                                   | 1,721                            | 0                                                                    | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT |  | 0.000000                                                          | 89,008                          | 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           |  | 0.010434                                                          | 599,955                         | 6,260                                                               | 2,646                            | 28                                                                   | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   |  | 0.000000                                                          | 212,416                         | 0                                                                   | 0                                | 0                                                                    | 76.01  |
| 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                                                  |       |                                     |  |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 90.00                                                                            | 09000 | CLINIC                              |  | 0.000000                                                          | 0                               | 0                                                                   | 12                               | 0                                                                    | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           |  | 0.000000                                                          | 0                               | 0                                                                   | 76                               | 0                                                                    | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART |  | 0.000000                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |  |                                                                   | 3,199,107                       | 6,260                                                               | 22,880                           | 28                                                                   | 200.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |                                                                | Provider CCN: 14-0180<br>Component CCN: 14-T180 |                                                                              | Period:<br>From 01/01/2018<br>To 06/30/2018                                      |                             | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |
|------------------------------------------------------------------|-------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|--|
|                                                                  |       |                                                       |                                                                | Title XVIII                                     |                                                                              | Subprovider -<br>IRF                                                             |                             | 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                                        | 0.130229                                                       | 247                                             | 0                                                                            | 267                                                                              | 32                          | 50.00                                                              |  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0.092512                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 51.00                                                              |  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.628293                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 52.00                                                              |  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0.020479                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 53.00                                                              |  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.102219                                                       | 6,381                                           | 0                                                                            | 15                                                                               | 652                         | 54.00                                                              |  |
| 54.01                                                            | 03190 | OUTPATIENT ONCOLOGY                                   | 0.186491                                                       | 6,588                                           | 0                                                                            | 0                                                                                | 1,229                       | 54.01                                                              |  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0.072852                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 55.00                                                              |  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0.028104                                                       | 5,164                                           | 0                                                                            | 253                                                                              | 145                         | 57.00                                                              |  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.064928                                                       | 22                                              | 0                                                                            | 45                                                                               | 1                           | 58.00                                                              |  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0.096354                                                       | 23                                              | 0                                                                            | 67                                                                               | 2                           | 59.00                                                              |  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0.144203                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 60.00                                                              |  |
| 62.30                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                       | 0.868153                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 62.30                                                              |  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0.040629                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 63.00                                                              |  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0.127952                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 65.00                                                              |  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0.193116                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 66.00                                                              |  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0.158664                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 67.00                                                              |  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0.411243                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 68.00                                                              |  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0.059703                                                       | 1,721                                           | 0                                                                            | 31                                                                               | 103                         | 69.00                                                              |  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0.510174                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 70.00                                                              |  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0.367190                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 71.00                                                              |  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 0.329193                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 72.00                                                              |  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.126538                                                       | 2,646                                           | 0                                                                            | 7,376                                                                            | 335                         | 73.00                                                              |  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0.000000                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 74.00                                                              |  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0.000000                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 75.00                                                              |  |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0.700108                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 76.00                                                              |  |
| 76.01                                                            | 03950 | IP RENAL DIALYSIS                                     | 0.142842                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 76.01                                                              |  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0.810423                                                       | 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                                  |       |                                                       |                                                                |                                                 |                                                                              |                                                                                  |                             |                                                                    |  |
| 90.00                                                            | 09000 | CLINIC                                                | 0.674494                                                       | 12                                              | 0                                                                            | 0                                                                                | 8                           | 90.00                                                              |  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0.168053                                                       | 76                                              | 0                                                                            | 0                                                                                | 13                          | 91.00                                                              |  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0.163300                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 92.00                                                              |  |
| 200.00                                                           |       | Subtotal (see instructions)                           |                                                                | 22,880                                          | 0                                                                            | 8,054                                                                            | 2,520                       | 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)                     |                                                                | 22,880                                          | 0                                                                            | 8,054                                                                            | 2,520                       | 202.00                                                             |  |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       | Provider CCN: 14-0180<br>Component CCN: 14-T180                              |                                                                                  | Period:<br>From 01/01/2018<br>To 06/30/2018 |  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |        |
|------------------------------------------------------------------|-------|-------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|--|--------------------------------------------------------------------|--|--------|
|                                                                  |       |                                                       | Title XVIII                                                                  |                                                                                  | Subprovider -<br>IRF                        |  | PPS                                                                |  |        |
| Cost Center Description                                          |       |                                                       | Costs                                                                        |                                                                                  |                                             |  |                                                                    |  |        |
|                                                                  |       |                                                       | 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.) |                                             |  |                                                                    |  |        |
|                                                                  |       |                                                       | 6.00                                                                         | 7.00                                                                             |                                             |  |                                                                    |  |        |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |                                                                              |                                                                                  |                                             |  |                                                                    |  |        |
| 50.00                                                            | 05000 | OPERATING ROOM                                        | 0                                                                            | 35                                                                               |                                             |  |                                                                    |  | 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                                                                            | 2                                                                                |                                             |  |                                                                    |  | 54.00  |
| 54.01                                                            | 03190 | OUTPATIENT ONCOLOGY                                   | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 54.01  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 55.00  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0                                                                            | 7                                                                                |                                             |  |                                                                    |  | 57.00  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                                                            | 3                                                                                |                                             |  |                                                                    |  | 58.00  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0                                                                            | 6                                                                                |                                             |  |                                                                    |  | 59.00  |
| 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  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 67.00  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 68.00  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0                                                                            | 2                                                                                |                                             |  |                                                                    |  | 69.00  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 70.00  |
| 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                                                                            | 933                                                                              |                                             |  |                                                                    |  | 73.00  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 74.00  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 75.00  |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 76.00  |
| 76.01                                                            | 03950 | IP RENAL DIALYSIS                                     | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 76.01  |
| 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                                  |       |                                                       |                                                                              |                                                                                  |                                             |  |                                                                    |  |        |
| 90.00                                                            | 09000 | CLINIC                                                | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 90.00  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 91.00  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  | 92.00  |
| 200.00                                                           |       | Subtotal (see instructions)                           | 0                                                                            | 988                                                                              |                                             |  |                                                                    |  | 200.00 |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges | 0                                                                            |                                                                                  |                                             |  |                                                                    |  | 201.00 |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     | 0                                                                            | 988                                                                              |                                             |  |                                                                    |  | 202.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |   | Provider CCN: 14-0180<br>Component CCN: 14-5541 |                                          | Period:<br>From 01/01/2018<br>To 06/30/2018 |                                         | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|---|-------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |   | 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                                       | 0                                                                   | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 724,420                                                             | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 76.97  |
| 76.98                                                                            | 07698 | HYPERBARIC OXYGEN THERAPY           | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 76.98  |
| 76.99                                                                            | 07699 | LITHOTRIPSY                         | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                     |   |                                                 |                                          |                                             |                                         |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 0                                                                   | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0 | 0                                               | 0                                        | 0                                           | 0                                       | 724,420                                                             | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     | Provider CCN: 14-0180<br>Component CCN: 14-5541 |                                          | Period:<br>From 01/01/2018<br>To 06/30/2018    |                                              | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|-------------------------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     | 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                                              | 72,348,558                                   | 0.000000                                                            | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0                                               | 0                                        | 0                                              | 11,282,063                                   | 0.000000                                                            | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                               | 0                                        | 0                                              | 3,897,183                                    | 0.000000                                                            | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0                                               | 0                                        | 0                                              | 13,961,848                                   | 0.000000                                                            | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                               | 0                                        | 0                                              | 42,203,615                                   | 0.000000                                                            | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0                                               | 0                                        | 0                                              | 42,983,305                                   | 0.000000                                                            | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                               | 0                                        | 0                                              | 5,798,287                                    | 0.000000                                                            | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0                                               | 0                                        | 0                                              | 28,881,784                                   | 0.000000                                                            | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                               | 0                                        | 0                                              | 7,893,437                                    | 0.000000                                                            | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0                                               | 0                                        | 0                                              | 8,836,959                                    | 0.000000                                                            | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0                                               | 0                                        | 0                                              | 73,424,084                                   | 0.000000                                                            | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                               | 0                                        | 0                                              | 53,911                                       | 0.000000                                                            | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 0                                               | 0                                        | 0                                              | 2,251,097                                    | 0.000000                                                            | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0                                               | 0                                        | 0                                              | 14,727,227                                   | 0.000000                                                            | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0                                               | 0                                        | 0                                              | 15,292,184                                   | 0.000000                                                            | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0                                               | 0                                        | 0                                              | 6,669,125                                    | 0.000000                                                            | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0                                               | 0                                        | 0                                              | 682,585                                      | 0.000000                                                            | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0                                               | 0                                        | 0                                              | 24,499,208                                   | 0.000000                                                            | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                               | 0                                        | 0                                              | 652,764                                      | 0.000000                                                            | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                               | 0                                        | 0                                              | 25,194,331                                   | 0.000000                                                            | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                               | 0                                        | 0                                              | 19,574,386                                   | 0.000000                                                            | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                               | 724,420                                  | 724,420                                        | 69,426,854                                   | 0.010434                                                            | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                            | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0                                               | 0                                        | 0                                              | 0                                            | 0.000000                                                            | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                               | 0                                        | 0                                              | 6,275,448                                    | 0.000000                                                            | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0                                               | 0                                        | 0                                              | 5,227,354                                    | 0.000000                                                            | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0                                               | 0                                        | 0                                              | 327,593                                      | 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                                                  |       |                                     |                                                 |                                          |                                                |                                              |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0                                               | 0                                        | 0                                              | 3,237,366                                    | 0.000000                                                            | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0                                               | 0                                        | 0                                              | 82,504,743                                   | 0.000000                                                            | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                               | 0                                        | 0                                              | 15,109,707                                   | 0.000000                                                            | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0                                               | 724,420                                  | 724,420                                        | 603,217,006                                  |                                                                     | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     |          | Provider CCN: 14-0180<br>Component CCN: 14-5541                |                                 | Period:<br>From 01/01/2018<br>To 06/30/2018                         |                                  | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm  |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|----------|----------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                                                                  |       |                                     |          | 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                                | 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 | 0                                                              | 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 | 82,512                                                         | 0                               | 0                                                                   | 0                                | 0                                                                    | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0.000000 | 15,415                                                         | 0                               | 0                                                                   | 0                                | 0                                                                    | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0.000000 | 1,234,572                                                      | 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 | 4,339                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0.000000 | 1,073,991                                                      | 0                               | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0.000000 | 1,608,856                                                      | 0                               | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0.000000 | 1,486,868                                                      | 0                               | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0.000000 | 53,353                                                         | 0                               | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0.000000 | 37,909                                                         | 0                               | 0                                                                   | 0                                | 0                                                                    | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000 | 686,612                                                        | 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           | 0.010434 | 2,063,782                                                      | 21,534                          | 0                                                                   | 0                                | 0                                                                    | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0.000000 | 494,754                                                        | 0                               | 0                                                                   | 0                                | 0                                                                    | 76.01  |
| 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                                                  |       |                                     |          |                                                                |                                 |                                                                     |                                  |                                                                      |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0.000000 | 2,108                                                          | 0                               | 0                                                                   | 0                                | 0                                                                    | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.000000 | 0                                                              | 0                               | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        |          | 8,845,071                                                      | 21,534                          | 0                                                                   | 0                                | 0                                                                    | 200.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |                                                                | Provider CCN: 14-0180<br>Component CCN: 14-5541 |                                                                              | Period:<br>From 01/01/2018<br>To 06/30/2018                                      |                             | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |
|------------------------------------------------------------------|-------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|--|
|                                                                  |       |                                                       |                                                                | Title XVIII                                     |                                                                              | Skilled Nursing<br>Facility                                                      |                             | 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                                        | 0.130229                                                       | 0                                               | 33                                                                           | 144                                                                              | 0                           | 50.00                                                              |  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0.092512                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 51.00                                                              |  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.628293                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 52.00                                                              |  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0.020479                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 53.00                                                              |  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.102219                                                       | 0                                               | 2                                                                            | 8                                                                                | 0                           | 54.00                                                              |  |
| 54.01                                                            | 03190 | OUTPATIENT ONCOLOGY                                   | 0.186491                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 54.01                                                              |  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0.072852                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 55.00                                                              |  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0.028104                                                       | 0                                               | 32                                                                           | 136                                                                              | 0                           | 57.00                                                              |  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.064928                                                       | 0                                               | 6                                                                            | 25                                                                               | 0                           | 58.00                                                              |  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0.096354                                                       | 0                                               | 8                                                                            | 36                                                                               | 0                           | 59.00                                                              |  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0.144203                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 60.00                                                              |  |
| 62.30                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                       | 0.868153                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 62.30                                                              |  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0.040629                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 63.00                                                              |  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0.127952                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 65.00                                                              |  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0.193116                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 66.00                                                              |  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0.158664                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 67.00                                                              |  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0.411243                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 68.00                                                              |  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0.059703                                                       | 0                                               | 4                                                                            | 17                                                                               | 0                           | 69.00                                                              |  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0.510174                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 70.00                                                              |  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0.367190                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 71.00                                                              |  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 0.329193                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 72.00                                                              |  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.126538                                                       | 0                                               | 925                                                                          | 3,978                                                                            | 0                           | 73.00                                                              |  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0.000000                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 74.00                                                              |  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0.000000                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 75.00                                                              |  |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0.700108                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 76.00                                                              |  |
| 76.01                                                            | 03950 | IP RENAL DIALYSIS                                     | 0.142842                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 76.01                                                              |  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0.810423                                                       | 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                                  |       |                                                       |                                                                |                                                 |                                                                              |                                                                                  |                             |                                                                    |  |
| 90.00                                                            | 09000 | CLINIC                                                | 0.674494                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 90.00                                                              |  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0.168053                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 91.00                                                              |  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0.163300                                                       | 0                                               | 0                                                                            | 0                                                                                | 0                           | 92.00                                                              |  |
| 200.00                                                           |       | Subtotal (see instructions)                           |                                                                | 0                                               | 1,010                                                                        | 4,344                                                                            | 0                           | 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)                     |                                                                | 0                                               | 1,010                                                                        | 4,344                                                                            | 0                           | 202.00                                                             |  |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       | Provider CCN: 14-0180                                                        |                                                                                  | Period:<br>From 01/01/2018<br>To 06/30/2018 |  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |
|------------------------------------------------------------------|-------|-------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|--|--------------------------------------------------------------------|--|
|                                                                  |       |                                                       | Component CCN: 14-5541                                                       |                                                                                  |                                             |  |                                                                    |  |
|                                                                  |       |                                                       | Title XVIII                                                                  |                                                                                  | Skilled Nursing<br>Facility                 |  | PPS                                                                |  |
| Cost Center Description                                          |       |                                                       | Costs                                                                        |                                                                                  |                                             |  |                                                                    |  |
|                                                                  |       |                                                       | 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.) |                                             |  |                                                                    |  |
|                                                                  |       |                                                       | 6.00                                                                         | 7.00                                                                             |                                             |  |                                                                    |  |
| ANCILLARY SERVICE COST CENTERS                                   |       |                                                       |                                                                              |                                                                                  |                                             |  |                                                                    |  |
| 50.00                                                            | 05000 | OPERATING ROOM                                        | 4                                                                            | 19                                                                               |                                             |  |                                                                    |  |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0                                                                            | 1                                                                                |                                             |  |                                                                    |  |
| 54.01                                                            | 03190 | OUTPATIENT ONCOLOGY                                   | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 55.00                                                            | 05500 | RADIOLOGY-THERAPEUTIC                                 | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 57.00                                                            | 05700 | CT SCAN                                               | 1                                                                            | 4                                                                                |                                             |  |                                                                    |  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                                                            | 2                                                                                |                                             |  |                                                                    |  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 1                                                                            | 3                                                                                |                                             |  |                                                                    |  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 62.30                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                       | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0                                                                            | 1                                                                                |                                             |  |                                                                    |  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS                        | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 117                                                                          | 503                                                                              |                                             |  |                                                                    |  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 75.00                                                            | 07500 | ASC (NON-DISTINCT PART)                               | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 76.00                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                    | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 76.01                                                            | 03950 | IP RENAL DIALYSIS                                     | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 76.98                                                            | 07698 | HYPERBARIC OXYGEN THERAPY                             | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 76.99                                                            | 07699 | LITHOTRIPSY                                           | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |                                                                              |                                                                                  |                                             |  |                                                                    |  |
| 90.00                                                            | 09000 | CLINIC                                                | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                   | 0                                                                            | 0                                                                                |                                             |  |                                                                    |  |
| 200.00                                                           |       | Subtotal (see instructions)                           | 123                                                                          | 533                                                                              |                                             |  |                                                                    |  |
| 201.00                                                           |       | Less PBP Clinic Lab. Services-Program<br>Only Charges | 0                                                                            |                                                                                  |                                             |  |                                                                    |  |
| 202.00                                                           |       | Net Charges (line 200 - line 201)                     | 123                                                                          | 533                                                                              |                                             |  |                                                                    |  |

| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |       |                              |                                                                   |                                                               | Provider CCN: 14-0180                         |                               | Period:<br>From 01/01/2018<br>To 06/30/2018 |        | Worksheet D<br>Part III<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |  |        |
|---------------------------------------------------------------------|-------|------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|--------|----------------------------------------------------------------------|--|--------|
|                                                                     |       |                              |                                                                   |                                                               | 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      | 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                                                             | 42,762                                        | 0.00                          | 6,870                                       | 30.00  |                                                                      |  |        |
| 31.00                                                               | 03100 | INTENSIVE CARE UNIT          | 0                                                                 | 0                                                             | 2,359                                         | 0.00                          | 214                                         | 31.00  |                                                                      |  |        |
| 40.00                                                               | 04000 | SUBPROVIDER - IPF            | 0                                                                 | 0                                                             | 2,296                                         | 0.00                          | 253                                         | 40.00  |                                                                      |  |        |
| 41.00                                                               | 04100 | SUBPROVIDER - IRF            | 0                                                                 | 0                                                             | 2,167                                         | 0.00                          | 146                                         | 41.00  |                                                                      |  |        |
| 43.00                                                               | 04300 | NURSERY                      | 0                                                                 | 0                                                             | 1,545                                         | 0.00                          | 838                                         | 43.00  |                                                                      |  |        |
| 44.00                                                               | 04400 | SKILLED NURSING FACILITY     | 0                                                                 | 0                                                             | 3,723                                         | 0.00                          | 104                                         | 44.00  |                                                                      |  |        |
| 200.00                                                              |       | Total (lines 30 through 199) | 0                                                                 | 0                                                             | 54,852                                        |                               | 8,425                                       | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet D  
Part IV  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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  |
| 54.01                           | 03190 | OUTPATIENT ONCOLOGY                 | 0                                    | 0                                              | 0              | 0                                             | 0             | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                    | 0                                              | 0              | 0                                             | 0             | 55.00  |
| 57.00                           | 05700 | CT SCAN                             | 0                                    | 0                                              | 0              | 0                                             | 0             | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                    | 0                                              | 0              | 0                                             | 0             | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION             | 0                                    | 0                                              | 0              | 0                                             | 0             | 59.00  |
| 60.00                           | 06000 | LABORATORY                          | 0                                    | 0                                              | 0              | 0                                             | 0             | 60.00  |
| 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  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                | 0                                    | 0                                              | 0              | 0                                             | 0             | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                    | 0                                    | 0                                              | 0              | 0                                             | 0             | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                    | 0                                              | 0              | 0                                             | 0             | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO 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                                             | 724,420       | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                      | 0                                    | 0                                              | 0              | 0                                             | 0             | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)             | 0                                    | 0                                              | 0              | 0                                             | 0             | 75.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.00  |
| 76.01                           | 03950 | IP RENAL DIALYSIS                   | 0                                    | 0                                              | 0              | 0                                             | 0             | 76.01  |
| 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 |       |                                     |                                      |                                                |                |                                               |               |        |
| 90.00                           | 09000 | CLINIC                              | 0                                    | 0                                              | 0              | 0                                             | 0             | 90.00  |
| 91.00                           | 09100 | EMERGENCY                           | 0                                    | 0                                              | 0              | 0                                             | 0             | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                    | 0                                              | 0              | 0                                             | 0             | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)        | 0                                    | 0                                              | 0              | 0                                             | 724,420       | 200.00 |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                     | Provider CCN: 14-0180            |                                          | Period:<br>From 01/01/2018<br>To 06/30/2018    |                                              | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|----------------------------------------------------------------------------------|-------|-------------------------------------|----------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------|
|                                                                                  |       |                                     | Title XIX                        |                                          | Hospital                                       |                                              | Cost                                                                |        |
| 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                                              | 72,348,558                                   | 0.000000                                                            | 50.00  |
| 51.00                                                                            | 05100 | RECOVERY ROOM                       | 0                                | 0                                        | 0                                              | 11,282,063                                   | 0.000000                                                            | 51.00  |
| 52.00                                                                            | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                | 0                                        | 0                                              | 3,897,183                                    | 0.000000                                                            | 52.00  |
| 53.00                                                                            | 05300 | ANESTHESIOLOGY                      | 0                                | 0                                        | 0                                              | 13,961,848                                   | 0.000000                                                            | 53.00  |
| 54.00                                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                | 0                                        | 0                                              | 42,203,615                                   | 0.000000                                                            | 54.00  |
| 54.01                                                                            | 03190 | OUTPATIENT ONCOLOGY                 | 0                                | 0                                        | 0                                              | 42,983,305                                   | 0.000000                                                            | 54.01  |
| 55.00                                                                            | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                | 0                                        | 0                                              | 5,798,287                                    | 0.000000                                                            | 55.00  |
| 57.00                                                                            | 05700 | CT SCAN                             | 0                                | 0                                        | 0                                              | 28,881,784                                   | 0.000000                                                            | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)    | 0                                | 0                                        | 0                                              | 7,893,437                                    | 0.000000                                                            | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION             | 0                                | 0                                        | 0                                              | 8,836,959                                    | 0.000000                                                            | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                          | 0                                | 0                                        | 0                                              | 73,424,084                                   | 0.000000                                                            | 60.00  |
| 62.30                                                                            | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS     | 0                                | 0                                        | 0                                              | 53,911                                       | 0.000000                                                            | 62.30  |
| 63.00                                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.  | 0                                | 0                                        | 0                                              | 2,251,097                                    | 0.000000                                                            | 63.00  |
| 65.00                                                                            | 06500 | RESPIRATORY THERAPY                 | 0                                | 0                                        | 0                                              | 14,727,227                                   | 0.000000                                                            | 65.00  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                    | 0                                | 0                                        | 0                                              | 15,292,184                                   | 0.000000                                                            | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                | 0                                | 0                                        | 0                                              | 6,669,125                                    | 0.000000                                                            | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                    | 0                                | 0                                        | 0                                              | 682,585                                      | 0.000000                                                            | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                   | 0                                | 0                                        | 0                                              | 24,499,208                                   | 0.000000                                                            | 69.00  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                | 0                                        | 0                                              | 652,764                                      | 0.000000                                                            | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                | 0                                        | 0                                              | 25,194,331                                   | 0.000000                                                            | 71.00  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                | 0                                        | 0                                              | 19,574,386                                   | 0.000000                                                            | 72.00  |
| 73.00                                                                            | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                | 724,420                                  | 724,420                                        | 69,426,854                                   | 0.010434                                                            | 73.00  |
| 74.00                                                                            | 07400 | RENAL DIALYSIS                      | 0                                | 0                                        | 0                                              | 0                                            | 0.000000                                                            | 74.00  |
| 75.00                                                                            | 07500 | ASC (NON-DISTINCT PART)             | 0                                | 0                                        | 0                                              | 0                                            | 0.000000                                                            | 75.00  |
| 76.00                                                                            | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES  | 0                                | 0                                        | 0                                              | 6,275,448                                    | 0.000000                                                            | 76.00  |
| 76.01                                                                            | 03950 | IP RENAL DIALYSIS                   | 0                                | 0                                        | 0                                              | 5,227,354                                    | 0.000000                                                            | 76.01  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION              | 0                                | 0                                        | 0                                              | 327,593                                      | 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                                                  |       |                                     |                                  |                                          |                                                |                                              |                                                                     |        |
| 90.00                                                                            | 09000 | CLINIC                              | 0                                | 0                                        | 0                                              | 3,237,366                                    | 0.000000                                                            | 90.00  |
| 91.00                                                                            | 09100 | EMERGENCY                           | 0                                | 0                                        | 0                                              | 82,504,743                                   | 0.000000                                                            | 91.00  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                | 0                                        | 0                                              | 15,109,707                                   | 0.000000                                                            | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)        | 0                                | 724,420                                  | 724,420                                        | 603,217,006                                  |                                                                     | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet D  
Part IV  
Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description         |       | Title XIX                                                         |                                 | Hospital                                                            |                                  | Cost                                                                 |        |
|---------------------------------|-------|-------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|--------|
|                                 |       | 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                                                                    | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                                     | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                                        | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                                    | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                              | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 54.00  |
| 54.01                           | 03190 | OUTPATIENT ONCOLOGY                                               | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 54.01  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                                             | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 55.00  |
| 57.00                           | 05700 | CT SCAN                                                           | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                  | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                                           | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 59.00  |
| 60.00                           | 06000 | LABORATORY                                                        | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 60.00  |
| 62.30                           | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                   | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 62.30  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.                                | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                               | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                                  | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                              | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                                  | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                                 | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                            | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                               | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                    | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                                         | 0.010434                        | 0                                                                   | 0                                | 0                                                                    | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                                    | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 74.00  |
| 75.00                           | 07500 | ASC (NON-DISTINCT PART)                                           | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 75.00  |
| 76.00                           | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                                | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 76.00  |
| 76.01                           | 03950 | IP RENAL DIALYSIS                                                 | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 76.01  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                            | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                                         | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 76.98  |
| 76.99                           | 07699 | LITHOTRIPSY                                                       | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                                   |                                 |                                                                     |                                  |                                                                      |        |
| 90.00                           | 09000 | CLINIC                                                            | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 90.00  |
| 91.00                           | 09100 | EMERGENCY                                                         | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                               | 0.000000                        | 0                                                                   | 0                                | 0                                                                    | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)                                      |                                 | 0                                                                   | 0                                | 0                                                                    | 200.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | 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)                                                                                                        |                       | 42,762                                      | 1.00                                                       |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 42,762                                      | 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)                                                                                                                     |                       | 40,498                                      | 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)                                                                         |                       | 9,914                                       | 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)                                                                                                                           |                       | 46,604,227                                  | 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)                                                                                                      |                       | 46,604,227                                  | 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)                                                                   |                       | 46,604,227                                  | 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)                                                                                                               |                       | 1,089.85                                    | 38.00                                                      |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       | 10,804,773                                  | 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)                                                                                                                  |                       | 10,804,773                                  | 41.00                                                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                               |                                                                                                                                                                                                                                                                 | 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                                                                                                                                                                                                                                             | 5,431,788            | 2,359                | 2,302.58                           | 746          | 1,717,725                      |
| 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)                                                                                                                                                                                          |                      |                      |                                    |              | 11,333,372                     |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 23,855,870                     |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 834,402                        |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 610,766                        |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 1,445,168                      |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 22,410,702                     |
| 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)                                                                                                                                                                                                                   |                      |                      |                                    |              | 2,264                          |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 1,089.85                       |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 2,467,420                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| 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        | 3,312,614                      | 46,604,227             | 0.071080                                           | 2,467,420                                                                             | 175,384 |
| 91.00                                            | Nursing School cost         | 0                              | 46,604,227             | 0.000000                                           | 2,467,420                                                                             | 0       |
| 92.00                                            | Allied health cost          | 0                              | 46,604,227             | 0.000000                                           | 2,467,420                                                                             | 0       |
| 93.00                                            | All other Medical Education | 0                              | 46,604,227             | 0.000000                                           | 2,467,420                                                                             | 0       |

|                                                                       |                                                                                                                                                                                           |                                      |                                             |                                           |       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|-------------------------------------------|-------|
| Health Financial Systems                                              |                                                                                                                                                                                           | PRESENCE SAINTS MARY & ELIZABETH MED |                                             | In Lieu of Form CMS-2552-10               |       |
| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0180                | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1                             |       |
|                                                                       |                                                                                                                                                                                           | Component CCN: 14-S180               |                                             | Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|                                                                       |                                                                                                                                                                                           | Title XVIII                          | Subprovider -<br>IPF                        | PPS                                       |       |
| Cost Center Description                                               |                                                                                                                                                                                           |                                      |                                             |                                           |       |
|                                                                       |                                                                                                                                                                                           |                                      |                                             |                                           | 1.00  |
| PART I - ALL PROVIDER COMPONENTS                                      |                                                                                                                                                                                           |                                      |                                             |                                           |       |
| INPATIENT DAYS                                                        |                                                                                                                                                                                           |                                      |                                             |                                           |       |
| 1.00                                                                  | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                      |                                             | 2,296                                     | 1.00  |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                      |                                             | 2,296                                     | 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)                                                                                                                     |                                      |                                             | 2,296                                     | 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)                                                                         |                                      |                                             | 846                                       | 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)                                                                                                                           |                                      |                                             | 1,893,734                                 | 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)                                                                                                      |                                      |                                             | 1,893,734                                 | 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)                                                                   |                                      |                                             | 1,893,734                                 | 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)                                                                                                               |                                      |                                             | 824.80                                    | 38.00 |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                      |                                             | 697,781                                   | 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)                                                                                                                  |                                      |                                             | 697,781                                   | 41.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                       |                                                                                                                                                                                                                                                                 |                |                | Provider CCN: 14-0180<br>Component CCN: 14-S180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 |                |                | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                        |       |
|                                                                               | Cost Center Description                                                                                                                                                                                                                                         | Total          | Total          | Average Per                                     | Program Days                                | Program Cost<br>(col. 3 x col.<br>4)                       |       |
|                                                                               |                                                                                                                                                                                                                                                                 | Inpatient Cost | Inpatient Days | Diem (col. 1 ÷<br>col. 2)                       |                                             |                                                            |       |
|                                                                               |                                                                                                                                                                                                                                                                 | 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)                                                                                                                                                                                          |                |                |                                                 |                                             | 169,255                                                    | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                |                |                                                 |                                             | 867,036                                                    | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                |                |                                                 |                                             |                                                            |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                |                |                                                 |                                             | 38,451                                                     | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                |                |                                                 |                                             | 13,914                                                     | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                |                |                                                 |                                             | 52,365                                                     | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                |                |                                                 |                                             | 814,671                                                    | 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: 14-0180<br>Component CCN: 14-S180 |                                | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                                                                                       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                                  |                             | 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        | 104,361                                         | 1,893,734                      | 0.055109                                    | 0                                                          | 0 90.00                                                                               |
| 91.00                                            | Nursing School cost         | 0                                               | 1,893,734                      | 0.000000                                    | 0                                                          | 0 91.00                                                                               |
| 92.00                                            | Allied health cost          | 0                                               | 1,893,734                      | 0.000000                                    | 0                                                          | 0 92.00                                                                               |
| 93.00                                            | All other Medical Education | 0                                               | 1,893,734                      | 0.000000                                    | 0                                                          | 0 93.00                                                                               |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | 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)                                                                                                        |                                                 | 2,167                                       | 1.00                                                       |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 2,167                                       | 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)                                                                                                                     |                                                 | 2,167                                       | 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)                                                                         |                                                 | 888                                         | 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)                                                                                                                           |                                                 | 1,760,975                                   | 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)                                                                                                      |                                                 | 1,760,975                                   | 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)                                                                   |                                                 | 1,760,975                                   | 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)                                                                                                               |                                                 | 812.63                                      | 38.00                                                      |
| 39.00                                                                 | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 721,615                                     | 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)                                                                                                                  |                                                 | 721,615                                     | 41.00                                                      |

| COMPUTATION OF INPATIENT OPERATING COST                                       |                                                                                                                                                                                                                                                                 |                         |                         | Provider CCN: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 |                         |                         | 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                                                          | 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)                                                                                                                                                                                          |                         |                         |                                                 |                                             | 543,288                                                    | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                                 |                                             | 1,264,903                                                  | 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)                                                                                                                                                      |                         |                         |                                                 |                                             | 60,615                                                     | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                                 |                                             | 21,091                                                     | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                                 |                                             | 81,706                                                     | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                                 |                                             | 1,183,197                                                  | 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: 14-0180<br>Component CCN: 14-T180 |                                | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                                                                                       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                                  |                             | 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        | 147,921                                         | 1,760,975                      | 0.083999                                    | 0                                                          | 0 90.00                                                                               |
| 91.00                                            | Nursing School cost         | 0                                               | 1,760,975                      | 0.000000                                    | 0                                                          | 0 91.00                                                                               |
| 92.00                                            | Allied health cost          | 0                                               | 1,760,975                      | 0.000000                                    | 0                                                          | 0 92.00                                                                               |
| 93.00                                            | All other Medical Education | 0                                               | 1,760,975                      | 0.000000                                    | 0                                                          | 0 93.00                                                                               |

