

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 03-31-2022

|                                                                                            |                       |                                             |                                                                        |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

|                     |                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider use only   | 1. <input checked="" type="checkbox"/> Electronically prepared cost report                                                                                          | Date: 8/27/2020                                                                                                                                                                                    | Time: 4:57 pm                                                                                                                                    |
|                     | 2. <input type="checkbox"/> Manually prepared cost report                                                                                                           |                                                                                                                                                                                                    |                                                                                                                                                  |
|                     | 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report                                        |                                                                                                                                                                                                    |                                                                                                                                                  |
|                     | 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.                                                                     |                                                                                                                                                                                                    |                                                                                                                                                  |
| Contractor use only | 5. <input checked="" type="checkbox"/> Cost Report Status<br>(1) As Submitted<br>(2) Settled without Audit<br>(3) Settled with Audit<br>(4) Reopened<br>(5) Amended | 6. Date Received:<br>7. Contractor No.<br>8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN<br>9. <input checked="" type="checkbox"/> Final Report for this Provider CCN | 10. NPR Date:<br>11. Contractor's Vendor Code: 4<br>12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9. |

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER ( 14-0202 ) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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 VOLANTE

Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

| Cost Center Description |                                     | Title V<br>1.00 | Title XVIII    |                | HIT<br>4.00 | Title XIX<br>5.00 |        |
|-------------------------|-------------------------------------|-----------------|----------------|----------------|-------------|-------------------|--------|
|                         |                                     |                 | Part A<br>2.00 | Part B<br>3.00 |             |                   |        |
|                         |                                     |                 |                |                |             |                   |        |
|                         | PART III - SETTLEMENT SUMMARY       |                 |                |                |             |                   |        |
| 1.00                    | Hospital                            | 0               | 174,757        | -135,639       | 0           | 0                 | 1.00   |
| 2.00                    | Subprovider - IPF                   | 0               | 0              | 0              |             | 0                 | 2.00   |
| 3.00                    | Subprovider - IRF                   | 0               | 0              | 0              |             | 0                 | 3.00   |
| 4.00                    | SUBPROVIDER I                       |                 |                |                |             |                   | 4.00   |
| 5.00                    | Swing Bed - SNF                     | 0               | 0              | 0              |             | 0                 | 5.00   |
| 6.00                    | Swing Bed - NF                      | 0               |                |                |             | 0                 | 6.00   |
| 8.00                    | NURSING FACILITY                    | 0               |                |                |             | 0                 | 8.00   |
| 9.00                    | HOME HEALTH AGENCY I                | 0               | 0              | 0              |             | 0                 | 9.00   |
| 10.00                   | RURAL HEALTH CLINIC I               | 0               |                | 0              |             | 0                 | 10.00  |
| 11.00                   | FEDERALLY QUALIFIED HEALTH CENTER I | 0               |                | 0              |             | 0                 | 11.00  |
| 200.00                  | Total                               | 0               | 174,757        | -135,639       | 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: 14-0202         |                | Period:<br>From 01/01/2019<br>To 12/31/2019 |                   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|-------------------------------|----------------|---------------------------------------------|-------------------|---------------------------------------------------------------------|-------|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00           |  | 3.00                          |                | 4.00                                        |                   |                                                                     |       |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   |                                                                     |       |
| 1.00                                                          | Street: 900 GARFIELD AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  | PO Box:                       |                |                                             |                   | 1.00                                                                |       |
| 2.00                                                          | City: LIBERTYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  | State: IL                     |                | Zip Code: 60648-                            |                   | County: LAKE<br>2.00                                                |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Component Name |  | CCN<br>Number                 | CBSA<br>Number | Provider<br>Type                            | Date<br>Certified | Payment System (P,<br>T, O, or N)                                   |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   | V                                                                   | XVIII |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   | XIX                                                                 |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00           |  | 2.00                          | 3.00           | 4.00                                        | 5.00              | 6.00                                                                | 7.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   | 8.00                                                                |       |
| Hospital and Hospital-Based Component Identification:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   |                                                                     |       |
| 3.00                                                          | Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  | CONDELL MEDICAL CENTER        | 140202         | 29404                                       | 1                 | 01/01/1966                                                          | 0     |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                               |                |                                             |                   | P                                                                   | 0     |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                               |                |                                             |                   |                                                                     |       |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                               |                |                                             |                   |                                                                     |       |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  |                               |                |                                             |                   |                                                                     |       |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   |                                                                     |       |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                               |                |                                             |                   |                                                                     |       |
| 10.00                                                         | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |  |                               |                |                                             |                   |                                                                     |       |
| 10.01                                                         | ICF/IID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                               |                |                                             |                   |                                                                     |       |
| 11.00                                                         | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |  |                               |                |                                             |                   |                                                                     |       |
| 12.00                                                         | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  | CONDELL MEDICAL CENTER<br>HHA | 147247         | 29404                                       | 07/01/1996        | N                                                                   | P     |
| 13.00                                                         | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |  |                               |                |                                             |                   | N                                                                   | N     |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                               |                |                                             |                   |                                                                     |       |
| 17.10                                                         | Hospital-Based (CORF) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |  |                               |                |                                             |                   |                                                                     |       |
| 17.20                                                         | Hospital-Based (OPT) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                               |                |                                             |                   |                                                                     |       |
| 17.30                                                         | Hospital-Based (OOT) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                               |                |                                             |                   |                                                                     |       |
| 17.40                                                         | Hospital-Based (OSP) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |                               |                |                                             |                   |                                                                     |       |
| 18.00                                                         | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |  |                               |                |                                             |                   |                                                                     |       |
| 19.00                                                         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |  |                               |                |                                             |                   |                                                                     |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             | From:             | To:                                                                 |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             | 1.00              | 2.00                                                                |       |
| 20.00                                                         | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                               |                |                                             | 01/01/2019        | 12/31/2019                                                          | 20.00 |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |  |                               |                |                                             | 1                 |                                                                     | 21.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             | 1.00              | 2.00                                                                | 3.00  |
| Inpatient PPS Information                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |                               |                |                                             |                   |                                                                     |       |
| 22.00                                                         | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                               |                |  |                               |                | Y                                           | N                 |                                                                     | 22.00 |
| 22.01                                                         | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   |                |  |                               |                | Y                                           | Y                 |                                                                     | 22.01 |
| 22.02                                                         | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       |                |  |                               |                | N                                           | N                 |                                                                     | 22.02 |
| 22.03                                                         | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. |                |  |                               |                | N                                           | N                 | N                                                                   | 22.03 |
| 23.00                                                         | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             |                |  |                               |                | 1                                           | N                 |                                                                     | 23.00 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | In-State<br>Medicaid<br>paid days | In-State<br>Medicaid<br>eligible<br>unpaid<br>days | Out-of<br>State<br>Medicaid<br>paid days | Out-of<br>State<br>Medicaid<br>eligible<br>unpaid | Medicaid<br>HMO days | Other<br>Medicaid<br>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.                                                                                                                | 2,008                             | 2,958                                              | 0                                        | 0                                                 | 3,752                | 79                        | 24.00 |
| 25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.                                                                                                                                                                | 0                                 | 0                                                  | 0                                        | 0                                                 | 0                    |                           | 25.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   |                      |                           |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | Urban/Rural S        | Date of Geogr             |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | 1.00                 | 2.00                      |       |
| 26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.                                                                                                                                                                                                                                                                                                              |                                   |                                                    |                                          |                                                   | 1                    |                           | 26.00 |
| 27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.                                                                                                                                                                                                               |                                   |                                                    |                                          |                                                   | 1                    |                           | 27.00 |
| 35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                        |                                   |                                                    |                                          |                                                   | 0                    |                           | 35.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | Beginning:           | Ending:                   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | 1.00                 | 2.00                      |       |
| 36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   |                      |                           | 36.00 |
| 37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                 |                                   |                                                    |                                          |                                                   | 0                    |                           | 37.00 |
| 37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                                                                                                                                                                                   |                                   |                                                    |                                          |                                                   |                      |                           | 37.01 |
| 38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                     |                                   |                                                    |                                          |                                                   |                      |                           | 38.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | Y/N                  | Y/N                       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | 1.00                 | 2.00                      |       |
| 39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)                                                                          |                                   |                                                    |                                          |                                                   | N                    | N                         | 39.00 |
| 40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)                                                                                                                                                                                                           |                                   |                                                    |                                          |                                                   | N                    | N                         | 40.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | V                    | XVIII                     | XIX   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                    |                                          |                                                   | 1.00                 | 2.00                      | 3.00  |
| <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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.                                                                                                                                                                                              |                                   |                                                    |                                          |                                                   | N                    |                           |       |
| 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. |                                   |                                                    |                                          |                                                   |                      |                           |       |
| 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                    |                           |       |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                           |                                                                                                                                                                                                                                                                                                                                              | Provider CCN: 14-0202 |                       | Period:<br>From 01/01/2019<br>To 12/31/2019     |                                       | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |       |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------------------------------------------|---------------------------------------|---------------------------------------------------------------------|-------|
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.  | Y                     | Y                     |                                                 |                                       | 60.00                                                               |       |
| 60.01                                                                                   | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                       | 23.00                 | 1                                               |                                       | 60.01                                                               |       |
| 60.02                                                                                   | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                             |                       | 23.01                 | 1                                               |                                       | 60.02                                                               |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | Y/N                   | IME                   | Direct GME                                      | IME                                   | Direct GME                                                          |       |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | 1.00                  | 2.00                  | 3.00                                            | 4.00                                  | 5.00                                                                |       |
| 61.00                                                                                   | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                  | N                     |                       |                                                 | 0.00                                  | 0.00                                                                | 61.00 |
| 61.01                                                                                   | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                       |                       |                       |                                                 |                                       |                                                                     | 61.01 |
| 61.02                                                                                   | Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                           |                       |                       |                                                 |                                       |                                                                     | 61.02 |
| 61.03                                                                                   | Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                              |                       |                       |                                                 |                                       |                                                                     | 61.03 |
| 61.04                                                                                   | Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).                                                                                                                                                                                           |                       |                       |                                                 |                                       |                                                                     | 61.04 |
| 61.05                                                                                   | Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)                                                                                                                                        |                       |                       |                                                 |                                       |                                                                     | 61.05 |
| 61.06                                                                                   | Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)                                                                                                                                                                                           |                       |                       |                                                 |                                       |                                                                     | 61.06 |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                              | Program Name          | Program Code          | Unweighted IME<br>FTE Count                     | Unweighted<br>Direct GME FTE<br>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                                                                |       |
| <u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u> |                                                                                                                                                                                                                                                                                                                                              |                       |                       |                                                 |                                       |                                                                     |       |
| 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 |
| <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>                  |                                                                                                                                                                                                                                                                                                                                              |                       |                       |                                                 |                                       |                                                                     |       |