| COMPUTATION OF INPATIENT OPERATING COST                               |                                                                                                                                                                                           | Provider CCN: 14-0180<br>Component CCN: 14-5541 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                       |                                                                                                                                                                                           | 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)                                                                                                        |                                                 | 3,723                                       | 1.00                                                       |
| 2.00                                                                  | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 3,723                                       | 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)                                                                                                                     |                                                 | 3,723                                       | 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)                                                                         |                                                 | 2,681                                       | 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)                                                                                                                           |                                                 | 3,310,049                                   | 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)                                                                                                      |                                                 | 3,310,049                                   | 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)                                                                   |                                                 | 3,310,049                                   | 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: 14-0180<br>Component CCN: 14-5541 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                      |                      | Title XVIII                                     | Skilled Nursing Facility                    | 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)                                                                                                                                                                                                                                    |                      |                      |                                                 |                                             | 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)                                                                                                                                                                          |                      |                      |                                                 | 3,310,049                                   | 70.00                                                      |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                                 | 889.08                                      | 71.00                                                      |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                                 | 2,383,623                                   | 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)                                                                                                                                                                                       |                      |                      |                                                 | 2,383,623                                   | 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)                                                                                                                                                                                                   |                      |                      |                                                 | 2,383,623                                   | 83.00                                                      |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                                 | 1,480,661                                   | 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)                                                                                                                                                                                            |                      |                      |                                                 | 3,864,284                                   | 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: 14-0180<br>Component CCN: 14-5541 |                        | Period:<br>From 01/01/2018<br>To 06/30/2018        | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm                            |       |
|--------------------------------------------------|-----------------------------|------|-------------------------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|
|                                                  |                             |      | Title XVIII                                     |                        | Skilled Nursing Facility                           | 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        | 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 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
| Cost Center Description                                                      |                                                                                                                                                                                           | Title XIX             | Hospital                                    | Cost                                                       |
|                                                                              |                                                                                                                                                                                           |                       |                                             | 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)                                                                                                        |                       |                                             | 42,762 1.00                                                |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       |                                             | 42,762 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)                                                                                                                     |                       |                                             | 40,498 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)                                                                         |                       |                                             | 6,870 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)                                                                                                                                                  |                       |                                             | 1,545 15.00                                                |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                       |                                             | 838 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)                                                                                                                           |                       |                                             | 46,604,227 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)                                                                                                      |                       |                                             | 46,604,227 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)                                                                   |                       |                                             | 46,604,227 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)                                                                                                               |                       |                                             | 1,089.85 38.00                                             |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       |                                             | 7,487,270 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)                                                                                                                  |                       |                                             | 7,487,270 41.00                                            |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                                                       |                                                                                                                                                                                                                                                                 | Total Inpatient Cost | Total Inpatient Days | Average Per Diem (col. 1 ÷ col. 2) | Program Days | Program Cost (col. 3 x col. 4) |           |       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|--------------|--------------------------------|-----------|-------|
|                                                                               |                                                                                                                                                                                                                                                                 | 1.00                 | 2.00                 | 3.00                               | 4.00         | 5.00                           |           |       |
| 42.00                                                                         | NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 923,871              | 1,545                | 597.97                             | 838          | 501,099                        | 42.00     |       |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           |       |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 5,431,788            | 2,359                | 2,302.58                           | 214          | 492,752                        | 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)                                                                                                                                                                                          |                      |                      |                                    |              |                                | 0         | 48.00 |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              |                                | 8,481,121 | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           |       |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              |                                | 0         | 50.00 |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              |                                | 0         | 51.00 |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              |                                | 0         | 52.00 |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              |                                | 0         | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                           |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           |       |
| 54.00                                                                         | Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |              |                                | 0         | 54.00 |
| 55.00                                                                         | Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |              |                                | 0.00      | 55.00 |
| 56.00                                                                         | Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |              |                                | 0         | 56.00 |
| 57.00                                                                         | Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |              |                                | 0         | 57.00 |
| 58.00                                                                         | Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |              |                                | 0         | 58.00 |
| 59.00                                                                         | Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |              |                                | 0.00      | 59.00 |
| 60.00                                                                         | Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |              |                                | 0.00      | 60.00 |
| 61.00                                                                         | If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |              |                                | 0         | 61.00 |
| 62.00                                                                         | Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |              |                                | 0         | 62.00 |
| 63.00                                                                         | Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |              |                                | 0         | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                      |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           |       |
| 64.00                                                                         | Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |              |                                | 0         | 64.00 |
| 65.00                                                                         | Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |              |                                | 0         | 65.00 |
| 66.00                                                                         | Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |              |                                | 0         | 66.00 |
| 67.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |              |                                | 0         | 67.00 |
| 68.00                                                                         | Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |              |                                | 0         | 68.00 |
| 69.00                                                                         | Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |              |                                | 0         | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           |       |
| 70.00                                                                         | Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |              |                                |           | 70.00 |
| 71.00                                                                         | Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |              |                                |           | 71.00 |
| 72.00                                                                         | Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           | 72.00 |
| 73.00                                                                         | Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |              |                                |           | 73.00 |
| 74.00                                                                         | Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |              |                                |           | 74.00 |
| 75.00                                                                         | Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |              |                                |           | 75.00 |
| 76.00                                                                         | Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |              |                                |           | 76.00 |
| 77.00                                                                         | Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |              |                                |           | 77.00 |
| 78.00                                                                         | Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |              |                                |           | 78.00 |
| 79.00                                                                         | Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |              |                                |           | 79.00 |
| 80.00                                                                         | Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |              |                                |           | 80.00 |
| 81.00                                                                         | Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |              |                                |           | 81.00 |
| 82.00                                                                         | Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |              |                                |           | 82.00 |
| 83.00                                                                         | Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |              |                                |           | 83.00 |
| 84.00                                                                         | Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |              |                                |           | 84.00 |
| 85.00                                                                         | Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |              |                                |           | 85.00 |
| 86.00                                                                         | Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |              |                                |           | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                    |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |           |       |
| 87.00                                                                         | Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |              |                                | 2,264     | 87.00 |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              |                                | 1,089.85  | 88.00 |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              |                                | 2,467,420 | 89.00 |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:  
11/28/2018 3:54 pm

| Cost Center Description                          |                             | Title XIX                      |                        | Hospital                                           |                                                                                       | 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        | 3,312,614                      | 46,604,227             | 0.071080                                           | 2,467,420                                                                             | 175,384 | 90.00 |
| 91.00                                            | Nursing School cost         | 0                              | 46,604,227             | 0.000000                                           | 2,467,420                                                                             | 0       | 91.00 |
| 92.00                                            | Allied health cost          | 0                              | 46,604,227             | 0.000000                                           | 2,467,420                                                                             | 0       | 92.00 |
| 93.00                                            | All other Medical Education | 0                              | 46,604,227             | 0.000000                                           | 2,467,420                                                                             | 0       | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XIX                                       | Subprovider -<br>IRF                        | Cost                                                       |
| 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)                                                                                                        |                                                 |                                             | 2,167 1.00                                                 |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 |                                             | 2,167 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)                                                                                                                     |                                                 |                                             | 2,167 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)                                                                         |                                                 |                                             | 146 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)                                                                                                                                                  |                                                 |                                             | 1,545 15.00                                                |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 |                                             | 838 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)                                                                                                                           |                                                 |                                             | 1,760,975 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)                                                                                                      |                                                 |                                             | 1,760,975 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)                                                                   |                                                 |                                             | 1,760,975 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)                                                                                                               |                                                 |                                             | 812.63 38.00                                               |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 |                                             | 118,644 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)                                                                                                                  |                                                 |                                             | 118,644 41.00                                              |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                         |                         | Provider CCN: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                         |                         | Title XIX                                       | Subprovider -<br>IRF                        | Cost                                                       |
| 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)                                                                                                                                                                                          |                         |                         |                                                 |                                             | 0                                                          |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                         |                         |                                                 |                                             | 118,644                                                    |
| PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                         |                         |                         |                                                 |                                             |                                                            |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                         |                         |                                                 |                                             | 0                                                          |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                         |                         |                                                 |                                             | 0                                                          |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                         |                         |                                                 |                                             | 0                                                          |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                         |                         |                                                 |                                             | 0                                                          |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                   |                         |                         |                                                 |                                             |                                                            |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                         |                         |                                                 |                                             | 0                                                          |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                         |                         |                                                 |                                             | 0.00                                                       |
| 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)                                                                                                                                                                                                                   |                         |                         |                                                 |                                             | 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: 14-0180<br>Component CCN: 14-T180 |                                | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |                                                                                       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                                  |                             | Title XIX                                       |                                | Subprovider -<br>IRF                        | Cost                                                       |                                                                                       |
| 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        | 147,921                                         | 1,760,975                      | 0.083999                                    | 0                                                          | 0 90.00                                                                               |
| 91.00                                            | Nursing School cost         | 0                                               | 1,760,975                      | 0.000000                                    | 0                                                          | 0 91.00                                                                               |
| 92.00                                            | Allied health cost          | 0                                               | 1,760,975                      | 0.000000                                    | 0                                                          | 0 92.00                                                                               |
| 93.00                                            | All other Medical Education | 0                                               | 1,760,975                      | 0.000000                                    | 0                                                          | 0 93.00                                                                               |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0180       | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-3<br><br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|----------------------------------------------------------------|
|                                                |       |                                                                    | 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                                                |                             | 34,714,916                                  | 30.00                                                          |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 5,118,794                                   | 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                                                     | 0.130229                    | 8,579,110                                   | 50.00                                                          |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.092512                    | 1,456,743                                   | 51.00                                                          |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.628293                    | 0                                           | 52.00                                                          |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.020479                    | 1,693,664                                   | 53.00                                                          |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.102219                    | 2,804,191                                   | 54.00                                                          |
| 54.01                                          | 03190 | OUTPATIENT ONCOLOGY                                                | 0.186491                    | 6,952                                       | 54.01                                                          |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.072852                    | 51,774                                      | 55.00                                                          |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.028104                    | 3,247,381                                   | 57.00                                                          |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.064928                    | 590,462                                     | 58.00                                                          |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.096354                    | 1,955,190                                   | 59.00                                                          |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.144203                    | 12,215,919                                  | 60.00                                                          |
| 62.30                                          | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                                    | 0.868153                    | 0                                           | 62.30                                                          |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING & TRANS.                                 | 0.040629                    | 699,176                                     | 63.00                                                          |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.127952                    | 4,411,315                                   | 65.00                                                          |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.193116                    | 822,705                                     | 66.00                                                          |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.158664                    | 493,017                                     | 67.00                                                          |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.411243                    | 161,143                                     | 68.00                                                          |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.059703                    | 3,749,703                                   | 69.00                                                          |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.510174                    | 30,208                                      | 70.00                                                          |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.367190                    | 5,201,734                                   | 71.00                                                          |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.329193                    | 4,022,072                                   | 72.00                                                          |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.126538                    | 14,282,224                                  | 73.00                                                          |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.000000                    | 0                                           | 74.00                                                          |
| 75.00                                          | 07500 | ASC (NON-DISTINCT PART)                                            | 0.000000                    | 0                                           | 75.00                                                          |
| 76.00                                          | 03550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES                                 | 0.700108                    | 4,162                                       | 76.00                                                          |
| 76.01                                          | 03950 | IP RENAL DIALYSIS                                                  | 0.142842                    | 2,090,531                                   | 76.01                                                          |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.810423                    | 27,083                                      | 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                |       |                                                                    |                             |                                             |                                                                |
| 90.00                                          | 09000 | CLINIC                                                             | 0.674494                    | 13,018                                      | 90.00                                                          |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.168053                    | 6,443,784                                   | 91.00                                                          |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                                | 0.163300                    | 510,962                                     | 92.00                                                          |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 75,564,223                                  | 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)                              |                             | 75,564,223                                  | 202.00                                                         |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 14-0180<br>Component CCN: 14-S180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------|
|                                                |                                                                    | 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                                            |                                                 | 1,942,586                                   |                                                            | 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                                               | 0.130229                                        | 7,402                                       | 964                                                        | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.092512                                        | 290                                         | 27                                                         | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.628293                                        | 0                                           | 0                                                          | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.020479                                        | 1,112                                       | 23                                                         | 53.00  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.102219                                        | 20,425                                      | 2,088                                                      | 54.00  |
| 54.01                                          | 03190 OUTPATIENT ONCOLOGY                                          | 0.186491                                        | 0                                           | 0                                                          | 54.01  |
| 55.00                                          | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.072852                                        | 0                                           | 0                                                          | 55.00  |
| 57.00                                          | 05700 CT SCAN                                                      | 0.028104                                        | 41,388                                      | 1,163                                                      | 57.00  |
| 58.00                                          | 05800 MAGNETIC RESONANCE IMAGING (MRI)                             | 0.064928                                        | 3,289                                       | 214                                                        | 58.00  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.096354                                        | 0                                           | 0                                                          | 59.00  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.144203                                        | 262,805                                     | 37,897                                                     | 60.00  |
| 62.30                                          | 06250 BLOOD CLOTTING FOR HEMOPHILIACS                              | 0.868153                                        | 0                                           | 0                                                          | 62.30  |
| 63.00                                          | 06300 BLOOD STORING, PROCESSING & TRANS.                           | 0.040629                                        | 46                                          | 2                                                          | 63.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.127952                                        | 44,657                                      | 5,714                                                      | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.193116                                        | 7,658                                       | 1,479                                                      | 66.00  |
| 67.00                                          | 06700 OCCUPATIONAL THERAPY                                         | 0.158664                                        | 2,862                                       | 454                                                        | 67.00  |
| 68.00                                          | 06800 SPEECH PATHOLOGY                                             | 0.411243                                        | 1,605                                       | 660                                                        | 68.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.059703                                        | 52,860                                      | 3,156                                                      | 69.00  |
| 70.00                                          | 07000 ELECTROENCEPHALOGRAPHY                                       | 0.510174                                        | 1,028                                       | 524                                                        | 70.00  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.367190                                        | 23,585                                      | 8,660                                                      | 71.00  |
| 72.00                                          | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.329193                                        | 1,847                                       | 608                                                        | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.126538                                        | 474,279                                     | 60,014                                                     | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.000000                                        | 0                                           | 0                                                          | 74.00  |
| 75.00                                          | 07500 ASC (NON-DISTINCT PART)                                      | 0.000000                                        | 0                                           | 0                                                          | 75.00  |
| 76.00                                          | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                           | 0.700108                                        | 0                                           | 0                                                          | 76.00  |
| 76.01                                          | 03950 IP RENAL DIALYSIS                                            | 0.142842                                        | 18,540                                      | 2,648                                                      | 76.01  |
| 76.97                                          | 07697 CARDIAC REHABILITATION                                       | 0.810423                                        | 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                |                                                                    |                                                 |                                             |                                                            |        |
| 90.00                                          | 09000 CLINIC                                                       | 0.674494                                        | 0                                           | 0                                                          | 90.00  |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.168053                                        | 246,864                                     | 41,486                                                     | 91.00  |
| 92.00                                          | 09200 OBSERVATION BEDS (NON-DISTINCT PART                          | 0.163300                                        | 9,024                                       | 1,474                                                      | 92.00  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                                                 | 1,221,566                                   | 169,255                                                    | 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)                              |                                                 | 1,221,566                                   |                                                            | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------|
|                                                |                                                                    | 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                                            |                                                 | 2,376,692                                   |                                                            | 41.00  |
| 43.00                                          | 04300 NURSERY                                                      |                                                 |                                             |                                                            | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                                                 |                                             |                                                            |        |
| 50.00                                          | 05000 OPERATING ROOM                                               | 0.130229                                        | 162                                         | 21                                                         | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.092512                                        | 0                                           | 0                                                          | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.628293                                        | 0                                           | 0                                                          | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.020479                                        | 0                                           | 0                                                          | 53.00  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.102219                                        | 36,695                                      | 3,751                                                      | 54.00  |
| 54.01                                          | 03190 OUTPATIENT ONCOLOGY                                          | 0.186491                                        | 0                                           | 0                                                          | 54.01  |
| 55.00                                          | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.072852                                        | 0                                           | 0                                                          | 55.00  |
| 57.00                                          | 05700 CT SCAN                                                      | 0.028104                                        | 35,668                                      | 1,002                                                      | 57.00  |
| 58.00                                          | 05800 MAGNETIC RESONANCE IMAGING (MRI)                             | 0.064928                                        | 9,505                                       | 617                                                        | 58.00  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.096354                                        | 0                                           | 0                                                          | 59.00  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.144203                                        | 408,999                                     | 58,979                                                     | 60.00  |
| 62.30                                          | 06250 BLOOD CLOTTING FOR HEMOPHILIACS                              | 0.868153                                        | 0                                           | 0                                                          | 62.30  |
| 63.00                                          | 06300 BLOOD STORING, PROCESSING & TRANS.                           | 0.040629                                        | 1,896                                       | 77                                                         | 63.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.127952                                        | 61,037                                      | 7,810                                                      | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.193116                                        | 999,327                                     | 192,986                                                    | 66.00  |
| 67.00                                          | 06700 OCCUPATIONAL THERAPY                                         | 0.158664                                        | 616,295                                     | 97,784                                                     | 67.00  |
| 68.00                                          | 06800 SPEECH PATHOLOGY                                             | 0.411243                                        | 95,772                                      | 39,386                                                     | 68.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.059703                                        | 32,372                                      | 1,933                                                      | 69.00  |
| 70.00                                          | 07000 ELECTROENCEPHALOGRAPHY                                       | 0.510174                                        | 0                                           | 0                                                          | 70.00  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.367190                                        | 89,008                                      | 32,683                                                     | 71.00  |
| 72.00                                          | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.329193                                        | 0                                           | 0                                                          | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.126538                                        | 599,955                                     | 75,917                                                     | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.000000                                        | 0                                           | 0                                                          | 74.00  |
| 75.00                                          | 07500 ASC (NON-DISTINCT PART)                                      | 0.000000                                        | 0                                           | 0                                                          | 75.00  |
| 76.00                                          | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                           | 0.700108                                        | 0                                           | 0                                                          | 76.00  |
| 76.01                                          | 03950 IP RENAL DIALYSIS                                            | 0.142842                                        | 212,416                                     | 30,342                                                     | 76.01  |
| 76.97                                          | 07697 CARDIAC REHABILITATION                                       | 0.810423                                        | 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                |                                                                    |                                                 |                                             |                                                            |        |
| 90.00                                          | 09000 CLINIC                                                       | 0.674494                                        | 0                                           | 0                                                          | 90.00  |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.168053                                        | 0                                           | 0                                                          | 91.00  |
| 92.00                                          | 09200 OBSERVATION BEDS (NON-DISTINCT PART                          | 0.163300                                        | 0                                           | 0                                                          | 92.00  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                                                 | 3,199,107                                   | 543,288                                                    | 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)                              |                                                 | 3,199,107                                   |                                                            | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |                                                                    | Provider CCN: 14-0180<br>Component CCN: 14-5541 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |        |
|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------|
|                                                |                                                                    | Title XVIII                                     | Skilled Nursing<br>Facility                 | 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                                            |                                                 | 0                                           |                                                            | 41.00  |
| 43.00                                          | 04300 NURSERY                                                      |                                                 |                                             |                                                            | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |                                                                    |                                                 |                                             |                                                            |        |
| 50.00                                          | 05000 OPERATING ROOM                                               | 0.130229                                        | 0                                           | 0                                                          | 50.00  |
| 51.00                                          | 05100 RECOVERY ROOM                                                | 0.092512                                        | 0                                           | 0                                                          | 51.00  |
| 52.00                                          | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.628293                                        | 0                                           | 0                                                          | 52.00  |
| 53.00                                          | 05300 ANESTHESIOLOGY                                               | 0.020479                                        | 0                                           | 0                                                          | 53.00  |
| 54.00                                          | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.102219                                        | 82,512                                      | 8,434                                                      | 54.00  |
| 54.01                                          | 03190 OUTPATIENT ONCOLOGY                                          | 0.186491                                        | 0                                           | 0                                                          | 54.01  |
| 55.00                                          | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.072852                                        | 0                                           | 0                                                          | 55.00  |
| 57.00                                          | 05700 CT SCAN                                                      | 0.028104                                        | 15,415                                      | 433                                                        | 57.00  |
| 58.00                                          | 05800 MAGNETIC RESONANCE IMAGING (MRI)                             | 0.064928                                        | 0                                           | 0                                                          | 58.00  |
| 59.00                                          | 05900 CARDIAC CATHETERIZATION                                      | 0.096354                                        | 0                                           | 0                                                          | 59.00  |
| 60.00                                          | 06000 LABORATORY                                                   | 0.144203                                        | 1,234,572                                   | 178,029                                                    | 60.00  |
| 62.30                                          | 06250 BLOOD CLOTTING FOR HEMOPHILIACS                              | 0.868153                                        | 0                                           | 0                                                          | 62.30  |
| 63.00                                          | 06300 BLOOD STORING, PROCESSING & TRANS.                           | 0.040629                                        | 4,339                                       | 176                                                        | 63.00  |
| 65.00                                          | 06500 RESPIRATORY THERAPY                                          | 0.127952                                        | 1,073,991                                   | 137,419                                                    | 65.00  |
| 66.00                                          | 06600 PHYSICAL THERAPY                                             | 0.193116                                        | 1,608,856                                   | 310,696                                                    | 66.00  |
| 67.00                                          | 06700 OCCUPATIONAL THERAPY                                         | 0.158664                                        | 1,486,868                                   | 235,912                                                    | 67.00  |
| 68.00                                          | 06800 SPEECH PATHOLOGY                                             | 0.411243                                        | 53,353                                      | 21,941                                                     | 68.00  |
| 69.00                                          | 06900 ELECTROCARDIOLOGY                                            | 0.059703                                        | 37,909                                      | 2,263                                                      | 69.00  |
| 70.00                                          | 07000 ELECTROENCEPHALOGRAPHY                                       | 0.510174                                        | 0                                           | 0                                                          | 70.00  |
| 71.00                                          | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.367190                                        | 686,612                                     | 252,117                                                    | 71.00  |
| 72.00                                          | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.329193                                        | 0                                           | 0                                                          | 72.00  |
| 73.00                                          | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.126538                                        | 2,063,782                                   | 261,147                                                    | 73.00  |
| 74.00                                          | 07400 RENAL DIALYSIS                                               | 0.000000                                        | 0                                           | 0                                                          | 74.00  |
| 75.00                                          | 07500 ASC (NON-DISTINCT PART)                                      | 0.000000                                        | 0                                           | 0                                                          | 75.00  |
| 76.00                                          | 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                           | 0.700108                                        | 0                                           | 0                                                          | 76.00  |
| 76.01                                          | 03950 IP RENAL DIALYSIS                                            | 0.142842                                        | 494,754                                     | 70,672                                                     | 76.01  |
| 76.97                                          | 07697 CARDIAC REHABILITATION                                       | 0.810423                                        | 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                |                                                                    |                                                 |                                             |                                                            |        |
| 90.00                                          | 09000 CLINIC                                                       | 0.674494                                        | 2,108                                       | 1,422                                                      | 90.00  |
| 91.00                                          | 09100 EMERGENCY                                                    | 0.168053                                        | 0                                           | 0                                                          | 91.00  |
| 92.00                                          | 09200 OBSERVATION BEDS (NON-DISTINCT PART                          | 0.163300                                        | 0                                           | 0                                                          | 92.00  |
| 200.00                                         | Total (sum of lines 50 through 94 and 96 through 98)               |                                                 | 8,845,071                                   | 1,480,661                                                  | 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)                              |                                                 | 8,845,071                                   |                                                            | 202.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                   |                                                                                                                                                                                                                                         | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|-------|
|                                                                           |                                                                                                                                                                                                                                         | 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)                                                                                                                                  |                       |                                             | 16,339,503                                                         | 1.01  |
| 1.02                                                                      | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |                       |                                             | 0                                                                  | 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)                                                                                                                                                                                     |                       |                                             | 418,183                                                            | 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                                                                                                                                                                                                         |                       |                                             | 5,952,393                                                          | 3.00  |
| 4.00                                                                      | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |                       |                                             | 365.48                                                             | 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)                                                                                           |                       |                                             | 40.45                                                              | 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)                                                                                                                                      |                       |                                             | 1.50                                                               | 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). |                       |                                             | 19.69                                                              | 8.00  |
| 8.01                                                                      | The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                                                                                  |                       |                                             | 0.00                                                               | 8.01  |
| 8.02                                                                      | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)                                                                                                |                       |                                             | 0.00                                                               | 8.02  |
| 9.00                                                                      | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)                                                                                                                                   |                       |                                             | 58.64                                                              | 9.00  |
| 10.00                                                                     | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |                       |                                             | 51.65                                                              | 10.00 |
| 11.00                                                                     | FTE count for residents in dental and podiatric programs.                                                                                                                                                                               |                       |                                             | 3.00                                                               | 11.00 |
| 12.00                                                                     | Current year allowable FTE (see instructions)                                                                                                                                                                                           |                       |                                             | 54.65                                                              | 12.00 |
| 13.00                                                                     | Total allowable FTE count for the prior year.                                                                                                                                                                                           |                       |                                             | 47.48                                                              | 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.                                                                                                             |                       |                                             | 44.41                                                              | 14.00 |
| 15.00                                                                     | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |                       |                                             | 48.85                                                              | 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                                                                                                                                                                                                      |                       |                                             | 48.85                                                              | 18.00 |
| 19.00                                                                     | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |                       |                                             | 0.133660                                                           | 19.00 |
| 20.00                                                                     | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |                       |                                             | 0.146719                                                           | 20.00 |
| 21.00                                                                     | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |                       |                                             | 0.133660                                                           | 21.00 |
| 22.00                                                                     | IME payment adjustment (see instructions)                                                                                                                                                                                               |                       |                                             | 1,149,696                                                          | 22.00 |
| 22.01                                                                     | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |                       |                                             | 418,828                                                            | 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)                                                                                                                                                                                      |                       |                                             | -6.99                                                              | 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)                                                                                                                                                                                             |                       |                                             | 1,149,696                                                          | 29.00 |
| 29.01                                                                     | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |                       |                                             | 418,828                                                            | 29.01 |
| Disproportionate Share Adjustment                                         |                                                                                                                                                                                                                                         |                       |                                             |                                                                    |       |
| 30.00                                                                     | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |                       |                                             | 19.60                                                              | 30.00 |
| 31.00                                                                     | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |                       |                                             | 51.39                                                              | 31.00 |
| 32.00                                                                     | Sum of lines 30 and 31                                                                                                                                                                                                                  |                       |                                             | 70.99                                                              | 32.00 |
| 33.00                                                                     | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |                       |                                             | 47.78                                                              | 33.00 |
| 34.00                                                                     | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |                       |                                             | 1,951,754                                                          | 34.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                            |                                                                                                                                   | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|-------|
|                                                                                                    |                                                                                                                                   | 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)                                                                                                       |                       | 0.001262411                                 | 0.000000000                                                        | 35.01 |
| 35.02                                                                                              | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)                              |                       | 8,542,347                                   | 0                                                                  | 35.02 |
| 35.03                                                                                              | Pro rata share of the hospital uncompensated care payment amount (see instructions)                                               |                       | 4,236,064                                   | 0                                                                  | 35.03 |
| 36.00                                                                                              | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                                   |                       | 4,236,064                                   |                                                                    | 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)                                                                                                       |                       | 24,095,200                                  |                                                                    | 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)                                                                    |                       |                                             | 24,514,028                                                         | 49.00 |
| 50.00                                                                                              | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                                             |                       |                                             | 1,642,437                                                          | 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).                                             |                       |                                             | 764,600                                                            | 52.00 |
| 53.00                                                                                              | Nursing and Allied Health Managed Care payment                                                                                    |                       |                                             | 1                                                                  | 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)                                                |                       |                                             | 149,021                                                            | 58.00 |
| 59.00                                                                                              | Total (sum of amounts on lines 49 through 58)                                                                                     |                       |                                             | 27,070,087                                                         | 59.00 |
| 60.00                                                                                              | Primary payer payments                                                                                                            |                       |                                             | 15,460                                                             | 60.00 |
| 61.00                                                                                              | Total amount payable for program beneficiaries (line 59 minus line 60)                                                            |                       |                                             | 27,054,627                                                         | 61.00 |
| 62.00                                                                                              | Deductibles billed to program beneficiaries                                                                                       |                       |                                             | 1,534,776                                                          | 62.00 |
| 63.00                                                                                              | Coinurance billed to program beneficiaries                                                                                        |                       |                                             | 190,280                                                            | 63.00 |
| 64.00                                                                                              | Allowable bad debts (see instructions)                                                                                            |                       |                                             | 209,069                                                            | 64.00 |
| 65.00                                                                                              | Adjusted reimbursable bad debts (see instructions)                                                                                |                       |                                             | 135,895                                                            | 65.00 |
| 66.00                                                                                              | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                            |                       |                                             | 32,056                                                             | 66.00 |
| 67.00                                                                                              | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                                             |                       |                                             | 25,465,466                                                         | 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)                                                                                 |                       |                                             | 18,370                                                             | 70.93 |
| 70.94                                                                                              | HRR adjustment amount (see instructions)                                                                                          |                       |                                             | -35,945                                                            | 70.94 |
| 70.95                                                                                              | Recovery of accelerated depreciation                                                                                              |                       |                                             | 0                                                                  | 70.95 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                              |                                                                                                                                                | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                                                                      |                                                                                                                                                | 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)                                                                          |                       | 25,447,891                                  | 71.00                                                              |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |                       | 508,958                                     | 71.01                                                              |
| 71.02                                                                                                                | Demonstration payment adjustment amount after sequestration                                                                                    |                       | 0                                           | 71.02                                                              |
| 72.00                                                                                                                | Interim payments                                                                                                                               |                       | 24,370,054                                  | 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)                                                                    |                       | 568,879                                     | 74.00                                                              |
| 75.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |                       | 315,060                                     | 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                                           | 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                                           | 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                                           | 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                                                             |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                 |                                                                                                       | Title XVIII           |                             | Hospital                |                          | PPS                      |                            |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|-------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                 |                                                                                                       | W/S E, Part A<br>line | Amounts (from<br>E, Part A) | Pre/Post<br>Entitlement | Period Prior<br>to 10/01 | Period<br>On/After 10/01 | Total (Col 2<br>through 4) |
|                                                                                 |                                                                                                       | 0                     | 1.00                        | 2.00                    | 3.00                     | 4.00                     | 5.00                       |
| 1.00                                                                            | DRG amounts other than outlier payments                                                               | 1.00                  | 0                           | 0                       | 0                        | 0                        | 0                          |
| 1.01                                                                            | DRG amounts other than outlier payments for discharges occurring prior to October 1                   | 1.01                  | 16,339,503                  | 0                       | 16,339,503               |                          | 16,339,503                 |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                  | 0                           | 0                       |                          | 0                        | 0                          |
| 1.03                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 1.03                  | 0                           | 0                       | 0                        |                          | 0                          |
| 1.04                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 1.04                  | 0                           | 0                       |                          | 0                        | 0                          |
| 2.00                                                                            | Outlier payments for discharges (see instructions)                                                    | 2.00                  | 418,183                     | 0                       | 418,183                  | 0                        | 418,183                    |
| 2.01                                                                            | Outlier payments for discharges for Model 4 BPCI                                                      | 2.02                  | 0                           | 0                       | 0                        | 0                        | 0                          |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 2.01                  | 0                           | 0                       | 0                        | 0                        | 0                          |
| 4.00                                                                            | Managed care simulated payments                                                                       | 3.00                  | 5,952,393                   | 0                       | 5,952,393                | 0                        | 5,952,393                  |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                       |                             |                         |                          |                          |                            |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                 | 0.133660                    | 0.133660                | 0.133660                 | 0.133660                 |                            |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 22.00                 | 1,149,696                   | 0                       | 1,149,696                | 0                        | 1,149,696                  |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 22.01                 | 418,828                     | 0                       | 418,828                  | 0                        | 418,828                    |
| Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA |                                                                                                       |                       |                             |                         |                          |                          |                            |
| 7.00                                                                            | IME payment adjustment factor (see instructions)                                                      | 27.00                 | 0.000000                    | 0.000000                | 0.000000                 | 0.000000                 |                            |
| 8.00                                                                            | IME adjustment (see instructions)                                                                     | 28.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 8.01                                                                            | IME payment adjustment add on for managed care (see instructions)                                     | 28.01                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 9.00                                                                            | Total IME payment (sum of lines 6 and 8)                                                              | 29.00                 | 1,149,696                   | 0                       | 1,149,696                | 0                        | 1,149,696                  |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                 | 418,828                     | 0                       | 418,828                  | 0                        | 418,828                    |
| Disproportionate Share Adjustment                                               |                                                                                                       |                       |                             |                         |                          |                          |                            |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        | 33.00                 | 0.4778                      | 0.4778                  | 0.4778                   | 0.4778                   |                            |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 34.00                 | 1,951,754                   | 0                       | 1,951,754                | 0                        | 1,951,754                  |
| 11.01                                                                           | Uncompensated care payments                                                                           | 36.00                 | 4,236,064                   | 0                       | 9,138,092                | 2,298,846                | 11,436,938                 |
| Additional payment for high percentage of ESRD beneficiary discharges           |                                                                                                       |                       |                             |                         |                          |                          |                            |
| 12.00                                                                           | Total ESRD additional payment (see instructions)                                                      | 46.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 13.00                                                                           | Subtotal (see instructions)                                                                           | 47.00                 | 24,095,200                  | 0                       | 21,796,354               | 2,298,846                | 24,095,200                 |
| 14.00                                                                           | Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) | 48.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 15.00                                                                           | Total payment for inpatient operating costs (see instructions)                                        | 49.00                 | 24,514,028                  | 0                       | 22,215,182               | 2,298,846                | 24,514,028                 |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                 | 1,642,437                   | 0                       | 1,642,437                | 0                        | 1,642,437                  |
| 17.00                                                                           | Special add-on payments for new technologies                                                          | 54.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 17.01                                                                           | Net organ acquisition cost                                                                            |                       |                             |                         |                          |                          |                            |
| 17.02                                                                           | Credits received from manufacturers for replaced devices for applicable MS-DRGs                       | 68.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 18.00                                                                           | Capital outlier reconciliation adjustment amount (see instructions)                                   | 93.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 19.00                                                                           | SUBTOTAL                                                                                              |                       |                             | 0                       | 23,857,619               | 2,298,846                | 26,156,465                 |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2018 3:54 pm