| 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 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 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 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<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                                   |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name | Program Code                              | Unweighted<br>FTEs<br>Nonprovider<br>Site | Unweighted<br>FTEs in<br>Hospital       | Ratio (col. 3/<br>(col. 3 + col.<br>4)) |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00         | 2.00                                      | 3.00                                      | 4.00                                    | 5.00                                    |       |
| 67.00                                                                                                                                                                                | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             |              |                                           | 0.00                                      | 0.00                                    | 0.000000                                | 67.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 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.                                                                                                                                                                                                                                                                                                                                                                     | N                     |                                             |                                                                     | 75.00  |
| 76.00                                                         | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                         |                       |                                             | 0                                                                   | 76.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | 1.00                                        |                                                                     |        |
| <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.                                                                                                                                                                                                                                                                                                                                                                         | Y                     |                                             | 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)                                                                                                                                                                                                                                                                                                                                                                       | N                     |                                             |                                                                     | 106.00 |
| 107.00                                                        | Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)                                                                                                  | N                     |                                             |                                                                     | 107.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0202 |              | Period:<br>From 01/01/2019<br>To 12/31/2019 |             | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------------|-------------|---------------------------------------------------------------------|--|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | V                                           | XIX         |                                                                     |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 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           | 109.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                                                                         | N                     |              |                                             |             | 110.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. | N                     |              |                                             |             | 111.00                                                              |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 112.00                                                        | Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.                                                                 | N                     |              |                                             |             | 112.00                                                              |  |
| Miscellaneous Cost Reporting Information                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                             |             |                                                                     |  |
| 115.00                                                        | Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.                                       | N                     |              |                                             |             | 0115.00                                                             |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                           | 385,080               |              | 1,944,629                                   |             | 865,276118.01                                                       |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              | 1.00                                        | 2.00        |                                                                     |  |
| 118.02                                                        | Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.                                                                                                                                                                                                                                                            | N                     |              |                                             |             | 118.02                                                              |  |
| 119.00                                                        | DO NOT USE THIS LINE                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |              |                                             |             | 119.00                                                              |  |
| 120.00                                                        | Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.                                                            | N                     |              | N                                           |             | 120.00                                                              |  |
| 121.00                                                        | Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                | Y                     |              |                                             |             | 121.00                                                              |  |
| 122.00                                                        | Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.                                                                                                                                                                                                                      | N                     |              |                                             |             | 122.00                                                              |  |
| Transplant Center Information                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                             |             |                                                                     |  |
| 125.00                                                        | Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.                                                                                                                                                                                                                                                                                                                       | N                     |              |                                             |             | 125.00                                                              |  |
| 126.00                                                        | If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                            |                       |              |                                             |             | 126.00                                                              |  |
| 127.00                                                        | If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |              |                                             |             | 127.00                                                              |  |
| 128.00                                                        | If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |              |                                             |             | 128.00                                                              |  |
| 129.00                                                        | If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                              |                       |              |                                             |             | 129.00                                                              |  |
| 130.00                                                        | If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                          |                       |              |                                             |             | 130.00                                                              |  |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              | Provider CCN: 14-0202  |   | Period:<br>From 01/01/2019<br>To 12/31/2019 |   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---|---------------------------------------------|---|---------------------------------------------------------------------|--|
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   |   | 2.00                                        |   |                                                                     |  |
| 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                                                                                                                                                                                                                      | Removed and reserved                                                                                                                                                                                                                                                                                         |                        |   |                                             |   | 133.00                                                              |  |
| 134.00                                                                                                                                                                                                                      | If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                       |                        |   |                                             |   | 134.00                                                              |  |
| All Providers                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   |                                                                     |  |
| 140.00                                                                                                                                                                                                                      | Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)                                                  | Y                      |   | 14H036                                      |   | 140.00                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 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: ADVOCATE HEALTH CARE                                                                                                                                                                                                                                                                                   | Contractor's Name: NGS |   | Contractor's Number: 06101                  |   | 141.00                                                              |  |
| 142.00                                                                                                                                                                                                                      | Street: 3075 HIGHLAND PARKWAY                                                                                                                                                                                                                                                                                | PO Box:                |   |                                             |   | 142.00                                                              |  |
| 143.00                                                                                                                                                                                                                      | City: DOWNERS GROVE                                                                                                                                                                                                                                                                                          | State: IL              |   | Zip Code: 60515                             |   | 143.00                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   | 1.00                                        |   |                                                                     |  |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                | Y                      |   |                                             |   | 144.00                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   |   | 2.00                                        |   |                                                                     |  |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. | Y                      |   |                                             |   | 145.00                                                              |  |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                             | N                      |   |                                             |   | 146.00                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   | 1.00                                        |   |                                                                     |  |
| 147.00                                                                                                                                                                                                                      | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                | N                      |   |                                             |   | 147.00                                                              |  |
| 148.00                                                                                                                                                                                                                      | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                              | N                      |   |                                             |   | 148.00                                                              |  |
| 149.00                                                                                                                                                                                                                      | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                   | N                      |   |                                             |   | 149.00                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Part A                 |   | Part B                                      |   | Title V                                                             |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                   |   | 2.00                                        |   | 3.00                                                                |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | Title XIX                                                           |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | 4.00                                                                |  |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   |                                                                     |  |
| 155.00                                                                                                                                                                                                                      | Hospital                                                                                                                                                                                                                                                                                                     | N                      | N | N                                           | N | 155.00                                                              |  |
| 156.00                                                                                                                                                                                                                      | Subprovider - IPF                                                                                                                                                                                                                                                                                            | N                      | N | N                                           | N | 156.00                                                              |  |
| 157.00                                                                                                                                                                                                                      | Subprovider - IRF                                                                                                                                                                                                                                                                                            | N                      | N | N                                           | N | 157.00                                                              |  |
| 158.00                                                                                                                                                                                                                      | SUBPROVIDER                                                                                                                                                                                                                                                                                                  |                        |   |                                             |   | 158.00                                                              |  |
| 159.00                                                                                                                                                                                                                      | SNF                                                                                                                                                                                                                                                                                                          | N                      | N | N                                           | N | 159.00                                                              |  |
| 160.00                                                                                                                                                                                                                      | HOME HEALTH AGENCY                                                                                                                                                                                                                                                                                           | N                      | N | N                                           | N | 160.00                                                              |  |
| 161.00                                                                                                                                                                                                                      | CMHC                                                                                                                                                                                                                                                                                                         |                        | N | N                                           | N | 161.00                                                              |  |
| 161.10                                                                                                                                                                                                                      | CORF                                                                                                                                                                                                                                                                                                         |                        | N | N                                           | N | 161.10                                                              |  |
| 161.20                                                                                                                                                                                                                      | OPT                                                                                                                                                                                                                                                                                                          |                        | N | N                                           | N | 161.20                                                              |  |
| 161.30                                                                                                                                                                                                                      | OOT                                                                                                                                                                                                                                                                                                          |                        | N | N                                           | N | 161.30                                                              |  |
| 161.40                                                                                                                                                                                                                      | OSP                                                                                                                                                                                                                                                                                                          |                        | N | N                                           | N | 161.40                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | 1.00                                                                |  |
| Multicampus                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   |                                                                     |  |
| 165.00                                                                                                                                                                                                                      | Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.                                                                                                                                                                           | N                      |   |                                             |   | 165.00                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Name                   |   | County                                      |   | State                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 0                      |   | 1.00                                        |   | 2.00                                                                |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | 3.00                                                                |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | 4.00                                                                |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | 5.00                                                                |  |
| 166.00                                                                                                                                                                                                                      | If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)                                                                                                                     |                        |   |                                             |   | 0.00                                                                |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   | 1.00                                                                |  |
| Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                        |   |                                             |   |                                                                     |  |
| 167.00                                                                                                                                                                                                                      | Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                          | Y                      |   |                                             |   | 167.00                                                              |  |
| 168.00                                                                                                                                                                                                                      | If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)                                                                                                                                             |                        |   |                                             |   | 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                                                              |  |

|                                                               |                                                                                                                                                                                                                                                                                                                  |                       |                                             |                                                                     |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                  | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |
|                                                               |                                                                                                                                                                                                                                                                                                                  |                       | 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)                                                                                                                                                                                               |                       |                                             | 170.00                                                              |
|                                                               |                                                                                                                                                                                                                                                                                                                  |                       | 1.00                                        | 2.00                                                                |
| 171.00                                                        | If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions) |                       | N                                           | 0171.00                                                             |

## HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N    | Date        |            |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|------------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00   | 2.00        |            |
| General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| COMPLETED BY ALL HOSPITALS                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| Provider Organization and Operation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| 1.00                                                                                                                        | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)                                                                                                                                                                                                                           | N      |             | 1.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N    | Date        | V/I        |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00   | 2.00        | 3.00       |
| 2.00                                                                                                                        | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.                                                                                                                                                                                                                    | N      |             | 2.00       |
| 3.00                                                                                                                        | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) | Y      |             | 3.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N    | Type        | Date       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00   | 2.00        | 3.00       |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           | Y      | A           | 03/26/2020 |
| 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    | Legal Oper. |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00   | 2.00        |            |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| 6.00                                                                                                                        | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?                                                                                                                                                                                                                                                                            | N      |             | 6.00       |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             | 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.                                                                                                                                                                                                                                                | N      |             | 9.00       |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               | N      |             | 10.00      |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          | N      |             | 11.00      |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | Y/N    |             |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00   |             |            |
| Bad Debts                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| 12.00                                                                                                                       | Is the provider seeking reimbursement for bad debts? If yes, see instructions.                                                                                                                                                                                                                                                                                                                     | 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    | Date        | Y/N        |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00   | 2.00        | 3.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    | 4.00   |             |            |
| PS&R Data                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |        |             |            |
| 16.00                                                                                                                       | Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)                                                                                                                                                                                                                | N      |             | 16.00      |
| 17.00                                                                                                                       | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)                                                                                                                                                                                        | Y      | 03/26/2020  | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 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                                                                                                   |                      |                        | Y    | 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.                              |                      |                        | N    | 23.00 |
| 24.00                                                                              | Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions                                              |                      |                        | N    | 24.00 |
| 25.00                                                                              | Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.                                                            |                      |                        | N    | 25.00 |
| 26.00                                                                              | Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.                                                              |                      |                        | N    | 26.00 |
| 27.00                                                                              | Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.                                                                    |                      |                        | N    | 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.                                          |                      |                        | N    | 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       |                      |                        | N    | 29.00 |
| 30.00                                                                              | Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.                                                                   |                      |                        | N    | 30.00 |
| 31.00                                                                              | Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.                                                                   |                      |                        | N    | 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.          |                      |                        | N    | 32.00 |
| 33.00                                                                              | If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.                                                |                      |                        | N    | 33.00 |
| Provider-Based Physicians                                                          |                                                                                                                                                                            |                      |                        |      |       |
| 34.00                                                                              | Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.                                             |                      |                        | N    | 34.00 |
| 35.00                                                                              | If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions. |                      |                        | N    | 35.00 |
|                                                                                    |                                                                                                                                                                            |                      | Y/N                    | Date |       |
|                                                                                    |                                                                                                                                                                            |                      | 1.00                   | 2.00 |       |
| Home Office Costs                                                                  |                                                                                                                                                                            |                      |                        |      |       |
| 36.00                                                                              | Were home office costs claimed on the cost report?                                                                                                                         |                      | 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.                                              | ROBERT               | LEPPERT                |      | 41.00 |
| 42.00                                                                              | Enter the employer/company name of the cost report preparer.                                                                                                               | ADVOCATE HEALTH CARE |                        |      | 42.00 |
| 43.00                                                                              | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 630.929.5768         | ROBERT.LEPPERT@AAH.ORG |      | 43.00 |

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-2  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 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. | SENIOR REIMBURSEMENT SPECIALIST | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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                      | 256         | 93,440                | 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)                                                                                                        |                            | 256         | 93,440                | 0.00      | 0                                | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 17          | 6,205                 | 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)                                                                                                                                                   |                            | 273         | 99,645                | 0.00      | 0                                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                       |           | 0                                | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          |                            |             |                       |           |                                  | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 41.00                      | 0           | 0                     |           | 0                                | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 42.00                      | 0           | 0                     |           | 0                                | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                            |             |                       |           |                                  | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           | 45.00                      | 0           | 0                     |           | 0                                | 20.00 |
| 20.01 ICF/MR                                                                                                                                                                     | 45.01                      | 0           | 0                     | 0.00      | 0                                | 20.01 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                            |             |                       |           |                                  | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 101.00                     |             |                       |           | 0                                | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                            |             |                       |           |                                  | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 116.00                     | 0           | 0                     |           |                                  | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 30.00                      |             |                       |           |                                  | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                            |             |                       |           |                                  | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 99.10                      |             |                       |           | 0                                | 25.10 |
| 25.20 CMHC - OPT                                                                                                                                                                 | 99.20                      |             |                       |           | 0                                | 25.20 |
| 25.30 CMHC - OOT                                                                                                                                                                 | 99.30                      |             |                       |           | 0                                | 25.30 |
| 25.40 CMHC - OSP                                                                                                                                                                 | 99.40                      |             |                       |           | 0                                | 25.40 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 88.00                      |             |                       |           | 0                                | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                       |           | 0                                | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 273         |                       |           |                                  | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                            |             |                       |           | 0                                | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                            |             |                       |           |                                  | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                            |             |                       |           |                                  | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                            |             |                       |           |                                  | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                            | 0           | 0                     |           |                                  | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                            |             |                       |           |                                  | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                            |             |                       |           |                                  | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                            |             |                       |           |                                  | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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) | 29,395                        | 3,077     | 63,346             |                           |                      | 1.00  |
| 2.00      | HMO and other (see instructions)                                                                                                                                            | 8,004                         | 4,920     |                    |                           |                      | 2.00  |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 3.00  |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 4.00  |
| 5.00      | Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       | 0                             | 0         | 0                  |                           |                      | 5.00  |
| 6.00      | Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                               | 0         | 0                  |                           |                      | 6.00  |
| 7.00      | Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        | 29,395                        | 3,077     | 63,346             |                           |                      | 7.00  |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         | 2,111                         | 421       | 4,862              |                           |                      | 8.00  |
| 9.00      | CORONARY CARE UNIT                                                                                                                                                          |                               |           |                    |                           |                      | 9.00  |
| 10.00     | BURN INTENSIVE CARE UNIT                                                                                                                                                    |                               |           |                    |                           |                      | 10.00 |
| 11.00     | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                |                               |           |                    |                           |                      | 11.00 |
| 12.00     | OTHER SPECIAL CARE (SPECIFY)                                                                                                                                                |                               |           |                    |                           |                      | 12.00 |
| 13.00     | NURSERY                                                                                                                                                                     |                               | 0         | 1,536              |                           |                      | 13.00 |
| 14.00     | Total (see instructions)                                                                                                                                                    | 31,506                        | 3,498     | 69,744             | 0.00                      | 1,481.70             | 14.00 |
| 15.00     | CAH visits                                                                                                                                                                  | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           |                               |           |                    |                           |                      | 16.00 |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 17.00 |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                               | 0         | 0                  | 0.00                      | 0.00                 | 18.00 |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    |                               |           |                    |                           |                      | 19.00 |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                               | 0         | 0                  | 0.00                      | 0.00                 | 20.00 |
| 20.01     | ICF/MR                                                                                                                                                                      | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 20.01 |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                               |           |                    |                           |                      | 21.00 |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 22.00 |
| 23.00     | AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                           |                               |           |                    |                           |                      | 23.00 |
| 24.00     | HOSPICE                                                                                                                                                                     | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 24.00 |
| 24.10     | HOSPICE (non-distinct part)                                                                                                                                                 |                               |           | 0                  |                           |                      | 24.10 |
| 25.00     | CMHC - CMHC                                                                                                                                                                 |                               |           |                    |                           |                      | 25.00 |
| 25.10     | CMHC - CORF                                                                                                                                                                 | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.10 |
| 25.20     | CMHC - OPT                                                                                                                                                                  | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.20 |
| 25.30     | CMHC - OOT                                                                                                                                                                  | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.30 |
| 25.40     | CMHC - OSP                                                                                                                                                                  | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 25.40 |
| 26.00     | RURAL HEALTH CLINIC                                                                                                                                                         | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.00 |
| 26.25     | FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                           | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 26.25 |
| 27.00     | Total (sum of lines 14-26)                                                                                                                                                  |                               |           |                    | 0.00                      | 1,481.70             | 27.00 |
| 28.00     | Observation Bed Days                                                                                                                                                        |                               | 0         | 6,505              |                           |                      | 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                             | 51        | 279                |                           |                      | 32.00 |
| 32.01     | Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                    |                               |           | 0                  |                           |                      | 32.01 |
| 33.00     | LTCH non-covered days                                                                                                                                                       | 0                             |           |                    |                           |                      | 33.00 |
| 33.01     | LTCH site neutral days and discharges                                                                                                                                       | 0                             |           |                    |                           |                      | 33.01 |