|        |                                                                 |                    |                        | Title XVIII |           | Hospital | PPS       |        |
|--------|-----------------------------------------------------------------|--------------------|------------------------|-------------|-----------|----------|-----------|--------|
|        |                                                                 | W/S L, line        | (Amounts from L)       |             |           |          |           |        |
|        |                                                                 | 0                  | 1.00                   | 2.00        | 3.00      | 4.00     | 5.00      |        |
| 20.00  | Capital DRG other than outlier                                  | 1.00               | 1,330,770              | 0           | 1,330,770 | 0        | 1,330,770 | 20.00  |
| 20.01  | Model 4 BPCI Capital DRG other than outlier                     | 1.01               | 0                      | 0           | 0         | 0        | 0         | 20.01  |
| 21.00  | Capital DRG outlier payments                                    | 2.00               | 26,616                 | 0           | 26,616    | 0        | 26,616    | 21.00  |
| 21.01  | Model 4 BPCI Capital DRG outlier payments                       | 2.01               | 0                      | 0           | 0         | 0        | 0         | 21.01  |
| 22.00  | Indirect medical education percentage (see instructions)        | 5.00               | 0.0595                 | 0.0595      | 0.0595    | 0.0595   |           | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)        | 6.00               | 79,181                 | 0           | 79,181    | 0        | 79,181    | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)  | 10.00              | 0.1547                 | 0.1547      | 0.1547    | 0.1547   |           | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)            | 11.00              | 205,870                | 0           | 205,870   | 0        | 205,870   | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)           | 12.00              | 1,642,437              | 0           | 1,642,437 | 0        | 1,642,437 | 26.00  |
|        |                                                                 | W/S E, Part A line | (Amounts to E, Part A) |             |           |          |           |        |
|        |                                                                 | 0                  | 1.00                   | 2.00        | 3.00      | 4.00     | 5.00      |        |
| 27.00  | Low volume adjustment factor                                    |                    |                        |             | 0.000000  | 0.000000 |           | 27.00  |
| 28.00  | Low volume adjustment (transfer amount to Wkst. E, Pt. A, line) | 70.96              |                        |             | 0         |          | 0         | 28.00  |
| 29.00  | Low volume adjustment (transfer amount to Wkst. E, Pt. A, line) | 70.97              |                        |             |           | 0        | 0         | 29.00  |
| 100.00 | Transfer low volume adjustments to Wkst. E, Pt. A.              |                    | N                      |             |           |          |           | 100.00 |

## HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                                                                                 |                                                                                                       | Title XVIII          |                           | Hospital        |                       | PPS                   |       |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-----------------|-----------------------|-----------------------|-------|
|                                                                                 |                                                                                                       | Wkst. E, Pt. A, line | Amt. from Wkst. E, Pt. A) | Period to 10/01 | Period on after 10/01 | Total (cols. 2 and 3) |       |
|                                                                                 |                                                                                                       | 0                    | 1.00                      | 2.00            | 3.00                  | 4.00                  |       |
| 1.00                                                                            | DRG amounts other than outlier payments                                                               | 1.00                 |                           |                 |                       |                       | 1.00  |
| 1.01                                                                            | DRG amounts other than outlier payments for discharges occurring prior to October 1                   | 1.01                 | 16,339,503                | 16,339,503      |                       | 16,339,503            | 1.01  |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                 | 0                         |                 | 0                     | 0                     | 1.02  |
| 1.03                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 1.03                 | 0                         | 0               |                       | 0                     | 1.03  |
| 1.04                                                                            | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 1.04                 | 0                         |                 | 0                     | 0                     | 1.04  |
| 2.00                                                                            | Outlier payments for discharges (see instructions)                                                    | 2.00                 | 418,183                   | 418,183         | 0                     | 418,183               | 2.00  |
| 2.01                                                                            | Outlier payments for discharges for Model 4 BPCI                                                      | 2.02                 | 0                         | 0               | 0                     | 0                     | 2.01  |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 2.01                 | 0                         | 0               | 0                     | 0                     | 3.00  |
| 4.00                                                                            | Managed care simulated payments                                                                       | 3.00                 | 5,952,393                 | 5,952,393       | 0                     | 5,952,393             | 4.00  |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                      |                           |                 |                       |                       |       |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                | 0.133660                  | 0.133660        | 0.133660              |                       | 5.00  |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 22.00                | 1,149,696                 | 1,149,696       | 0                     | 1,149,696             | 6.00  |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 22.01                | 418,828                   | 418,828         | 0                     | 418,828               | 6.01  |
| Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA |                                                                                                       |                      |                           |                 |                       |                       |       |
| 7.00                                                                            | IME payment adjustment factor (see instructions)                                                      | 27.00                | 0.000000                  | 0.000000        | 0.000000              |                       | 7.00  |
| 8.00                                                                            | IME adjustment (see instructions)                                                                     | 28.00                | 0                         | 0               | 0                     | 0                     | 8.00  |
| 8.01                                                                            | IME payment adjustment add on for managed care (see instructions)                                     | 28.01                | 0                         | 0               | 0                     | 0                     | 8.01  |
| 9.00                                                                            | Total IME payment (sum of lines 6 and 8)                                                              | 29.00                | 1,149,696                 | 1,149,696       | 0                     | 1,149,696             | 9.00  |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                | 418,828                   | 418,828         | 0                     | 418,828               | 9.01  |
| Disproportionate Share Adjustment                                               |                                                                                                       |                      |                           |                 |                       |                       |       |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        | 33.00                | 0.4778                    | 0.4778          | 0.4778                |                       | 10.00 |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 34.00                | 1,951,754                 | 1,951,754       | 0                     | 1,951,754             | 11.00 |
| 11.01                                                                           | Uncompensated care payments                                                                           | 36.00                | 4,236,064                 | 4,236,064       | 0                     | 4,236,064             | 11.01 |
| Additional payment for high percentage of ESRD beneficiary discharges           |                                                                                                       |                      |                           |                 |                       |                       |       |
| 12.00                                                                           | Total ESRD additional payment (see instructions)                                                      | 46.00                | 0                         | 0               | 0                     | 0                     | 12.00 |
| 13.00                                                                           | Subtotal (see instructions)                                                                           | 47.00                | 24,095,200                | 24,095,200      | 0                     | 24,095,200            | 13.00 |
| 14.00                                                                           | Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) | 48.00                | 0                         | 0               | 0                     | 0                     | 14.00 |
| 15.00                                                                           | Total payment for inpatient operating costs (see instructions)                                        | 49.00                | 24,514,028                | 24,514,028      | 0                     | 24,514,028            | 15.00 |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                | 1,642,437                 | 1,642,437       | 0                     | 1,642,437             | 16.00 |
| 17.00                                                                           | Special add-on payments for new technologies                                                          | 54.00                | 0                         | 0               | 0                     | 0                     | 17.00 |
| 17.01                                                                           | Net organ acquisition cost                                                                            |                      |                           |                 |                       |                       | 17.01 |
| 17.02                                                                           | Credits received from manufacturers for replaced devices for applicable MS-DRGs                       | 68.00                | 0                         | 0               | 0                     | 0                     | 17.02 |
| 18.00                                                                           | Capital outlier reconciliation adjustment amount (see instructions)                                   | 93.00                | 0                         | 0               | 0                     | 0                     | 18.00 |
| 19.00                                                                           | SUBTOTAL                                                                                              |                      |                           | 26,156,465      | 0                     | 26,156,465            | 19.00 |

## HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/28/2018 3:54 pm

|        |                                                                  | Title XVIII          |                            | Hospital  |        | PPS                      |        |
|--------|------------------------------------------------------------------|----------------------|----------------------------|-----------|--------|--------------------------|--------|
|        |                                                                  | Wkst. L, line        | (Amt. from Wkst. L)        |           |        |                          |        |
|        |                                                                  | 0                    | 1.00                       | 2.00      | 3.00   | 4.00                     |        |
| 20.00  | Capital DRG other than outlier                                   | 1.00                 | 1,330,770                  | 1,330,770 | 0      | 1,330,770                | 20.00  |
| 20.01  | Model 4 BPCI Capital DRG other than outlier                      | 1.01                 | 0                          | 0         | 0      | 0                        | 20.01  |
| 21.00  | Capital DRG outlier payments                                     | 2.00                 | 26,616                     | 26,616    | 0      | 26,616                   | 21.00  |
| 21.01  | Model 4 BPCI Capital DRG outlier payments                        | 2.01                 | 0                          | 0         | 0      | 0                        | 21.01  |
| 22.00  | Indirect medical education percentage (see instructions)         | 5.00                 | 0.0595                     | 0.0595    | 0.0595 |                          | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)         | 6.00                 | 79,181                     | 79,181    | 0      | 79,181                   | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)   | 10.00                | 0.1547                     | 0.1547    | 0.1547 |                          | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)             | 11.00                | 205,870                    | 205,870   | 0      | 205,870                  | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)            | 12.00                | 1,642,437                  | 1,642,437 | 0      | 1,642,437                | 26.00  |
|        |                                                                  | Wkst. E, Pt. A, line | (Amt. from Wkst. E, Pt. A) |           |        |                          |        |
|        |                                                                  | 0                    | 1.00                       | 2.00      | 3.00   | 4.00                     |        |
| 27.00  |                                                                  |                      |                            |           |        |                          | 27.00  |
| 28.00  | Low volume adjustment prior to October 1                         | 70.96                | 0                          | 0         |        | 0                        | 28.00  |
| 29.00  | Low volume adjustment on or after October 1                      | 70.97                | 0                          |           | 0      | 0                        | 29.00  |
| 30.00  | HVBP payment adjustment (see instructions)                       | 70.93                | 18,370                     | 18,370    | 0      | 18,370                   | 30.00  |
| 30.01  | HVBP payment adjustment for HSP bonus payment (see instructions) | 70.90                | 0                          | 0         | 0      | 0                        | 30.01  |
| 31.00  | HRR adjustment (see instructions)                                | 70.94                | -35,945                    | -35,945   | 0      | -35,945                  | 31.00  |
| 31.01  | HRR adjustment for HSP bonus payment (see instructions)          | 70.91                | 0                          | 0         | 0      | 0                        | 31.01  |
|        |                                                                  |                      |                            |           |        | (Amt. to Wkst. E, Pt. A) |        |
|        |                                                                  | 0                    | 1.00                       | 2.00      | 3.00   | 4.00                     |        |
| 32.00  | HAC Reduction Program adjustment (see instructions)              | 70.99                |                            | 0         | 0      | 0                        | 32.00  |
| 100.00 | Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.     |                      | N                          |           |        |                          | 100.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                      | Title XVIII           | Hospital                                    | PPS                                                                |
|                                                                   |                                                                                                                                                                      |                       | 1.00                                        |                                                                    |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                       |                                             |                                                                    |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                       | 13,462                                      | 1.00                                                               |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                       | 10,078,695                                  | 2.00                                                               |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                       | 8,009,809                                   | 3.00                                                               |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                       | 65,514                                      | 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                                                                                   |                       | 45,789                                      | 9.00                                                               |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                       | 0                                           | 10.00                                                              |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                       | 13,462                                      | 11.00                                                              |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                       |                                             |                                                                    |
| Reasonable charges                                                |                                                                                                                                                                      |                       |                                             |                                                                    |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                       | 101,957                                     | 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)                                                                                                                    |                       | 101,957                                     | 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)                                                                                                                           |                       | 101,957                                     | 18.00                                                              |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                       | 88,495                                      | 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)                                                                                                                         |                       | 13,462                                      | 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)                                                                                                         |                       | 8,121,112                                   | 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)                                                                                |                       | 1,641,723                                   | 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)                                                     |                       | 6,492,851                                   | 27.00                                                              |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                 |                       | 258,184                                     | 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)                                                                                                                                |                       | 6,751,035                                   | 30.00                                                              |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                       | 461                                         | 31.00                                                              |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                       | 6,750,574                                   | 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)                                                                                                                               |                       | 149,174                                     | 34.00                                                              |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                       | 96,963                                      | 35.00                                                              |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                       | 26,712                                      | 36.00                                                              |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 6,847,537                                   | 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)                                                                                                                                          |                       | 6,847,537                                   | 40.00                                                              |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                       | 136,951                                     | 40.01                                                              |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                       | 0                                           | 40.02                                                              |
| 41.00                                                             | Interim payments                                                                                                                                                     |                       | 6,744,223                                   | 41.00                                                              |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                      |                       | 0                                           | 42.00                                                              |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                      |                       | -33,637                                     | 43.00                                                              |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                       | 0                                           | 44.00                                                              |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                      |                       |                                             |                                                                    |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                           |                       | 0                                           | 90.00                                                              |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                       | 0                                           | 91.00                                                              |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                   |                       | 0.00                                        | 92.00                                                              |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                               |                       | 0                                           | 93.00                                                              |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                       |                       | 0                                           | 94.00                                                              |

| Health Financial Systems                                          |                                                                                                                                                                      | PRESENCE SAINTS MARY & ELIZABETH MED |                            | In Lieu of Form CMS-2552-10               |       |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------|-------------------------------------------|-------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      | Provider CCN: 14-0180                | Period:<br>From 01/01/2018 | Worksheet E                               |       |
|                                                                   |                                                                                                                                                                      | Component CCN: 14-S180               | To 06/30/2018              | Part B                                    |       |
|                                                                   |                                                                                                                                                                      | Title XVIII                          | Subprovider -<br>IPF       | Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|                                                                   |                                                                                                                                                                      |                                      |                            | PPS                                       |       |
|                                                                   |                                                                                                                                                                      |                                      |                            | 1.00                                      |       |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                                      |                            |                                           |       |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                                      |                            | 0                                         | 1.00  |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                                      |                            | 6,647                                     | 2.00  |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                                      |                            | 3,626                                     | 3.00  |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                                      |                            | 1,908                                     | 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                                                                                   |                                      |                            | 97                                        | 9.00  |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                                      |                            | 0                                         | 10.00 |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                                      |                            | 0                                         | 11.00 |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                                      |                            |                                           |       |
| Reasonable charges                                                |                                                                                                                                                                      |                                      |                            |                                           |       |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                                      |                            | 0                                         | 12.00 |
| 13.00                                                             | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)                                                                                                 |                                      |                            | 0                                         | 13.00 |
| 14.00                                                             | Total reasonable charges (sum of lines 12 and 13)                                                                                                                    |                                      |                            | 0                                         | 14.00 |
| Customary charges                                                 |                                                                                                                                                                      |                                      |                            |                                           |       |
| 15.00                                                             | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                  |                                      |                            | 0                                         | 15.00 |
| 16.00                                                             | Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e) |                                      |                            | 0                                         | 16.00 |
| 17.00                                                             | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                 |                                      |                            | 0.000000                                  | 17.00 |
| 18.00                                                             | Total customary charges (see instructions)                                                                                                                           |                                      |                            | 0                                         | 18.00 |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                                      |                            | 0                                         | 19.00 |
| 20.00                                                             | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)                                                       |                                      |                            | 0                                         | 20.00 |
| 21.00                                                             | Lesser of cost or charges (see instructions)                                                                                                                         |                                      |                            | 0                                         | 21.00 |
| 22.00                                                             | Interns and residents (see instructions)                                                                                                                             |                                      |                            | 0                                         | 22.00 |
| 23.00                                                             | Cost of physicians' services in a teaching hospital (see instructions)                                                                                               |                                      |                            | 0                                         | 23.00 |
| 24.00                                                             | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)                                                                                                         |                                      |                            | 5,631                                     | 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)                                                                                |                                      |                            | 725                                       | 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)                                                     |                                      |                            | 4,906                                     | 27.00 |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                 |                                      |                            | 0                                         | 28.00 |
| 29.00                                                             | ESRD direct medical education costs (from Wkst. E-4, line 36)                                                                                                        |                                      |                            | 0                                         | 29.00 |
| 30.00                                                             | Subtotal (sum of lines 27 through 29)                                                                                                                                |                                      |                            | 4,906                                     | 30.00 |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                                      |                            | 0                                         | 31.00 |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                                      |                            | 4,906                                     | 32.00 |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) |                                                                                                                                                                      |                                      |                            |                                           |       |
| 33.00                                                             | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                        |                                      |                            | 0                                         | 33.00 |
| 34.00                                                             | Allowable bad debts (see instructions)                                                                                                                               |                                      |                            | 0                                         | 34.00 |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                                      |                            | 0                                         | 35.00 |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                                      |                            | 0                                         | 36.00 |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                                      |                            | 4,906                                     | 37.00 |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                                      |                            | 0                                         | 38.00 |
| 39.00                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                       |                                      |                            | 0                                         | 39.00 |
| 39.50                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                      |                                      |                            |                                           | 39.50 |
| 39.97                                                             | Demonstration payment adjustment amount before sequestration                                                                                                         |                                      |                            | 0                                         | 39.97 |
| 39.98                                                             | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                          |                                      |                            | 0                                         | 39.98 |
| 39.99                                                             | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                 |                                      |                            | 0                                         | 39.99 |
| 40.00                                                             | Subtotal (see instructions)                                                                                                                                          |                                      |                            | 4,906                                     | 40.00 |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                                      |                            | 98                                        | 40.01 |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                                      |                            | 0                                         | 40.02 |
| 41.00                                                             | Interim payments                                                                                                                                                     |                                      |                            | 4,713                                     | 41.00 |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                      |                                      |                            | 0                                         | 42.00 |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                      |                                      |                            | 95                                        | 43.00 |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                                      |                            | 0                                         | 44.00 |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                      |                                      |                            |                                           |       |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                           |                                      |                            | 0                                         | 90.00 |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                                      |                            | 0                                         | 91.00 |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                   |                                      |                            | 0.00                                      | 92.00 |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                               |                                      |                            | 0                                         | 93.00 |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                       |                                      |                            | 0                                         | 94.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                       | Provider CCN: 14-0180  | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                       | Component CCN: 14-T180 |                                             |                                                                    |
|                                                                   |                                                                                                                                                                       | Title XVIII            | Subprovider -<br>IRF                        | PPS                                                                |
|                                                                   |                                                                                                                                                                       |                        |                                             | 1.00                                                               |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                       |                        |                                             |                                                                    |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                         |                        | 988                                         | 1.00                                                               |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                   |                        | 2,492                                       | 2.00                                                               |
| 3.00                                                              | OPPS payments                                                                                                                                                         |                        | 1,461                                       | 3.00                                                               |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                    |                        | 0                                           | 4.00                                                               |
| 4.01                                                              | Outlier reconciliation amount (see instructions)                                                                                                                      |                        | 0                                           | 4.01                                                               |
| 5.00                                                              | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                  |                        | 0.000                                       | 5.00                                                               |
| 6.00                                                              | Line 2 times line 5                                                                                                                                                   |                        | 0                                           | 6.00                                                               |
| 7.00                                                              | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                        |                        | 0.00                                        | 7.00                                                               |
| 8.00                                                              | Transitional corridor payment (see instructions)                                                                                                                      |                        | 0                                           | 8.00                                                               |
| 9.00                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                    |                        | 28                                          | 9.00                                                               |
| 10.00                                                             | Organ acquisitions                                                                                                                                                    |                        | 0                                           | 10.00                                                              |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                 |                        | 988                                         | 11.00                                                              |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                       |                        |                                             |                                                                    |
| Reasonable charges                                                |                                                                                                                                                                       |                        |                                             |                                                                    |
| 12.00                                                             | Ancillary service charges                                                                                                                                             |                        | 8,054                                       | 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)                                                                                                                     |                        | 8,054                                       | 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 charge basis 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)                                                                                                                            |                        | 8,054                                       | 18.00                                                              |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                        | 7,066                                       | 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)                                                                                                                          |                        | 988                                         | 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)                                                                                                          |                        | 1,489                                       | 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)                                                                                 |                        | 277                                         | 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)                                                      |                        | 2,200                                       | 27.00                                                              |
| 28.00                                                             | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                  |                        | 0                                           | 28.00                                                              |
| 29.00                                                             | ESRD direct medical education costs (from Wkst. E-4, line 36)                                                                                                         |                        | 0                                           | 29.00                                                              |
| 30.00                                                             | Subtotal (sum of lines 27 through 29)                                                                                                                                 |                        | 2,200                                       | 30.00                                                              |
| 31.00                                                             | Primary payer payments                                                                                                                                                |                        | 0                                           | 31.00                                                              |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                      |                        | 2,200                                       | 32.00                                                              |
| ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) |                                                                                                                                                                       |                        |                                             |                                                                    |
| 33.00                                                             | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                         |                        | 0                                           | 33.00                                                              |
| 34.00                                                             | Allowable bad debts (see instructions)                                                                                                                                |                        | 0                                           | 34.00                                                              |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                        | 0                                           | 35.00                                                              |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                        | 0                                           | 36.00                                                              |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                           |                        | 2,200                                       | 37.00                                                              |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                        | 0                                           | 38.00                                                              |
| 39.00                                                             | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        |                        | 0                                           | 39.00                                                              |
| 39.50                                                             | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                       |                        | 39.50                                       |                                                                    |
| 39.97                                                             | Demonstration payment adjustment amount before sequestration                                                                                                          |                        | 0                                           | 39.97                                                              |
| 39.98                                                             | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                           |                        | 0                                           | 39.98                                                              |
| 39.99                                                             | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                  |                        | 0                                           | 39.99                                                              |
| 40.00                                                             | Subtotal (see instructions)                                                                                                                                           |                        | 2,200                                       | 40.00                                                              |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                           |                        | 44                                          | 40.01                                                              |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                           |                        | 0                                           | 40.02                                                              |
| 41.00                                                             | Interim payments                                                                                                                                                      |                        | 1,241                                       | 41.00                                                              |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                       |                        | 0                                           | 42.00                                                              |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                       |                        | 915                                         | 43.00                                                              |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                |                        | 0                                           | 44.00                                                              |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                       |                        |                                             |                                                                    |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                            |                        | 0                                           | 90.00                                                              |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                           |                        | 0                                           | 91.00                                                              |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                    |                        | 0.00                                        | 92.00                                                              |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                                |                        | 0                                           | 93.00                                                              |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                        |                        | 0                                           | 94.00                                                              |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                       | Provider CCN: 14-0180<br>Component CCN: 14-5541 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                       | Title XVIII                                     | Skilled Nursing Facility                    | PPS                                                                |
|                                                                          |                                                                                                                                                                       | 1.00                                            |                                             |                                                                    |
| <b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>                        |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 1.00                                                                     | Medical and other services (see instructions)                                                                                                                         |                                                 | 656                                         | 1.00                                                               |
| 2.00                                                                     | Medical and other services reimbursed under OPPS (see instructions)                                                                                                   |                                                 | 0                                           | 2.00                                                               |
| 3.00                                                                     | OPPS payments                                                                                                                                                         |                                                 |                                             | 3.00                                                               |
| 4.00                                                                     | Outlier payment (see instructions)                                                                                                                                    |                                                 |                                             | 4.00                                                               |
| 4.01                                                                     | Outlier reconciliation amount (see instructions)                                                                                                                      |                                                 |                                             | 4.01                                                               |
| 5.00                                                                     | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                  |                                                 |                                             | 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)                                                                                                                 |                                                 | 656                                         | 11.00                                                              |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                          |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| <b>Reasonable charges</b>                                                |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 12.00                                                                    | Ancillary service charges                                                                                                                                             |                                                 | 5,354                                       | 12.00                                                              |
| 13.00                                                                    | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)                                                                                                  |                                                 |                                             | 13.00                                                              |
| 14.00                                                                    | Total reasonable charges (sum of lines 12 and 13)                                                                                                                     |                                                 | 5,354                                       | 14.00                                                              |
| <b>Customary charges</b>                                                 |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 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 charge basis 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)                                                                                                                            |                                                 | 5,354                                       | 18.00                                                              |
| 19.00                                                                    | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                                                 | 4,698                                       | 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)                                                                                                                          |                                                 | 656                                         | 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)                                                                                                          |                                                 | 0                                           | 24.00                                                              |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                           |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 25.00                                                                    | Deductibles and coinsurance (for CAH, see instructions)                                                                                                               |                                                 | 202                                         | 25.00                                                              |
| 26.00                                                                    | Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)                                                                                 |                                                 |                                             | 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)                                                      |                                                 | 454                                         | 27.00                                                              |
| 28.00                                                                    | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                  |                                                 | 0                                           | 28.00                                                              |
| 29.00                                                                    | ESRD direct medical education costs (from Wkst. E-4, line 36)                                                                                                         |                                                 | 0                                           | 29.00                                                              |
| 30.00                                                                    | Subtotal (sum of lines 27 through 29)                                                                                                                                 |                                                 | 454                                         | 30.00                                                              |
| 31.00                                                                    | Primary payer payments                                                                                                                                                |                                                 | 0                                           | 31.00                                                              |
| 32.00                                                                    | Subtotal (line 30 minus line 31)                                                                                                                                      |                                                 | 454                                         | 32.00                                                              |
| <b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b> |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 33.00                                                                    | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                         |                                                 | 0                                           | 33.00                                                              |
| 34.00                                                                    | Allowable bad debts (see instructions)                                                                                                                                |                                                 | 0                                           | 34.00                                                              |
| 35.00                                                                    | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                                                 | 0                                           | 35.00                                                              |
| 36.00                                                                    | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                                                 | 0                                           | 36.00                                                              |
| 37.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 454                                         | 37.00                                                              |
| 38.00                                                                    | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                                                 |                                             | 38.00                                                              |
| 39.00                                                                    | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        |                                                 | 0                                           | 39.00                                                              |
| 39.50                                                                    | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                       |                                                 |                                             | 39.50                                                              |
| 39.97                                                                    | Demonstration payment adjustment amount before sequestration                                                                                                          |                                                 | 0                                           | 39.97                                                              |
| 39.98                                                                    | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                           |                                                 | 0                                           | 39.98                                                              |
| 39.99                                                                    | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                  |                                                 | 0                                           | 39.99                                                              |
| 40.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 454                                         | 40.00                                                              |
| 40.01                                                                    | Sequestration adjustment (see instructions)                                                                                                                           |                                                 | 9                                           | 40.01                                                              |
| 40.02                                                                    | Demonstration payment adjustment amount after sequestration                                                                                                           |                                                 | 0                                           | 40.02                                                              |
| 41.00                                                                    | Interim payments                                                                                                                                                      |                                                 | 535                                         | 41.00                                                              |
| 42.00                                                                    | Tentative settlement (for contractors use only)                                                                                                                       |                                                 | 0                                           | 42.00                                                              |
| 43.00                                                                    | Balance due provider/program (see instructions)                                                                                                                       |                                                 | -90                                         | 43.00                                                              |
| 44.00                                                                    | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                |                                                 | 0                                           | 44.00                                                              |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                                     |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 90.00                                                                    | Original outlier amount (see instructions)                                                                                                                            |                                                 |                                             | 90.00                                                              |
| 91.00                                                                    | Outlier reconciliation adjustment amount (see instructions)                                                                                                           |                                                 |                                             | 91.00                                                              |
| 92.00                                                                    | The rate used to calculate the Time Value of Money                                                                                                                    |                                                 |                                             | 92.00                                                              |
| 93.00                                                                    | Time Value of Money (see instructions)                                                                                                                                |                                                 |                                             | 93.00                                                              |
| 94.00                                                                    | Total (sum of lines 91 and 93)                                                                                                                                        |                                                 |                                             | 94.00                                                              |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

|                               |                                                                                                                                                                                                                        | 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                                                                                                                                                                                |                  | 23,380,876 |                   | 6,310,935            | 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                          |                  | 989,178    |                   | 433,288              | 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)                                                                                                |                  | 24,370,054 |                   | 6,744,223            | 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                                                                                                                                                                                                 |                  | 568,879    |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0          |                   | 33,637               | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 24,938,933 |                   | 6,710,586            | 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: 14-0180

Period:

Worksheet E-1

Component CCN: 14-S180

From 01/01/2018  
To 06/30/2018Part I  
Date/Time Prepared:  
11/28/2018 3:54 pm

Title XVIII

Subprovider -  
IPF

PPS

|                               |                                                                                                                                                                                                                        | Inpatient Part A |         | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount  | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00    | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 753,108 |                   | 4,713                | 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)                                                                                                |                  | 753,108 |                   | 4,713                | 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                                                                                                                                                                                                 |                  | 4,850   |                   | 95                   | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0       |                   | 0                    | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 757,958 |                   | 4,808                | 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: 14-0180<br>Component CCN: 14-T180 |           | Period:<br>From 01/01/2018<br>To 06/30/2018 |                         | Worksheet E-1<br>Part I<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |      |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------|---------------------------------------------|-------------------------|----------------------------------------------------------------------|------|
|                                                         |                                                                                                                                                                                                                        | Title XVIII                                     |           | Subprovider -<br>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                                                                                                                                                                                |                                                 |           |                                             |                         |                                                                      | 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                          |                                                 | 1,601,249 |                                             | 1,241                   |                                                                      | 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)                                                                                                |                                                 | 1,601,249 |                                             | 1,241                   |                                                                      | 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         |                                             | 915                     |                                                                      | 6.01 |
| 6.02                                                    | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                                                 | 57,562    |                                             | 0                       |                                                                      | 6.02 |
| 7.00                                                    | Total Medicare program liability (see instructions)                                                                                                                                                                    |                                                 | 1,543,687 |                                             | 2,156                   |                                                                      | 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: 14-0180  
 Component CCN: 14-5541

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

 Worksheet E-1  
 Part I  
 Date/Time Prepared:  
 11/28/2018 3:54 pm

Title XVIII

 Skilled Nursing  
 Facility

PPS

|                               |                                                                                                                                                                                                                        | Inpatient Part A |           | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount    | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00      | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  |           |                   |                      | 1.00 |
| 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                          |                  | 1,487,163 |                   | 535                  | 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)                                                                                                |                  | 1,487,163 |                   | 535                  | 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                                                                                                                                                                                                 |                  | 21,103    |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0         |                   | 90                   | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 1,508,266 |                   | 445                  | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |           | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        | 0                |           | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |           |                   |                      | 8.00 |

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet E-1  
Part II  
Date/Time Prepared:  
11/28/2018 3:54 pm