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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          | 6,329       | 491       | 15,577                | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            |                          |            | 1,542       | 0         |                       | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         |                          |            |             | 0         |                       | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                          |            |             |           |                       | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                          |            |             |           |                       | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                          |            |             |           |                       | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         |                          |            |             |           |                       | 8.00  |
| 9.00 CORONARY CARE UNIT                                                                                                                                                          |                          |            |             |           |                       | 9.00  |
| 10.00 BURN INTENSIVE CARE UNIT                                                                                                                                                   |                          |            |             |           |                       | 10.00 |
| 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          | 6,329       | 491       | 15,577                | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                          |            |             |           |                       | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          |                          |            |             |           |                       | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          | 0.00                     | 0          | 0           | 0         | 0                     | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                | 0.00                     | 0          |             | 0         | 0                     | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   |                          |            |             |           |                       | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           | 0.00                     |            |             |           |                       | 20.00 |
| 20.01 ICF/MR                                                                                                                                                                     | 0.00                     | 0          | 0           | 0         | 0                     | 20.01 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                          |            |             |           |                       | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 0.00                     |            |             |           |                       | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                          |            |             |           |                       | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 0.00                     |            |             |           |                       | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                |                          |            |             |           |                       | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                          |            |             |           |                       | 25.00 |
| 25.10 CMHC - CORF                                                                                                                                                                | 0.00                     |            |             |           |                       | 25.10 |
| 25.20 CMHC - OPT                                                                                                                                                                 | 0.00                     |            |             |           |                       | 25.20 |
| 25.30 CMHC - OOT                                                                                                                                                                 | 0.00                     |            |             |           |                       | 25.30 |
| 25.40 CMHC - OSP                                                                                                                                                                 | 0.00                     |            |             |           |                       | 25.40 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        | 0.00                     |            |             |           |                       | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 0.00                     |            |             |           |                       | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 | 0.00                     |            |             |           |                       | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                          |            |             |           |                       | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                          |            |             |           |                       | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                          |            |             |           |                       | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                          |            |             |           |                       | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                          |            |             |           |                       | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                          |            |             |           |                       | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                          |            | 0           |           |                       | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                          |            | 0           |           |                       | 33.01 |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 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                                        |        |
| <b>PART II - WAGE DATA</b>             |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| <b>SALARIES</b>                        |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 1.00                                   | Total salaries (see instructions)                                                     | 200.00             | 108,753,245                                             | 0                                           | 108,753,245                                       | 3,081,936.00                                | 35.29  |
| 2.00                                   | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 3.00                                   | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 4.00                                   | Physician-Part A - Administrative                                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 4.01                                   | Physicians - Part A - Teaching                                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 5.00                                   | Physician and Non Physician-Part B                                                    |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 6.00                                   | Non-physician-Part B for hospital-based RHC and FQHC services                         |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 7.00                                   | Interns & residents (in an approved program)                                          | 21.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 7.01                                   | Contracted interns and residents (in an approved programs)                            |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 8.00                                   | Home office and/or related organization personnel                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 9.00                                   | SNF                                                                                   | 44.00              | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 10.00                                  | Excluded area salaries (see instructions)                                             |                    | 591,319                                                 | 142,941                                     | 734,260                                           | 32,791.00                                   | 22.39  |
| <b>OTHER WAGES &amp; RELATED COSTS</b> |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 11.00                                  | Contract labor: Direct Patient Care                                                   |                    | 927,424                                                 | 0                                           | 927,424                                           | 13,831.00                                   | 67.05  |
| 12.00                                  | Contract labor: Top level management and other management and administrative services |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 13.00                                  | Contract labor: Physician-Part A - Administrative                                     |                    | 138,000                                                 | 0                                           | 138,000                                           | 976.00                                      | 141.39 |
| 14.00                                  | Home office and/or related organization salaries and wage-related costs               |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 14.01                                  | Home office salaries                                                                  |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 14.02                                  | Related organization salaries                                                         |                    | 16,230,741                                              | 0                                           | 16,230,741                                        | 197,944.00                                  | 82.00  |
| 15.00                                  | Home office: Physician Part A - Administrative                                        |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.00                                  | Home office and Contract Physicians Part A - Teaching                                 |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.01                                  | Home office Physicians Part A - Teaching                                              |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| 16.02                                  | Home office contract Physicians Part A - Teaching                                     |                    | 0                                                       | 0                                           | 0                                                 | 0.00                                        | 0.00   |
| <b>WAGE-RELATED COSTS</b>              |                                                                                       |                    |                                                         |                                             |                                                   |                                             |        |
| 17.00                                  | Wage-related costs (core) (see instructions)                                          |                    | 26,375,033                                              | 0                                           | 26,375,033                                        |                                             |        |
| 18.00                                  | Wage-related costs (other) (see instructions)                                         |                    |                                                         |                                             |                                                   |                                             |        |
| 19.00                                  | Excluded areas                                                                        |                    | 178,074                                                 | 0                                           | 178,074                                           |                                             |        |
| 20.00                                  | Non-physician anesthetist Part A                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 21.00                                  | Non-physician anesthetist Part B                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 22.00                                  | Physician Part A - Administrative                                                     |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 22.01                                  | Physician Part A - Teaching                                                           |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 23.00                                  | Physician Part B                                                                      |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 24.00                                  | Wage-related costs (RHC/FQHC)                                                         |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.00                                  | Interns & residents (in an approved program)                                          |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.50                                  | Home office wage-related (core)                                                       |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |
| 25.51                                  | Related organization wage-related (core)                                              |                    | 2,126,636                                               | 0                                           | 2,126,636                                         |                                             |        |
| 25.52                                  | Home office: Physician Part A - Administrative - wage-related (core)                  |                    | 0                                                       | 0                                           | 0                                                 |                                             |        |

## HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 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                                        |       |
| 25.53                            | Home office: Physicians Part A<br>- Teaching - wage-related<br>(core) |                        | 0                  | 0                                                       | 0                                           |                                                   |                                             | 25.53 |
| OVERHEAD COSTS - DIRECT SALARIES |                                                                       |                        |                    |                                                         |                                             |                                                   |                                             |       |
| 26.00                            | Employee Benefits Department                                          | 4.00                   | 677,390            | -637,998                                                | 39,392                                      | 8,320.00                                          | 4.73                                        | 26.00 |
| 27.00                            | Administrative & General                                              | 5.00                   | 11,578,156         | 257,294                                                 | 11,835,450                                  | 274,349.98                                        | 43.14                                       | 27.00 |
| 28.00                            | Administrative & General under<br>contract (see inst.)                |                        | 536,394            | 0                                                       | 536,394                                     | 2,779.30                                          | 193.00                                      | 28.00 |
| 29.00                            | Maintenance & Repairs                                                 | 6.00                   | 2,318,397          | 14,716                                                  | 2,333,113                                   | 72,800.00                                         | 32.05                                       | 29.00 |
| 30.00                            | Operation of Plant                                                    | 7.00                   | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 30.00 |
| 31.00                            | Laundry & Linen Service                                               | 8.00                   | 170                | 0                                                       | 170                                         | 1.00                                              | 170.00                                      | 31.00 |
| 32.00                            | Housekeeping                                                          | 9.00                   | 2,653,704          | 7,158                                                   | 2,660,862                                   | 147,680.00                                        | 18.02                                       | 32.00 |
| 33.00                            | Housekeeping under contract<br>(see instructions)                     |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 33.00 |
| 34.00                            | Dietary                                                               | 10.00                  | 2,506,098          | -590,063                                                | 1,916,035                                   | 104,000.00                                        | 18.42                                       | 34.00 |
| 35.00                            | Dietary under contract (see<br>instructions)                          |                        | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 35.00 |
| 36.00                            | Cafeteria                                                             | 11.00                  | 0                  | 605,485                                                 | 605,485                                     | 20,800.00                                         | 29.11                                       | 36.00 |
| 37.00                            | Maintenance of Personnel                                              | 12.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 37.00 |
| 38.00                            | Nursing Administration                                                | 13.00                  | 2,426,256          | 16,760                                                  | 2,443,016                                   | 47,840.00                                         | 51.07                                       | 38.00 |
| 39.00                            | Central Services and Supply                                           | 14.00                  | 784,693            | 0                                                       | 784,693                                     | 33,280.00                                         | 23.58                                       | 39.00 |
| 40.00                            | Pharmacy                                                              | 15.00                  | 4,804,605          | 8,966                                                   | 4,813,571                                   | 97,760.00                                         | 49.24                                       | 40.00 |
| 41.00                            | Medical Records & Medical<br>Records Library                          | 16.00                  | 0                  | 0                                                       | 0                                           | 0.00                                              | 0.00                                        | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part III  
Date/Time Prepared:  
8/27/2020 4:57 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)                  | 109,289,639        | 0                                                           | 109,289,639                                 | 3,084,715.30                                      | 35.43                                       | 1.00 |
| 2.00                                   | Excluded area salaries (see instructions)        | 591,319            | 142,941                                                     | 734,260                                     | 32,791.00                                         | 22.39                                       | 2.00 |
| 3.00                                   | Subtotal salaries (line 1 minus line 2)          | 108,698,320        | -142,941                                                    | 108,555,379                                 | 3,051,924.30                                      | 35.57                                       | 3.00 |
| 4.00                                   | Subtotal other wages & related costs (see inst.) | 17,296,165         | 0                                                           | 17,296,165                                  | 212,751.00                                        | 81.30                                       | 4.00 |
| 5.00                                   | Subtotal wage-related costs (see inst.)          | 28,501,669         | 0                                                           | 28,501,669                                  | 0.00                                              | 26.26                                       | 5.00 |
| 6.00                                   | Total (sum of lines 3 thru 5)                    | 154,496,154        | -142,941                                                    | 154,353,213                                 | 3,264,675.30                                      | 47.28                                       | 6.00 |
| 7.00                                   | Total overhead cost (see instructions)           | 28,285,863         | -317,682                                                    | 27,968,181                                  | 809,610.28                                        | 34.55                                       | 7.00 |

## HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part IV  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                                           |                                                                                                                             | Amount<br>Reported |       |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|-------|
|                                                           |                                                                                                                             | 1.00               |       |
| PART IV - WAGE RELATED COSTS                              |                                                                                                                             |                    |       |
| Part A - Core List                                        |                                                                                                                             |                    |       |
| RETIREMENT COST                                           |                                                                                                                             |                    |       |
| 1.00                                                      | 401K Employer Contributions                                                                                                 | 2,297,685          | 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)                                                                      | 930,049            | 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                                                                               | 159,939            | 6.00  |
| 7.00                                                      | Employee Managed Care Program Administration Fees                                                                           | 1,054,026          | 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)                                                             | 7,580,008          | 8.02  |
| 8.03                                                      | Health Insurance (Purchased)                                                                                                | 0                  | 8.03  |
| 9.00                                                      | Prescription Drug Plan                                                                                                      | 2,352,075          | 9.00  |
| 10.00                                                     | Dental, Hearing and Vision Plan                                                                                             | 370,700            | 10.00 |
| 11.00                                                     | Life Insurance (If employee is owner or beneficiary)                                                                        | 75,463             | 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)                                                                  | 975,583            | 13.00 |
| 14.00                                                     | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              | 0                  | 14.00 |
| 15.00                                                     | 'Workers' Compensation Insurance                                                                                            | 1,449,800          | 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                                                                                                 | 7,835,214          | 17.00 |
| 18.00                                                     | Medicare Taxes - Employers Portion Only                                                                                     | 0                  | 18.00 |
| 19.00                                                     | Unemployment Insurance                                                                                                      | 99,777             | 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))        | 215,217            | 21.00 |
| 22.00                                                     | Day Care Cost and Allowances                                                                                                | 155,133            | 22.00 |
| 23.00                                                     | Tuition Reimbursement                                                                                                       | 824,364            | 23.00 |
| 24.00                                                     | Total Wage Related cost (Sum of lines 1 -23)                                                                                | 26,375,033         | 24.00 |
| Part B - Other than Core Related Cost                     |                                                                                                                             |                    |       |
| 25.00                                                     | OTHER WAGE RELATED COSTS (SPECIFY)                                                                                          |                    | 25.00 |

## HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet S-3  
Part V  
Date/Time Prepared:  
8/27/2020 4:57 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 | 927,424        | 26,375,033   | 1.00  |
| 2.00                                                         | Hospital                                         | 927,424        | 26,375,033   | 2.00  |
| 3.00                                                         | Subprovider - IPF                                |                |              | 3.00  |
| 4.00                                                         | Subprovider - IRF                                | 0              | 0            | 4.00  |
| 5.00                                                         | Subprovider - (Other)                            | 0              | 0            | 5.00  |
| 6.00                                                         | Swing Beds - SNF                                 | 0              | 0            | 6.00  |
| 7.00                                                         | Swing Beds - NF                                  | 0              | 0            | 7.00  |
| 8.00                                                         | Hospital-Based SNF                               |                |              | 8.00  |
| 9.00                                                         | Hospital-Based NF                                | 0              | 0            | 9.00  |
| 9.01                                                         | Hospital-Based NF                                | 0              | 0            | 9.01  |
| 10.00                                                        | Hospital-Based OLTC                              |                |              | 10.00 |
| 11.00                                                        | Hospital-Based HHA                               | 0              | 0            | 11.00 |
| 12.00                                                        | Separately Certified ASC                         |                |              | 12.00 |
| 13.00                                                        | Hospital-Based Hospice                           | 0              | 0            | 13.00 |
| 14.00                                                        | Hospital-Based Health Clinic RHC                 | 0              | 0            | 14.00 |
| 15.00                                                        | Hospital-Based Health Clinic FQHC                | 0              | 0            | 15.00 |
| 16.00                                                        | Hospital-Based-CMHC                              |                |              | 16.00 |
| 16.10                                                        | Hospital-Based-CMHC 10                           | 0              | 0            | 16.10 |
| 16.20                                                        | Hospital-Based-CMHC 20                           | 0              | 0            | 16.20 |
| 16.30                                                        | Hospital-Based-CMHC 30                           | 0              | 0            | 16.30 |
| 16.40                                                        | Hospital-Based-CMHC 40                           | 0              | 0            | 16.40 |
| 17.00                                                        | Renal Dialysis                                   | 0              | 0            | 17.00 |
| 18.00                                                        | Other                                            | 0              | 0            | 18.00 |

## HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-10

Date/Time Prepared:  
8/27/2020 4:57 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)                                                                                   |            | 0.196800                | 1.00             |
| <b>Medicaid (see instructions for each line)</b>                                                                                                |                                                                                                                                                                             |            |                         |                  |
| 2.00                                                                                                                                            | Net revenue from Medicaid                                                                                                                                                   |            | 35,617,543              | 2.00             |
| 3.00                                                                                                                                            | Did you receive DSH or supplemental payments from Medicaid?                                                                                                                 |            |                         | 3.00             |
| 4.00                                                                                                                                            | If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?                                                                                   |            |                         | 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                                                                                                                                                            |            | 188,926,838             | 6.00             |
| 7.00                                                                                                                                            | Medicaid cost (line 1 times line 6)                                                                                                                                         |            | 37,180,802              | 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)                                                |            | 1,563,259               | 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)                                                           |            | 1,563,259               | 19.00            |
|                                                                                                                                                 |                                                                                                                                                                             |            | Uninsured patients      | Insured patients |
|                                                                                                                                                 |                                                                                                                                                                             |            | 1.00                    | 2.00             |
|                                                                                                                                                 |                                                                                                                                                                             |            | Total (col. 1 + col. 2) | 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)                                                                                     | 46,324,835 | 3,204,309               | 49,529,144       |
| 21.00                                                                                                                                           | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 9,116,728  | 3,204,309               | 12,321,037       |
| 22.00                                                                                                                                           | Payments received from patients for amounts previously written off as charity care                                                                                          | 0          | 0                       | 0                |
| 23.00                                                                                                                                           | Cost of charity care (line 21 minus line 22)                                                                                                                                | 9,116,728  | 3,204,309               | 12,321,037       |
|                                                                                                                                                 |                                                                                                                                                                             |            | 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)                                                                                                   |            | 20,556,034              | 26.00            |
| 27.00                                                                                                                                           | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |            | 1,223,509               | 27.00            |
| 27.01                                                                                                                                           | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |            | 1,882,321               | 27.01            |
| 28.00                                                                                                                                           | Non-Medicare bad debt expense (see instructions)                                                                                                                            |            | 18,673,713              | 28.00            |
| 29.00                                                                                                                                           | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |            | 4,333,799               | 29.00            |
| 30.00                                                                                                                                           | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |            | 16,654,836              | 30.00            |
| 31.00                                                                                                                                           | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |            | 18,218,095              | 31.00            |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                       |       | Salaries                             | Other      | Total (col. 1<br>+ col. 2) | Reclassification<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +<br>col. 4) |       |
|-----------------------------------------------|-------|--------------------------------------|------------|----------------------------|-----------------------------------|-------------------------------------------------------|-------|
|                                               |       | 1.00                                 | 2.00       | 3.00                       | 4.00                              | 5.00                                                  |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |            |                            |                                   |                                                       |       |
| 1.00                                          | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 0          | 0                          | 9,805,080                         | 9,805,080                                             | 1.00  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 0          | 0                          | 9,155,347                         | 9,155,347                                             | 2.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 677,390    | 20,718,839                 | 21,396,229                        | -640,701                                              | 4.00  |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL             | 11,578,156 | 86,784,088                 | 98,362,244                        | -10,934,878                                           | 5.00  |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 2,318,397  | 8,997,813                  | 11,316,210                        | -45,790                                               | 6.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 170        | 1,127,748                  | 1,127,918                         | -15,273                                               | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 2,653,704  | 874,422                    | 3,528,126                         | -7,505                                                | 9.00  |
| 10.00                                         | 01000 | DIETARY                              | 2,506,098  | 1,626,098                  | 4,132,196                         | -1,019,957                                            | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 0          | 0                          | 0                                 | 986,564                                               | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 2,426,256  | 865,975                    | 3,292,231                         | -323,848                                              | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 784,693    | 550,481                    | 1,335,174                         | -368,131                                              | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 4,804,605  | 20,916,609                 | 25,721,214                        | -15,920,508                                           | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 0          | 23,648                     | 23,648                            | 0                                                     | 16.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0          | 0                          | 0                                 | 0                                                     | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0          | 0                          | 0                                 | 0                                                     | 20.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0          | 0                          | 0                                 | 0                                                     | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0          | 0                          | 0                                 | 0                                                     | 22.00 |
| 23.00                                         | 02302 | PARAMED EDUCATION EMS                | 253,173    | 379,858                    | 633,031                           | -555,642                                              | 23.00 |
| 23.01                                         | 02301 | CLINICAL PASTORAL EDUCATION          | 0          | 0                          | 0                                 | 246,727                                               | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |            |                            |                                   |                                                       |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 33,512,156 | 8,615,640                  | 42,127,796                        | -6,215,822                                            | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 5,692,941  | 3,576,614                  | 9,269,555                         | -1,034,335                                            | 31.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 0          | 0                          | 0                                 | 0                                                     | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0          | 0                          | 0                                 | 0                                                     | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 1,151,091  | 967,712                    | 2,118,803                         | 718,202                                               | 43.00 |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0          | 0                          | 0                                 | 0                                                     | 45.00 |
| 45.01                                         | 04510 | ICF/MR                               | 0          | 0                          | 0                                 | 0                                                     | 45.01 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |            |                            |                                   |                                                       |       |
| 50.00                                         | 05000 | OPERATING ROOM                       | 8,425,441  | 26,413,899                 | 34,839,340                        | -23,315,526                                           | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 1,137,658  | 136,465                    | 1,274,123                         | -35,751                                               | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 0          | 0                          | 0                                 | 1,789,528                                             | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | 109,117    | 837,945                    | 947,062                           | -523,666                                              | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | 5,126,393  | 10,066,049                 | 15,192,442                        | -9,941,430                                            | 54.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 904,571    | 2,811,991                  | 3,716,562                         | -2,082,277                                            | 56.00 |
| 56.01                                         | 05603 | ULTRASOUND                           | 1,239,961  | 447,408                    | 1,687,369                         | -342,001                                              | 56.01 |
| 57.00                                         | 05700 | CT SCAN                              | 1,067,209  | 1,071,113                  | 2,138,322                         | -726,127                                              | 57.00 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 692,722    | 1,116,467                  | 1,809,189                         | -1,041,388                                            | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 446,507    | 173,531                    | 620,038                           | 4,607                                                 | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | 0          | 9,172,376                  | 9,172,376                         | 0                                                     | 60.00 |
| 60.01                                         | 06001 | LABORATORY                           | 0          | 0                          | 0                                 | 0                                                     | 60.01 |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0          | 1,162,263                  | 1,162,263                         | -1,162,263                                            | 63.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | 2,318,758  | 836,217                    | 3,154,975                         | -523,035                                              | 65.00 |
| 65.01                                         | 06501 | STRESS TEST                          | 625,909    | 180,139                    | 806,048                           | -122,100                                              | 65.01 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 4,375,340  | 775,254                    | 5,150,594                         | -49,206                                               | 66.00 |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                 | 0          | 0                          | 0                                 | 0                                                     | 67.00 |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                     | 0          | 0                          | 0                                 | 0                                                     | 68.00 |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 344,312    | 35,598                     | 379,910                           | -8,539                                                | 69.00 |
| 69.01                                         | 06901 | ECHOCARDIOGRAM                       | 0          | 0                          | 0                                 | 0                                                     | 69.01 |
| 69.02                                         | 06902 | CARDIOLOGY                           | 0          | 0                          | 0                                 | 0                                                     | 69.02 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 46,365     | 16,513                     | 62,878                            | -7,323                                                | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0          | 0                          | 0                                 | 23,742,478                                            | 71.00 |
| 71.30                                         | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0          | 0                          | 0                                 | 0                                                     | 71.30 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0          | 0                          | 0                                 | 16,997,093                                            | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 0          | 0                          | 0                                 | 15,399,603                                            | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 0          | 1,177,450                  | 1,177,450                         | -8,810                                                | 74.00 |
| 75.02                                         | 07501 | OUTPATIENT SURGERY                   | 0          | 0                          | 0                                 | 0                                                     | 75.02 |
| 76.00                                         | 03290 | ELECTROMYOGRAPHY                     | 0          | 0                          | 0                                 | 0                                                     | 76.00 |
| 76.97                                         | 07697 | CARDIAC REHABILITATION               | 509,838    | 81,954                     | 591,792                           | -30,583                                               | 76.97 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |            |                            |                                   |                                                       |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0          | 0                          | 0                                 | 0                                                     | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0          | 0                          | 0                                 | 0                                                     | 89.00 |
| 90.00                                         | 09000 | CLINIC                               | 1,630,678  | 966,028                    | 2,596,706                         | -706,896                                              | 90.00 |
| 90.01                                         | 09001 | ADDICTION RECOVERY CLINIC            | 0          | 0                          | 0                                 | 0                                                     | 90.01 |
| 90.03                                         | 09002 | LITHOTRIPSY                          | 0          | 0                          | 0                                 | 0                                                     | 90.03 |
| 91.00                                         | 09100 | EMERGENCY                            | 8,765,193  | 5,008,224                  | 13,773,417                        | -995,050                                              | 91.00 |
| 91.20                                         | 09101 | ACUTE CARE CENTER                    | 2,290,297  | 1,253,686                  | 3,543,983                         | -133,956                                              | 91.20 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0          | 0                          | 0                                 | 0                                                     | 92.00 |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |            |                            |                                   |                                                       |       |
| 99.10                                         | 09910 | CORF                                 | 0          | 0                          | 0                                 | 0                                                     | 99.10 |
| 99.20                                         | 09920 | OPT                                  | 0          | 0                          | 0                                 | 0                                                     | 99.20 |
| 99.30                                         | 09930 | OOT                                  | 0          | 0                          | 0                                 | 0                                                     | 99.30 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/27/2020 4:57 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                                                   |        |
| 99.40                        | 09940 | OSP                                    | 0           | 0           | 0                          | 0                               | 0                                                      | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0           | 0           | 0                          | 0                               | 0                                                      | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |             |             |                            |                                 |                                                        |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0           | 0           | 0                          | 0                               | 0                                                      | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0           | 0           | 0                          | 0                               | 0                                                      | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0           | 0           | 0                          | 0                               | 0                                                      | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0           | 0           | 0                          | 0                               | 0                                                      | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 108,415,099 | 219,766,115 | 328,181,214                | 6,912                           | 328,188,126                                            | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |             |             |                            |                                 |                                                        |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 338,146     | 582,526     | 920,672                    | -6,912                          | 913,760                                                | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0           | 0           | 0                          | 0                               | 0                                                      | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0           | 0           | 0                          | 0                               | 0                                                      | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0           | 0           | 0                          | 0                               | 0                                                      | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0           | 0           | 0                          | 0                               | 0                                                      | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0           | 0           | 0                          | 0                               | 0                                                      | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0           | 0           | 0                          | 0                               | 0                                                      | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0           | 0           | 0                          | 0                               | 0                                                      | 194.06 |
| 200.00                       |       | TOTAL (SUM OF LINES 118 through 199)   | 108,753,245 | 220,348,641 | 329,101,886                | 0                               | 329,101,886                                            | 200.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                       |       |                                      | Adjustments<br>(See A-8)<br>6.00 | Net Expenses<br>For Allocation<br>7.00 |        |
|-----------------------------------------------|-------|--------------------------------------|----------------------------------|----------------------------------------|--------|
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |                                  |                                        |        |
| 1.00                                          | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 3,491,041                        | 13,296,121                             | 1.00   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            | 1,898,634                        | 11,053,981                             | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 4,247,300                        | 25,002,828                             | 4.00   |
| 5.00                                          | 00500 | ADMINISTRATIVE & GENERAL             | -28,874,306                      | 58,553,060                             | 5.00   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | -608,701                         | 10,661,719                             | 6.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | -8,531                           | 1,104,114                              | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                         | -17,805                          | 3,502,816                              | 9.00   |
| 10.00                                         | 01000 | DIETARY                              | -579,842                         | 2,532,397                              | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                            | 0                                | 986,564                                | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | -14,433                          | 2,953,950                              | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | -1,153                           | 965,890                                | 14.00  |
| 15.00                                         | 01500 | PHARMACY                             | -4,096                           | 9,796,610                              | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 0                                | 23,648                                 | 16.00  |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                | 0                                      | 19.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0                                | 0                                      | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                | 0                                      | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                | 0                                      | 22.00  |
| 23.00                                         | 02302 | PARAMED EDUCATION EMS                | -115,399                         | -38,010                                | 23.00  |
| 23.01                                         | 02301 | CLINICAL PASTORAL EDUCATION          | 0                                | 246,727                                | 23.01  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |                                  |                                        |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | -813,713                         | 35,098,261                             | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | -1,336,296                       | 6,898,924                              | 31.00  |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 0                                | 0                                      | 41.00  |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0                                | 0                                      | 42.00  |
| 43.00                                         | 04300 | NURSERY                              | -232,428                         | 2,604,577                              | 43.00  |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0                                | 0                                      | 45.00  |
| 45.01                                         | 04510 | ICF/MR                               | 0                                | 0                                      | 45.01  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |                                  |                                        |        |
| 50.00                                         | 05000 | OPERATING ROOM                       | -36,540                          | 11,487,274                             | 50.00  |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 0                                | 1,238,372                              | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                | 1,789,528                              | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | -173,320                         | 250,076                                | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | -220,360                         | 5,030,652                              | 54.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                         | -58,708                          | 1,575,577                              | 56.00  |
| 56.01                                         | 05603 | ULTRASOUND                           | 0                                | 1,345,368                              | 56.01  |
| 57.00                                         | 05700 | CT SCAN                              | 0                                | 1,412,195                              | 57.00  |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                | 767,801                                | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | -126,202                         | 498,443                                | 59.00  |
| 60.00                                         | 06000 | LABORATORY                           | -309,155                         | 8,863,221                              | 60.00  |
| 60.01                                         | 06001 | LABORATORY                           | 0                                | 0                                      | 60.01  |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                | 0                                      | 63.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | -689                             | 2,631,251                              | 65.00  |
| 65.01                                         | 06501 | STRESS TEST                          | -4,205                           | 679,743                                | 65.01  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | -528                             | 5,100,860                              | 66.00  |
| 67.00                                         | 06700 | OCCUPATIONAL THERAPY                 | 0                                | 0                                      | 67.00  |
| 68.00                                         | 06800 | SPEECH PATHOLOGY                     | 0                                | 0                                      | 68.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | -8,815                           | 362,556                                | 69.00  |
| 69.01                                         | 06901 | ECHOCARDIOGRAM                       | 0                                | 0                                      | 69.01  |
| 69.02                                         | 06902 | CARDIOLOGY                           | 0                                | 0                                      | 69.02  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                | 55,555                                 | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                | 23,742,478                             | 71.00  |
| 71.30                                         | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                | 0                                      | 71.30  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                | 16,997,093                             | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                | 15,399,603                             | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 0                                | 1,168,640                              | 74.00  |
| 75.02                                         | 07501 | OUTPATIENT SURGERY                   | 0                                | 0                                      | 75.02  |
| 76.00                                         | 03290 | ELECTROMYOGRAPHY                     | 0                                | 0                                      | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION               | 0                                | 561,209                                | 76.97  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |                                  |                                        |        |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0                                | 0                                      | 88.00  |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                | 0                                      | 89.00  |
| 90.00                                         | 09000 | CLINIC                               | -668                             | 1,889,142                              | 90.00  |
| 90.01                                         | 09001 | ADDICTION RECOVERY CLINIC            | 0                                | 0                                      | 90.01  |
| 90.03                                         | 09002 | LITHOTRIPSY                          | 0                                | 0                                      | 90.03  |
| 91.00                                         | 09100 | EMERGENCY                            | -2,932,625                       | 9,845,742                              | 91.00  |
| 91.20                                         | 09101 | ACUTE CARE CENTER                    | -84,858                          | 3,325,169                              | 91.20  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                | 0                                      | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |                                  |                                        |        |
| 99.10                                         | 09910 | CORF                                 | 0                                | 0                                      | 99.10  |
| 99.20                                         | 09920 | OPT                                  | 0                                | 0                                      | 99.20  |
| 99.30                                         | 09930 | OOT                                  | 0                                | 0                                      | 99.30  |
| 99.40                                         | 09940 | OSP                                  | 0                                | 0                                      | 99.40  |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                   | 0                                | 0                                      | 101.00 |

## RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | Adjustments<br>(See A-8) | Net Expenses<br>For Allocation |        |
|------------------------------|-------|----------------------------------------|--------------------------|--------------------------------|--------|
|                              |       |                                        | 6.00                     | 7.00                           |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                          |                                |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                        | 0                              | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                        | 0                              | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                        | 0                              | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                        | 0                              | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | -26,926,401              | 301,261,725                    | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                          |                                |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | -1,830                   | 911,930                        | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                        | 0                              | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                        | 0                              | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                        | 0                              | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                        | 0                              | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                        | 0                              | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                        | 0                              | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                        | 0                              | 194.06 |
| 200.00                       |       | TOTAL (SUM OF LINES 118 through 199)   | -26,928,231              | 302,173,655                    | 200.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/27/2020 4:57 pm

|       | Increases                            |        |           |            |  |       |
|-------|--------------------------------------|--------|-----------|------------|--|-------|
|       | Cost Center                          | Line # | Salary    | Other      |  |       |
|       | 2.00                                 | 3.00   | 4.00      | 5.00       |  |       |
|       | A - CLINICAL PASTORAL EDUCATION      |        |           |            |  |       |
| 1.00  | CLINICAL PASTORAL EDUCATION          | 23.01  | 222,084   | 24,643     |  | 1.00  |
|       | 0                                    |        | 222,084   | 24,643     |  |       |
|       | B - EMS RECLASS                      |        |           |            |  |       |
| 1.00  | ADMINISTRATIVE & GENERAL             | 5.00   | 79,143    | 241,187    |  | 1.00  |
|       | 0                                    |        | 79,143    | 241,187    |  |       |
|       | C - DEPRECIATION                     |        |           |            |  |       |
| 1.00  | NEW CAP REL COSTS-BLDG & FIXT        | 1.00   | 0         | 9,805,080  |  | 1.00  |
| 2.00  | CAP REL COSTS-MVBLE EQUIP            | 2.00   | 0         | 9,155,347  |  | 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  |
| 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 |
|       | 0                                    |        | 0         | 18,960,427 |  |       |
|       | D - DRUG RECLASS                     |        |           |            |  |       |
| 1.00  | DRUGS CHARGED TO PATIENTS            | 73.00  | 0         | 15,399,603 |  | 1.00  |
|       | 0                                    |        | 0         | 15,399,603 |  |       |
|       | E - NURSERY AND LABOR/DELIVERY       |        |           |            |  |       |
| 1.00  | NURSERY                              | 43.00  | 545,127   | 269,942    |  | 1.00  |
| 2.00  | DELIVERY ROOM & LABOR ROOM           | 52.00  | 1,196,855 | 592,673    |  | 2.00  |
|       | 0                                    |        | 1,741,982 | 862,615    |  |       |
|       | F - CAFE/DIETARY                     |        |           |            |  |       |
| 1.00  | CAFETERIA                            | 11.00  | 605,485   | 381,079    |  | 1.00  |
|       | 0                                    |        | 605,485   | 381,079    |  |       |
|       | G - SUPPLIES                         |        |           |            |  |       |
| 1.00  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00  | 0         | 40,739,571 |  | 1.00  |
| 2.00  |                                      | 0.00   | 0         | 0          |  | 2.00  |
| 3.00  |                                      | 0.00   | 0         | 0          |  | 3.00  |
| 4.00  |                                      | 0.00   | 0         | 0          |  | 4.00  |
| 5.00  |                                      | 0.00   | 0         | 0          |  | 5.00  |
| 6.00  |                                      | 0.00   | 0         | 0          |  | 6.00  |
| 7.00  |                                      | 0.00   | 0         | 0          |  | 7.00  |
| 8.00  |                                      | 0.00   | 0         | 0          |  | 8.00  |
| 9.00  |                                      | 0.00   | 0         | 0          |  | 9.00  |
| 10.00 |                                      | 0.00   | 0         | 0          |  | 10.00 |
| 11.00 |                                      | 0.00   | 0         | 0          |  | 11.00 |
| 12.00 |                                      | 0.00   | 0         | 0          |  | 12.00 |
| 13.00 |                                      | 0.00   | 0         | 0          |  | 13.00 |
| 14.00 |                                      | 0.00   | 0         | 0          |  | 14.00 |
| 15.00 |                                      | 0.00   | 0         | 0          |  | 15.00 |
| 16.00 |                                      | 0.00   | 0         | 0          |  | 16.00 |
| 17.00 |                                      | 0.00   | 0         | 0          |  | 17.00 |
| 18.00 |                                      | 0.00   | 0         | 0          |  | 18.00 |
| 19.00 |                                      | 0.00   | 0         | 0          |  | 19.00 |
| 20.00 |                                      | 0.00   | 0         | 0          |  | 20.00 |
| 21.00 |                                      | 0.00   | 0         | 0          |  | 21.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/27/2020 4:57 pm

| Increases     |                                  |        |            |            |  |        |
|---------------|----------------------------------|--------|------------|------------|--|--------|
| Cost Center   | Line #                           | Salary | Other      |            |  |        |
| 2.00          | 3.00                             | 4.00   | 5.00       |            |  |        |
| 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  |
| 0             |                                  | 0      | 40,739,571 |            |  |        |
| H - IMPLANT   |                                  |        |            |            |  |        |
| 1.00          | IMPL. DEV. CHARGED TO<br>PATIENT | 72.00  | 0          | 16,997,093 |  | 1.00   |
| 0             |                                  | 0      | 16,997,093 |            |  |        |
| I - INCENTIVE |                                  |        |            |            |  |        |
| 1.00          | ADMINISTRATIVE & GENERAL         | 5.00   | 400,235    | 0          |  | 1.00   |
| 2.00          | MAINTENANCE & REPAIRS            | 6.00   | 14,716     | 0          |  | 2.00   |
| 3.00          | HOUSEKEEPING                     | 9.00   | 7,158      | 0          |  | 3.00   |
| 4.00          | DIETARY                          | 10.00  | 15,422     | 0          |  | 4.00   |
| 5.00          | NURSING ADMINISTRATION           | 13.00  | 16,760     | 0          |  | 5.00   |
| 6.00          | PHARMACY                         | 15.00  | 8,966      | 0          |  | 6.00   |
| 7.00          | ADULTS & PEDIATRICS              | 30.00  | 77,290     | 0          |  | 7.00   |
| 8.00          | OPERATING ROOM                   | 50.00  | 22,548     | 0          |  | 8.00   |
| 9.00          | RADIOLOGY-DIAGNOSTIC             | 54.00  | 7,317      | 0          |  | 9.00   |
| 10.00         | CARDIAC CATHETERIZATION          | 59.00  | 8,587      | 0          |  | 10.00  |
| 11.00         | EMERGENCY                        | 91.00  | 29,028     | 0          |  | 11.00  |
| 12.00         | ACUTE CARE CENTER                | 91.20  | 29,971     | 0          |  | 12.00  |
| 0             |                                  |        | 637,998    | 0          |  |        |
| 500.00        | Grand Total: Increases           |        | 3,286,692  | 93,606,218 |  | 500.00 |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/27/2020 4:57 pm