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 |

| Health Financial Systems                |                                                                                                                                                                                                                                                                | PRESENCE SAINTS MARY & ELIZABETH MED |                            | In Lieu of Form CMS-2552-10               |       |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------|-------------------------------------------|-------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT |                                                                                                                                                                                                                                                                | Provider CCN: 14-0180                | Period:<br>From 01/01/2018 | Worksheet E-3                             |       |
|                                         |                                                                                                                                                                                                                                                                | Component CCN: 14-S180               | To 06/30/2018              | Part II                                   |       |
|                                         |                                                                                                                                                                                                                                                                | Title XVIII                          | Subprovider -<br>IPF       | Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|                                         |                                                                                                                                                                                                                                                                |                                      |                            | 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)                                                                                                                                                                          |                                      |                            | 816,804                                   | 1.00  |
| 2.00                                    | Net IPF PPS Outlier Payments                                                                                                                                                                                                                                   |                                      |                            | 30,064                                    | 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 instnctions)                                                                                                                       |                                      |                            | 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 instnctions)                                                                                                                       |                                      |                            | 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)                                                                                                                                                                                                                        |                                      |                            | 12.685083                                 | 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)                                                                                                                                                                                                    |                                      |                            | 846,868                                   | 12.00 |
| 13.00                                   | Nursing and Allied Health Managed Care payment (see instruction)                                                                                                                                                                                               |                                      |                            | 0                                         | 13.00 |
| 14.00                                   | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                      |                            |                                           | 14.00 |
| 15.00                                   | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                      |                            | 0                                         | 15.00 |
| 16.00                                   | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                      |                            | 846,868                                   | 16.00 |
| 17.00                                   | Primary payer payments                                                                                                                                                                                                                                         |                                      |                            | 0                                         | 17.00 |
| 18.00                                   | Subtotal (line 16 less line 17).                                                                                                                                                                                                                               |                                      |                            | 846,868                                   | 18.00 |
| 19.00                                   | Deductibles                                                                                                                                                                                                                                                    |                                      |                            | 71,020                                    | 19.00 |
| 20.00                                   | Subtotal (line 18 minus line 19)                                                                                                                                                                                                                               |                                      |                            | 775,848                                   | 20.00 |
| 21.00                                   | Coinsurance                                                                                                                                                                                                                                                    |                                      |                            | 7,370                                     | 21.00 |
| 22.00                                   | Subtotal (line 20 minus line 21)                                                                                                                                                                                                                               |                                      |                            | 768,478                                   | 22.00 |
| 23.00                                   | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                      |                            | 0                                         | 23.00 |
| 24.00                                   | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                      |                            | 0                                         | 24.00 |
| 25.00                                   | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                      |                            | 0                                         | 25.00 |
| 26.00                                   | Subtotal (sum of lines 22 and 24)                                                                                                                                                                                                                              |                                      |                            | 768,478                                   | 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)                                                                                                                                                                                                                    |                                      |                            | 4,949                                     | 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)                                                                                                                                                                                                        |                                      |                            | 773,427                                   | 31.00 |
| 31.01                                   | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                      |                            | 15,469                                    | 31.01 |
| 31.02                                   | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                      |                            | 0                                         | 31.02 |
| 32.00                                   | Interim payments                                                                                                                                                                                                                                               |                                      |                            | 753,108                                   | 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)                                                                                                                                                                                     |                                      |                            | 4,850                                     | 34.00 |
| 35.00                                   | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                      |                            | 0                                         | 35.00 |
| TO BE COMPLETED BY CONTRACTOR           |                                                                                                                                                                                                                                                                |                                      |                            |                                           |       |
| 50.00                                   | Original outlier amount from Worksheet E-3, Part II, line 2                                                                                                                                                                                                    |                                      |                            | 30,064                                    | 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: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part III<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                               |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IRF                        | PPS                                                                    |
|                                               |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                   |
| PART III - MEDICARE PART A SERVICES - IRF PPS |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                        |
| 1.00                                          | Net Federal PPS Payment (see instructions)                                                                                                                                                                                                                     |                                                 |                                             | 1,410,923 1.00                                                         |
| 2.00                                          | Medicare SSI ratio (IRF PPS only) (see instructions)                                                                                                                                                                                                           |                                                 |                                             | 0.0795 2.00                                                            |
| 3.00                                          | Inpatient Rehabilitation LIP Payments (see instructions)                                                                                                                                                                                                       |                                                 |                                             | 149,558 3.00                                                           |
| 4.00                                          | Outlier Payments                                                                                                                                                                                                                                               |                                                 |                                             | 11,130 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)                                                                                                                                                                                                                        |                                                 |                                             | 11.972376 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)                                                                                                                                                                                                                           |                                                 |                                             | 1,571,611 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)                                                                                                                                                                                                                                    |                                                 |                                             | 1,571,611 17.00                                                        |
| 18.00                                         | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 0 18.00                                                                |
| 19.00                                         | Subtotal (line 17 less line 18).                                                                                                                                                                                                                               |                                                 |                                             | 1,571,611 19.00                                                        |
| 20.00                                         | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 2,680 20.00                                                            |
| 21.00                                         | Subtotal (line 19 minus line 20)                                                                                                                                                                                                                               |                                                 |                                             | 1,568,931 21.00                                                        |
| 22.00                                         | Coinsurance                                                                                                                                                                                                                                                    |                                                 |                                             | 0 22.00                                                                |
| 23.00                                         | Subtotal (line 21 minus line 22)                                                                                                                                                                                                                               |                                                 |                                             | 1,568,931 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)                                                                                                                                                                                                                              |                                                 |                                             | 1,568,931 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)                                                                                                                                                                                                                    |                                                 |                                             | 6,260 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)                                                                                                                                                                                                        |                                                 |                                             | 1,575,191 32.00                                                        |
| 32.01                                         | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 31,504 32.01                                                           |
| 32.02                                         | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 0 32.02                                                                |
| 33.00                                         | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 1,601,249 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)                                                                                                                                                                                    |                                                 |                                             | -57,562 35.00                                                          |
| 36.00                                         | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 1,917 36.00                                                            |
| TO BE COMPLETED BY CONTRACTOR                 |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                        |
| 50.00                                         | Original outlier amount from Wkst. E-3, Pt. III, line 4                                                                                                                                                                                                        |                                                 |                                             | 11,130 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: 14-0180<br>Component CCN: 14-5541 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part VI<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|                                                                                                                       |                                                                                                                                      | 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)                                                                                            |                                                 |                                             | 1,676,470 1.00                                                        |
| 2.00                                                                                                                  | Routine service other pass through costs                                                                                             |                                                 |                                             | 0 2.00                                                                |
| 3.00                                                                                                                  | Ancillary service other pass through costs                                                                                           |                                                 |                                             | 21,534 3.00                                                           |
| 4.00                                                                                                                  | Subtotal (sum of lines 1 through 3)                                                                                                  |                                                 |                                             | 1,698,004 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                                                                                                                          |                                                 |                                             | 158,957 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)                                             |                                                 |                                             | 1,539,047 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)                                                                                                          |                                                 |                                             | 1,539,047 15.00                                                       |
| 15.01                                                                                                                 | Sequestration adjustment (see instructions)                                                                                          |                                                 |                                             | 30,781 15.01                                                          |
| 15.02                                                                                                                 | Demonstration payment adjustment amount after sequestration                                                                          |                                                 |                                             | 0 15.02                                                               |
| 16.00                                                                                                                 | Interim payments                                                                                                                     |                                                 |                                             | 1,487,163 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)                                                          |                                                 |                                             | 21,103 18.00                                                          |
| 19.00                                                                                                                 | Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2                            |                                                 |                                             | 0 19.00                                                               |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                 |                                                                                                                                                                       | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part VII<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |       |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|-------|
|                                                                                                         |                                                                                                                                                                       | Title XIX             | Hospital                                    | Cost                                                                   |       |
|                                                                                                         |                                                                                                                                                                       |                       | Inpatient                                   | Outpatient                                                             |       |
|                                                                                                         |                                                                                                                                                                       |                       | 1.00                                        | 2.00                                                                   |       |
| <b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b> |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| <b>COMPUTATION OF NET COST OF COVERED SERVICES</b>                                                      |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| 1.00                                                                                                    | Inpatient hospital/SNF/NF services                                                                                                                                    | 8,481,121             |                                             |                                                                        | 1.00  |
| 2.00                                                                                                    | Medical and other services                                                                                                                                            |                       |                                             | 0                                                                      | 2.00  |
| 3.00                                                                                                    | Organ acquisition (certified transplant centers only)                                                                                                                 | 0                     |                                             |                                                                        | 3.00  |
| 4.00                                                                                                    | Subtotal (sum of lines 1, 2 and 3)                                                                                                                                    | 8,481,121             |                                             | 0                                                                      | 4.00  |
| 5.00                                                                                                    | Inpatient primary payer payments                                                                                                                                      |                       | 0                                           |                                                                        | 5.00  |
| 6.00                                                                                                    | Outpatient primary payer payments                                                                                                                                     |                       |                                             | 0                                                                      | 6.00  |
| 7.00                                                                                                    | Subtotal (line 4 less sum of lines 5 and 6)                                                                                                                           | 8,481,121             |                                             | 0                                                                      | 7.00  |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                                                         |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| <b>Reasonable Charges</b>                                                                               |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| 8.00                                                                                                    | Routine service charges                                                                                                                                               |                       | 0                                           |                                                                        | 8.00  |
| 9.00                                                                                                    | Ancillary service charges                                                                                                                                             |                       | 0                                           | 0                                                                      | 9.00  |
| 10.00                                                                                                   | Organ acquisition charges, net of revenue                                                                                                                             |                       | 0                                           |                                                                        | 10.00 |
| 11.00                                                                                                   | Incentive from target amount computation                                                                                                                              |                       | 0                                           |                                                                        | 11.00 |
| 12.00                                                                                                   | Total reasonable charges (sum of lines 8 through 11)                                                                                                                  |                       | 0                                           | 0                                                                      | 12.00 |
| <b>CUSTOMARY CHARGES</b>                                                                                |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| 13.00                                                                                                   | Amount actually collected from patients liable for payment for services on a charge basis                                                                             |                       | 0                                           |                                                                        | 13.00 |
| 14.00                                                                                                   | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) |                       | 0                                           |                                                                        | 14.00 |
| 15.00                                                                                                   | Ratio of line 13 to line 14 (not to exceed 1.000000)                                                                                                                  | 0.000000              |                                             | 0.000000                                                               | 15.00 |
| 16.00                                                                                                   | Total customary charges (see instructions)                                                                                                                            |                       | 0                                           | 0                                                                      | 16.00 |
| 17.00                                                                                                   | Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)                                                         |                       | 0                                           | 0                                                                      | 17.00 |
| 18.00                                                                                                   | Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)                                                         | 8,481,121             |                                             | 0                                                                      | 18.00 |
| 19.00                                                                                                   | Interns and Residents (see instructions)                                                                                                                              |                       | 0                                           | 0                                                                      | 19.00 |
| 20.00                                                                                                   | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                |                       | 0                                           | 0                                                                      | 20.00 |
| 21.00                                                                                                   | Cost of covered services (enter the lesser of line 4 or line 16)                                                                                                      |                       | 0                                           | 0                                                                      | 21.00 |
| <b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>       |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| 22.00                                                                                                   | Other than outlier payments                                                                                                                                           |                       | 0                                           | 0                                                                      | 22.00 |
| 23.00                                                                                                   | Outlier payments                                                                                                                                                      |                       |                                             | 0                                                                      | 23.00 |
| 24.00                                                                                                   | Program capital payments                                                                                                                                              |                       | 0                                           |                                                                        | 24.00 |
| 25.00                                                                                                   | Capital exception payments (see instructions)                                                                                                                         |                       | 0                                           |                                                                        | 25.00 |
| 26.00                                                                                                   | Routine and Ancillary service other pass through costs                                                                                                                |                       | 0                                           | 0                                                                      | 26.00 |
| 27.00                                                                                                   | Subtotal (sum of lines 22 through 26)                                                                                                                                 |                       | 0                                           | 0                                                                      | 27.00 |
| 28.00                                                                                                   | Customary charges (title V or XIX PPS covered services only)                                                                                                          |                       | 0                                           | 0                                                                      | 28.00 |
| 29.00                                                                                                   | Titles V or XIX (sum of lines 21 and 27)                                                                                                                              |                       | 0                                           | 0                                                                      | 29.00 |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                                                          |                                                                                                                                                                       |                       |                                             |                                                                        |       |
| 30.00                                                                                                   | Excess of reasonable cost (from line 18)                                                                                                                              | 8,481,121             |                                             | 0                                                                      | 30.00 |
| 31.00                                                                                                   | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)                                                                                                        |                       | 0                                           | 0                                                                      | 31.00 |
| 32.00                                                                                                   | Deductibles                                                                                                                                                           |                       | 0                                           | 0                                                                      | 32.00 |
| 33.00                                                                                                   | Coinsurance                                                                                                                                                           |                       | 0                                           | 0                                                                      | 33.00 |
| 34.00                                                                                                   | Allowable bad debts (see instructions)                                                                                                                                |                       | 0                                           | 0                                                                      | 34.00 |
| 35.00                                                                                                   | Utilization review                                                                                                                                                    |                       | 0                                           |                                                                        | 35.00 |
| 36.00                                                                                                   | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)                                                                                                    |                       | 0                                           | 0                                                                      | 36.00 |
| 37.00                                                                                                   | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        |                       | 0                                           | 0                                                                      | 37.00 |
| 38.00                                                                                                   | Subtotal (line 36 ± line 37)                                                                                                                                          |                       | 0                                           | 0                                                                      | 38.00 |
| 39.00                                                                                                   | Direct graduate medical education payments (from Wkst. E-4)                                                                                                           |                       | 0                                           |                                                                        | 39.00 |
| 40.00                                                                                                   | Total amount payable to the provider (sum of lines 38 and 39)                                                                                                         |                       | 0                                           | 0                                                                      | 40.00 |
| 41.00                                                                                                   | Interim payments                                                                                                                                                      |                       | 0                                           | 0                                                                      | 41.00 |
| 42.00                                                                                                   | Balance due provider/program (line 40 minus line 41)                                                                                                                  |                       | 0                                           | 0                                                                      | 42.00 |
| 43.00                                                                                                   | Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2                                                                 |                       | 0                                           | 0                                                                      | 43.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                 |                                                                                                                                                                       | Provider CCN: 14-0180<br>Component CCN: 14-T180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E-3<br>Part VII<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|
|                                                                                                         |                                                                                                                                                                       | Title XIX                                       | Subprovider -<br>IRF                        | Cost                                                                   |
|                                                                                                         |                                                                                                                                                                       | Inpatient<br>1.00                               | Outpatient<br>2.00                          |                                                                        |
| <b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b> |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| <b>COMPUTATION OF NET COST OF COVERED SERVICES</b>                                                      |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| 1.00                                                                                                    | Inpatient hospital/SNF/NF services                                                                                                                                    | 118,644                                         |                                             | 1.00                                                                   |
| 2.00                                                                                                    | Medical and other services                                                                                                                                            |                                                 | 0                                           | 2.00                                                                   |
| 3.00                                                                                                    | Organ acquisition (certified transplant centers only)                                                                                                                 | 0                                               |                                             | 3.00                                                                   |
| 4.00                                                                                                    | Subtotal (sum of lines 1, 2 and 3)                                                                                                                                    | 118,644                                         | 0                                           | 4.00                                                                   |
| 5.00                                                                                                    | Inpatient primary payer payments                                                                                                                                      | 0                                               |                                             | 5.00                                                                   |
| 6.00                                                                                                    | Outpatient primary payer payments                                                                                                                                     |                                                 | 0                                           | 6.00                                                                   |
| 7.00                                                                                                    | Subtotal (line 4 less sum of lines 5 and 6)                                                                                                                           | 118,644                                         | 0                                           | 7.00                                                                   |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                                                         |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| <b>Reasonable Charges</b>                                                                               |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| 8.00                                                                                                    | Routine service charges                                                                                                                                               | 0                                               |                                             | 8.00                                                                   |
| 9.00                                                                                                    | Ancillary service charges                                                                                                                                             | 0                                               | 0                                           | 9.00                                                                   |
| 10.00                                                                                                   | Organ acquisition charges, net of revenue                                                                                                                             | 0                                               |                                             | 10.00                                                                  |
| 11.00                                                                                                   | Incentive from target amount computation                                                                                                                              | 0                                               |                                             | 11.00                                                                  |
| 12.00                                                                                                   | Total reasonable charges (sum of lines 8 through 11)                                                                                                                  | 0                                               | 0                                           | 12.00                                                                  |
| <b>CUSTOMARY CHARGES</b>                                                                                |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| 13.00                                                                                                   | Amount actually collected from patients liable for payment for services on a charge basis                                                                             | 0                                               | 0                                           | 13.00                                                                  |
| 14.00                                                                                                   | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) | 0                                               | 0                                           | 14.00                                                                  |
| 15.00                                                                                                   | Ratio of line 13 to line 14 (not to exceed 1.000000)                                                                                                                  | 0.000000                                        | 0.000000                                    | 15.00                                                                  |
| 16.00                                                                                                   | Total customary charges (see instructions)                                                                                                                            | 0                                               | 0                                           | 16.00                                                                  |
| 17.00                                                                                                   | Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)                                                         | 0                                               | 0                                           | 17.00                                                                  |
| 18.00                                                                                                   | Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)                                                         | 118,644                                         | 0                                           | 18.00                                                                  |
| 19.00                                                                                                   | Interns and Residents (see instructions)                                                                                                                              | 0                                               | 0                                           | 19.00                                                                  |
| 20.00                                                                                                   | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                | 0                                               | 0                                           | 20.00                                                                  |
| 21.00                                                                                                   | Cost of covered services (enter the lesser of line 4 or line 16)                                                                                                      | 0                                               | 0                                           | 21.00                                                                  |
| <b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>       |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| 22.00                                                                                                   | Other than outlier payments                                                                                                                                           | 0                                               | 0                                           | 22.00                                                                  |
| 23.00                                                                                                   | Outlier payments                                                                                                                                                      | 0                                               | 0                                           | 23.00                                                                  |
| 24.00                                                                                                   | Program capital payments                                                                                                                                              | 0                                               |                                             | 24.00                                                                  |
| 25.00                                                                                                   | Capital exception payments (see instructions)                                                                                                                         | 0                                               |                                             | 25.00                                                                  |
| 26.00                                                                                                   | Routine and Ancillary service other pass through costs                                                                                                                | 0                                               | 0                                           | 26.00                                                                  |
| 27.00                                                                                                   | Subtotal (sum of lines 22 through 26)                                                                                                                                 | 0                                               | 0                                           | 27.00                                                                  |
| 28.00                                                                                                   | Customary charges (title V or XIX PPS covered services only)                                                                                                          | 0                                               |                                             | 28.00                                                                  |
| 29.00                                                                                                   | Titles V or XIX (sum of lines 21 and 27)                                                                                                                              | 0                                               | 0                                           | 29.00                                                                  |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                                                          |                                                                                                                                                                       |                                                 |                                             |                                                                        |
| 30.00                                                                                                   | Excess of reasonable cost (from line 18)                                                                                                                              | 118,644                                         | 0                                           | 30.00                                                                  |
| 31.00                                                                                                   | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)                                                                                                        | 0                                               | 0                                           | 31.00                                                                  |
| 32.00                                                                                                   | Deductibles                                                                                                                                                           | 0                                               |                                             | 32.00                                                                  |
| 33.00                                                                                                   | Coinurance                                                                                                                                                            | 0                                               |                                             | 33.00                                                                  |
| 34.00                                                                                                   | Allowable bad debts (see instructions)                                                                                                                                | 0                                               | 0                                           | 34.00                                                                  |
| 35.00                                                                                                   | Utilization review                                                                                                                                                    | 0                                               |                                             | 35.00                                                                  |
| 36.00                                                                                                   | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)                                                                                                    | 0                                               | 0                                           | 36.00                                                                  |
| 37.00                                                                                                   | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        | 0                                               | 0                                           | 37.00                                                                  |
| 38.00                                                                                                   | Subtotal (line 36 ± line 37)                                                                                                                                          | 0                                               | 0                                           | 38.00                                                                  |
| 39.00                                                                                                   | Direct graduate medical education payments (from Wkst. E-4)                                                                                                           | 0                                               |                                             | 39.00                                                                  |
| 40.00                                                                                                   | Total amount payable to the provider (sum of lines 38 and 39)                                                                                                         | 0                                               | 0                                           | 40.00                                                                  |
| 41.00                                                                                                   | Interim payments                                                                                                                                                      | 0                                               | 0                                           | 41.00                                                                  |
| 42.00                                                                                                   | Balance due provider/program (line 40 minus line 41)                                                                                                                  | 0                                               | 0                                           | 42.00                                                                  |
| 43.00                                                                                                   | Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2                                                                 | 0                                               | 0                                           | 43.00                                                                  |

|                                                                                          |                                                                                                                                                                    |                       |              |                                             |                                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------------|------------------------------------------------------------|
| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                                                                    | Provider CCN: 14-0180 |              | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E-4<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|                                                                                          |                                                                                                                                                                    | Title XVIII           | Hospital     | PPS                                         |                                                            |
|                                                                                          |                                                                                                                                                                    |                       |              | 1.00                                        |                                                            |
| COMPUTATION OF TOTAL DIRECT GME AMOUNT                                                   |                                                                                                                                                                    |                       |              |                                             |                                                            |
| 1.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.                            |                       |              | 20.39                                       | 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)           |                       |              | 1.40                                        | 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)) |                       |              | 7.79                                        | 4.00                                                       |
| 4.01                                                                                     | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)                                              |                       |              | 0.00                                        | 4.01                                                       |
| 4.02                                                                                     | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)                                   |                       |              | 0.00                                        | 4.02                                                       |
| 5.00                                                                                     | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)                               |                       |              | 26.78                                       | 5.00                                                       |
| 6.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)                                    |                       |              | 25.61                                       | 6.00                                                       |
| 7.00                                                                                     | Enter the lesser of line 5 or line 6                                                                                                                               |                       |              | 25.61                                       | 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.                                                                   | 24.15                 | 1.46         | 25.61                                       | 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.                       | 24.15                 | 1.46         | 25.61                                       | 9.00                                                       |
| 10.00                                                                                    | Weighted dental and podiatric resident FTE count for the current year                                                                                              |                       | 1.49         |                                             | 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                                                                                                                                           | 24.15                 | 2.95         |                                             | 11.00                                                      |
| 12.00                                                                                    | Total weighted resident FTE count for the prior cost reporting year (see instructions)                                                                             | 21.01                 | 1.94         |                                             | 12.00                                                      |
| 13.00                                                                                    | Total weighted resident FTE count for the penultimate cost reporting year (see instructions)                                                                       | 20.37                 | 1.48         |                                             | 13.00                                                      |
| 14.00                                                                                    | Rolling average FTE count (sum of lines 11 through 13 divided by 3).                                                                                               | 21.84                 | 2.12         |                                             | 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                                                                                                                                 | 21.84                 | 2.12         |                                             | 17.00                                                      |
| 18.00                                                                                    | Per resident amount                                                                                                                                                | 126,836.10            | 126,836.10   |                                             | 18.00                                                      |
| 19.00                                                                                    | Approved amount for resident costs                                                                                                                                 | 2,770,100             | 268,893      | 3,038,993                                   | 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)                                                                                               |                       |              | 0.00                                        | 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)                                                                                                                   |                       |              | 3,038,993                                   | 25.00                                                      |
|                                                                                          |                                                                                                                                                                    | Inpatient Part A      | Managed care |                                             |                                                            |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00         | 3.00                                        |                                                            |
| COMPUTATION OF PROGRAM PATIENT LOAD                                                      |                                                                                                                                                                    |                       |              |                                             |                                                            |
| 26.00                                                                                    | Inpatient Days (see instructions)                                                                                                                                  | 12,394                | 4,232        |                                             | 26.00                                                      |
| 27.00                                                                                    | Total Inpatient Days (see instructions)                                                                                                                            | 47,624                | 47,624       |                                             | 27.00                                                      |
| 28.00                                                                                    | Ratio of inpatient days to total inpatient days                                                                                                                    | 0.260247              | 0.088863     |                                             | 28.00                                                      |
| 29.00                                                                                    | Program direct GME amount                                                                                                                                          | 790,889               | 270,054      |                                             | 29.00                                                      |
| 30.00                                                                                    | Reduction for direct GME payments for Medicare Advantage                                                                                                           |                       | 38,159       |                                             | 30.00                                                      |
| 31.00                                                                                    | Net Program direct GME amount                                                                                                                                      |                       |              | 1,022,784                                   | 31.00                                                      |

|                                                                                                                            |                                                                                                             |                       |                                             |                                                            |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS                                   |                                                                                                             | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet E-4<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|                                                                                                                            |                                                                                                             | 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)             |                       | 0                                           | 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)                                                                          |                       | 30,069,436                                  | 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)                                                                   |                       | 15,460                                      | 40.00                                                      |
| 41.00                                                                                                                      | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)                                     |                       | 30,053,976                                  | 41.00                                                      |
| Part B Reasonable Cost                                                                                                     |                                                                                                             |                       |                                             |                                                            |
| 42.00                                                                                                                      | Reasonable cost (see instructions)                                                                          |                       | 10,148,854                                  | 42.00                                                      |
| 43.00                                                                                                                      | Primary payer payments (see instructions)                                                                   |                       | 461                                         | 43.00                                                      |
| 44.00                                                                                                                      | Total Part B reasonable cost (line 42 minus line 43)                                                        |                       | 10,148,393                                  | 44.00                                                      |
| 45.00                                                                                                                      | Total reasonable cost (sum of lines 41 and 44)                                                              |                       | 40,202,369                                  | 45.00                                                      |
| 46.00                                                                                                                      | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)                                |                       | 0.747567                                    | 46.00                                                      |
| 47.00                                                                                                                      | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)                                |                       | 0.252433                                    | 47.00                                                      |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B                                                          |                                                                                                             |                       |                                             |                                                            |
| 48.00                                                                                                                      | Total program GME payment (line 31)                                                                         |                       | 1,022,784                                   | 48.00                                                      |
| 49.00                                                                                                                      | Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)                            |                       | 764,600                                     | 49.00                                                      |
| 50.00                                                                                                                      | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)                            |                       | 258,184                                     | 50.00                                                      |

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

Provider CCN: 14-0180

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

Worksheet G

Date/Time Prepared:  
11/28/2018 3:54 pm

|                              |                                                                                | 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                                                          | 2,128,092    | 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                                                            | 188,454,066  | 0                     | 0              | 0          | 4.00  |
| 5.00                         | Other receivable                                                               | 0            | 0                     | 0              | 0          | 5.00  |
| 6.00                         | Allowances for uncollectible notes and accounts receivable                     | -133,348,438 | 0                     | 0              | 0          | 6.00  |
| 7.00                         | Inventory                                                                      | 5,964,215    | 0                     | 0              | 0          | 7.00  |
| 8.00                         | Prepaid expenses                                                               | 0            | 0                     | 0              | 0          | 8.00  |
| 9.00                         | Other current assets                                                           | 3,927,349    | 0                     | 0              | 0          | 9.00  |
| 10.00                        | Due from other funds                                                           | -561,566     | 0                     | 0              | 0          | 10.00 |
| 11.00                        | Total current assets (sum of lines 1-10)                                       | 66,563,718   | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 12.00                        | Land                                                                           | 35,010,000   | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 272,750      | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | -23,036      | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 113,680,264  | 0                     | 0              | 0          | 15.00 |
| 16.00                        | Accumulated depreciation                                                       | -1,487,959   | 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                                                        | 26,428,582   | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | -1,898,712   | 0                     | 0              | 0          | 24.00 |
| 25.00                        | Minor equipment depreciable                                                    | 0            | 0                     | 0              | 0          | 25.00 |
| 26.00                        | Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 26.00 |
| 27.00                        | HIT designated Assets                                                          | 0            | 0                     | 0              | 0          | 27.00 |
| 28.00                        | Accumulated depreciation                                                       | 0            | 0                     | 0              | 0          | 28.00 |
| 29.00                        | Minor equipment-nondepreciable                                                 | 0            | 0                     | 0              | 0          | 29.00 |
| 30.00                        | Total fixed assets (sum of lines 12-29)                                        | 171,981,889  | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 31.00                        | Investments                                                                    | 0            | 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                                                                   | 3,083,002    | 0                     | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 3,083,002    | 0                     | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 241,628,609  | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |              |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 2,775,752    | 0                     | 0              | 0          | 37.00 |
| 38.00                        | Salaries, wages, and fees payable                                              | 0            | 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                                                      | 32,343,240   | 0                     | 0              | 0          | 44.00 |
| 45.00                        | Total current liabilities (sum of lines 37 thru 44)                            | 35,118,992   | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b> |                                                                                |              |                       |                |            |       |
| 46.00                        | Mortgage payable                                                               | 11,044       | 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                                                    | 0            | 0                     | 0              | 0          | 49.00 |
| 50.00                        | Total long term liabilities (sum of lines 46 thru 49)                          | 11,044       | 0                     | 0              | 0          | 50.00 |
| 51.00                        | Total liabilities (sum of lines 45 and 50)                                     | 35,130,036   | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |              |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 206,498,573  | 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)                                  | 206,498,573  | 0                     | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 241,628,609  | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0180

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

Worksheet G-1

Date/Time Prepared:  
11/28/2018 3:54 pm

|       |                                                                         | General Fund   |             | Special Purpose Fund |      | Endowment Fund |       |
|-------|-------------------------------------------------------------------------|----------------|-------------|----------------------|------|----------------|-------|
|       |                                                                         | 1.00           | 2.00        | 3.00                 | 4.00 | 5.00           |       |
| 1.00  | Fund balances at beginning of period                                    |                | 167,716,072 |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | 12,915,138  |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 180,631,210 |                      | 0    |                | 3.00  |
| 4.00  | Additions (credit adjustments) (specify)                                | 0              |             | 0                    |      | 0              | 4.00  |
| 5.00  | OPENING BALANCE SHEET ADJ                                               | 59,167,839     |             | 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)                                       |                | 59,167,839  |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 239,799,049 |                      | 0    |                | 11.00 |
| 12.00 | NET ASSET TRANSFERS                                                     | 10,113,438     |             | 0                    |      | 0              | 12.00 |
| 13.00 | OTHER TRANSFERS                                                         | 23,187,038     |             | 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)                                   |                | 33,300,476  |                      | 0    |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | 206,498,573 |                      | 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  | OPENING BALANCE SHEET ADJ                                               |                | 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 | NET ASSET TRANSFERS                                                     |                | 0           |                      |      |                | 12.00 |
| 13.00 | OTHER TRANSFERS                                                         |                | 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: 14-0180

Period:  
From 01/01/2018  
To 06/30/2018Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/28/2018 3:54 pm

| 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                                                                                       | 136,798,604 |             | 136,798,604 | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              | 5,192,470   |             | 5,192,470   | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 5,824,150   |             | 5,824,150   | 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                                                                       | 4,092,349   |             | 4,092,349   | 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)                                       | 151,907,573 |             | 151,907,573 | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |             |             |             |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 14,111,317  |             | 14,111,317  | 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)                     | 14,111,317  |             | 14,111,317  | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 166,018,890 |             | 166,018,890 | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 257,032,847 | 348,245,009 | 605,277,856 | 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                                                  | PROFESSIONAL FEES AND 340B                                                                     | 0           | 50,888      | 50,888      | 27.00 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 423,051,737 | 348,295,897 | 771,347,634 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |             |             |             |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |             | 150,250,583 |             | 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                                                  | ADD (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) |             | 150,250,583 |             | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0180

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

Worksheet G-3

Date/Time Prepared:  
11/28/2018 3:54 pm

|              |                                                                           | 1.00        |       |
|--------------|---------------------------------------------------------------------------|-------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 771,347,634 | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 610,747,482 | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 160,600,152 | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 150,250,583 | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | 10,349,569  | 5.00  |
| OTHER INCOME |                                                                           |             |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 9,224       | 6.00  |
| 7.00         | Income from investments                                                   | -52,500     | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 0           | 8.00  |
| 9.00         | Revenue from television and radio service                                 | 0           | 9.00  |
| 10.00        | Purchase discounts                                                        | 0           | 10.00 |
| 11.00        | Rebates and refunds of expenses                                           | 0           | 11.00 |
| 12.00        | Parking lot receipts                                                      | 0           | 12.00 |
| 13.00        | Revenue from laundry and linen service                                    | 0           | 13.00 |
| 14.00        | Revenue from meals sold to employees and guests                           | 587,335     | 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                                                | 0           | 21.00 |
| 22.00        | Rental of hospital space                                                  | 64,447      | 22.00 |
| 23.00        | Governmental appropriations                                               | 0           | 23.00 |
| 24.00        | CAPTATION AND PHYSICIAN BILLING BO                                        | 0           | 24.00 |
| 24.01        | MISCELLANEOUS REVENUE                                                     | 1,957,061   | 24.01 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 2,565,567   | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | 12,915,136  | 26.00 |
| 27.00        | RECONCILING ITEM                                                          | -2          | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | -2          | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | 12,915,138  | 29.00 |

| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 14-0180 | Period:<br>From 01/01/2018<br>To 06/30/2018 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>11/28/2018 3:54 pm |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------------|
|                                                     |                                                                                                                                                              | 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                                                                                                                               |                       | 1,330,770                                   | 1.00                                                                    |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                    |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 26,616                                      | 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)                                                               |                       | 238.46                                      | 3.00                                                                    |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 48.85                                       | 4.00                                                                    |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 5.95                                        | 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)                                 |                       | 79,181                                      | 6.00                                                                    |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)                                     |                       | 19.60                                       | 7.00                                                                    |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 51.39                                       | 8.00                                                                    |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 70.99                                       | 9.00                                                                    |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 15.47                                       | 10.00                                                                   |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 205,870                                     | 11.00                                                                   |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 1,642,437                                   | 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                                                                   |