|       | Decreases                           |        |           |            |                |  |  |  |       |  |
|-------|-------------------------------------|--------|-----------|------------|----------------|--|--|--|-------|--|
|       | Cost Center                         | Line # | Salary    | Other      | Wkst. A-7 Ref. |  |  |  |       |  |
|       | 6.00                                | 7.00   | 8.00      | 9.00       | 10.00          |  |  |  |       |  |
|       | A - CLINICAL PASTORAL EDUCATION     |        |           |            |                |  |  |  |       |  |
| 1.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 222,084   | 24,643     | 0              |  |  |  | 1.00  |  |
|       | 0                                   |        | 222,084   | 24,643     |                |  |  |  |       |  |
|       | B - EMS RECLASS                     |        |           |            |                |  |  |  |       |  |
| 1.00  | PARAMED EDUCATION EMS               | 23.00  | 79,143    | 241,187    | 0              |  |  |  | 1.00  |  |
|       | 0                                   |        | 79,143    | 241,187    |                |  |  |  |       |  |
|       | C - DEPRECIATION                    |        |           |            |                |  |  |  |       |  |
| 1.00  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0         | 2,703      | 9              |  |  |  | 1.00  |  |
| 2.00  | ADMINISTRATIVE & GENERAL            | 5.00   | 0         | 11,408,716 | 9              |  |  |  | 2.00  |  |
| 3.00  | MAINTENANCE & REPAIRS               | 6.00   | 0         | 58,721     | 0              |  |  |  | 3.00  |  |
| 4.00  | LAUNDRY & LINEN SERVICE             | 8.00   | 0         | 475        | 0              |  |  |  | 4.00  |  |
| 5.00  | HOUSEKEEPING                        | 9.00   | 0         | 9,061      | 0              |  |  |  | 5.00  |  |
| 6.00  | DIETARY                             | 10.00  | 0         | 42,616     | 0              |  |  |  | 6.00  |  |
| 7.00  | NURSING ADMINISTRATION              | 13.00  | 0         | 337,559    | 0              |  |  |  | 7.00  |  |
| 8.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 82,262     | 0              |  |  |  | 8.00  |  |
| 9.00  | PHARMACY                            | 15.00  | 0         | 253,246    | 0              |  |  |  | 9.00  |  |
| 11.00 | PARAMED EDUCATION EMS               | 23.00  | 0         | 24,603     | 0              |  |  |  | 11.00 |  |
| 12.00 | ADULTS & PEDIATRICS                 | 30.00  | 0         | 360,645    | 0              |  |  |  | 12.00 |  |
| 13.00 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 92,484     | 0              |  |  |  | 13.00 |  |
| 14.00 | NURSERY                             | 43.00  | 0         | 66,369     | 0              |  |  |  | 14.00 |  |
| 15.00 | OPERATING ROOM                      | 50.00  | 0         | 1,274,716  | 0              |  |  |  | 15.00 |  |
| 16.00 | RECOVERY ROOM                       | 51.00  | 0         | 4,568      | 0              |  |  |  | 16.00 |  |
| 17.00 | ANESTHESIOLOGY                      | 53.00  | 0         | 20,914     | 0              |  |  |  | 17.00 |  |
| 18.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 2,055,240  | 0              |  |  |  | 18.00 |  |
| 19.00 | RADIOISOTOPE                        | 56.00  | 0         | 1,171,694  | 0              |  |  |  | 19.00 |  |
| 20.00 | ULTRASOUND                          | 56.01  | 0         | 192,205    | 0              |  |  |  | 20.00 |  |
| 21.00 | CT SCAN                             | 57.00  | 0         | 277,460    | 0              |  |  |  | 21.00 |  |
| 22.00 | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00  | 0         | 866,126    | 0              |  |  |  | 22.00 |  |
| 23.00 | CARDIAC CATHETERIZATION             | 59.00  | 0         | 3,125      | 0              |  |  |  | 23.00 |  |
| 24.00 | RESPIRATORY THERAPY                 | 65.00  | 0         | 78,569     | 0              |  |  |  | 24.00 |  |
| 25.00 | STRESS TEST                         | 65.01  | 0         | 92,337     | 0              |  |  |  | 25.00 |  |
| 26.00 | PHYSICAL THERAPY                    | 66.00  | 0         | 11,437     | 0              |  |  |  | 26.00 |  |
| 27.00 | ELECTROCARDIOLOGY                   | 69.00  | 0         | 89         | 0              |  |  |  | 27.00 |  |
| 28.00 | ELECTROENCEPHALOGRAPHY              | 70.00  | 0         | 5,672      | 0              |  |  |  | 28.00 |  |
| 29.00 | CARDIAC REHABILITATION              | 76.97  | 0         | 17,040     | 0              |  |  |  | 29.00 |  |
| 30.00 | CLINIC                              | 90.00  | 0         | 26,031     | 0              |  |  |  | 30.00 |  |
| 31.00 | EMERGENCY                           | 91.00  | 0         | 105,190    | 0              |  |  |  | 31.00 |  |
| 32.00 | ACUTE CARE CENTER                   | 91.20  | 0         | 11,996     | 0              |  |  |  | 32.00 |  |
| 33.00 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 190.00 | 0         | 6,558      | 0              |  |  |  | 33.00 |  |
|       | 0                                   |        | 0         | 18,960,427 |                |  |  |  |       |  |
|       | D - DRUG RECLASS                    |        |           |            |                |  |  |  |       |  |
| 1.00  | PHARMACY                            | 15.00  | 0         | 15,399,603 | 0              |  |  |  | 1.00  |  |
|       | 0                                   |        | 0         | 15,399,603 |                |  |  |  |       |  |
|       | E - NURSERY AND LABOR/DELIVERY      |        |           |            |                |  |  |  |       |  |
| 1.00  | ADULTS & PEDIATRICS                 | 30.00  | 1,741,982 | 862,615    | 0              |  |  |  | 1.00  |  |
| 2.00  |                                     | 0.00   | 0         | 0          | 0              |  |  |  | 2.00  |  |
|       | 0                                   |        | 1,741,982 | 862,615    |                |  |  |  |       |  |
|       | F - CAFE/DIETARY                    |        |           |            |                |  |  |  |       |  |
| 1.00  | DIETARY                             | 10.00  | 605,485   | 381,079    | 0              |  |  |  | 1.00  |  |
|       | 0                                   |        | 605,485   | 381,079    |                |  |  |  |       |  |
|       | G - SUPPLIES                        |        |           |            |                |  |  |  |       |  |
| 1.00  | MAINTENANCE & REPAIRS               | 6.00   | 0         | 1,785      | 0              |  |  |  | 1.00  |  |
| 2.00  | LAUNDRY & LINEN SERVICE             | 8.00   | 0         | 14,798     | 0              |  |  |  | 2.00  |  |
| 3.00  | HOUSEKEEPING                        | 9.00   | 0         | 5,602      | 0              |  |  |  | 3.00  |  |
| 4.00  | DIETARY                             | 10.00  | 0         | 6,199      | 0              |  |  |  | 4.00  |  |
| 5.00  | NURSING ADMINISTRATION              | 13.00  | 0         | 3,049      | 0              |  |  |  | 5.00  |  |
| 6.00  | CENTRAL SERVICES & SUPPLY           | 14.00  | 0         | 285,869    | 0              |  |  |  | 6.00  |  |
| 7.00  | PHARMACY                            | 15.00  | 0         | 276,625    | 0              |  |  |  | 7.00  |  |
| 8.00  | PARAMED EDUCATION EMS               | 23.00  | 0         | 210,709    | 0              |  |  |  | 8.00  |  |
| 9.00  | ADULTS & PEDIATRICS                 | 30.00  | 0         | 3,327,870  | 0              |  |  |  | 9.00  |  |
| 10.00 | INTENSIVE CARE UNIT                 | 31.00  | 0         | 941,851    | 0              |  |  |  | 10.00 |  |
| 11.00 | NURSERY                             | 43.00  | 0         | 30,498     | 0              |  |  |  | 11.00 |  |
| 12.00 | OPERATING ROOM                      | 50.00  | 0         | 22,063,358 | 0              |  |  |  | 12.00 |  |
| 13.00 | RECOVERY ROOM                       | 51.00  | 0         | 31,183     | 0              |  |  |  | 13.00 |  |
| 14.00 | ANESTHESIOLOGY                      | 53.00  | 0         | 502,752    | 0              |  |  |  | 14.00 |  |
| 15.00 | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0         | 7,893,507  | 0              |  |  |  | 15.00 |  |
| 16.00 | RADIOISOTOPE                        | 56.00  | 0         | 910,583    | 0              |  |  |  | 16.00 |  |
| 17.00 | ULTRASOUND                          | 56.01  | 0         | 149,796    | 0              |  |  |  | 17.00 |  |
| 18.00 | CT SCAN                             | 57.00  | 0         | 448,667    | 0              |  |  |  | 18.00 |  |
| 19.00 | MAGNETIC RESONANCE IMAGING (MRI)    | 58.00  | 0         | 175,262    | 0              |  |  |  | 19.00 |  |
| 20.00 | CARDIAC CATHETERIZATION             | 59.00  | 0         | 855        | 0              |  |  |  | 20.00 |  |

## RECLASSIFICATIONS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/27/2020 4:57 pm

| Decreases     |                                      |        |           |            |                |        |
|---------------|--------------------------------------|--------|-----------|------------|----------------|--------|
|               | Cost Center                          | Line # | Salary    | Other      | Wkst. A-7 Ref. |        |
|               | 6.00                                 | 7.00   | 8.00      | 9.00       | 10.00          |        |
| 21.00         | BLOOD STORING, PROCESSING & TRANS.   | 63.00  | 0         | 1,162,263  | 0              | 21.00  |
| 22.00         | RESPIRATORY THERAPY                  | 65.00  | 0         | 444,466    | 0              | 22.00  |
| 23.00         | STRESS TEST                          | 65.01  | 0         | 29,763     | 0              | 23.00  |
| 24.00         | PHYSICAL THERAPY                     | 66.00  | 0         | 37,769     | 0              | 24.00  |
| 25.00         | ELECTROCARDIOLOGY                    | 69.00  | 0         | 8,450      | 0              | 25.00  |
| 26.00         | ELECTROENCEPHALOGRAPHY               | 70.00  | 0         | 1,651      | 0              | 26.00  |
| 27.00         | RENAL DIALYSIS                       | 74.00  | 0         | 8,810      | 0              | 27.00  |
| 28.00         | CARDIAC REHABILITATION               | 76.97  | 0         | 13,543     | 0              | 28.00  |
| 29.00         | CLINIC                               | 90.00  | 0         | 680,865    | 0              | 29.00  |
| 30.00         | EMERGENCY                            | 91.00  | 0         | 918,888    | 0              | 30.00  |
| 31.00         | ACUTE CARE CENTER                    | 91.20  | 0         | 151,931    | 0              | 31.00  |
| 32.00         | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 190.00 | 0         | 354        | 0              | 32.00  |
|               |                                      |        | 0         | 40,739,571 |                |        |
| H - IMPLANT   |                                      |        |           |            |                |        |
| 1.00          | MEDICAL SUPPLIES CHARGED TO PATIENTS | 71.00  | 0         | 16,997,093 | 0              | 1.00   |
|               |                                      |        | 0         | 16,997,093 |                |        |
| I - INCENTIVE |                                      |        |           |            |                |        |
| 1.00          | EMPLOYEE BENEFITS DEPARTMENT         | 4.00   | 637,998   | 0          | 0              | 1.00   |
| 2.00          |                                      | 0.00   | 0         | 0          | 0              | 2.00   |
| 3.00          |                                      | 0.00   | 0         | 0          | 0              | 3.00   |
| 4.00          |                                      | 0.00   | 0         | 0          | 0              | 4.00   |
| 5.00          |                                      | 0.00   | 0         | 0          | 0              | 5.00   |
| 6.00          |                                      | 0.00   | 0         | 0          | 0              | 6.00   |
| 7.00          |                                      | 0.00   | 0         | 0          | 0              | 7.00   |
| 8.00          |                                      | 0.00   | 0         | 0          | 0              | 8.00   |
| 9.00          |                                      | 0.00   | 0         | 0          | 0              | 9.00   |
| 10.00         |                                      | 0.00   | 0         | 0          | 0              | 10.00  |
| 11.00         |                                      | 0.00   | 0         | 0          | 0              | 11.00  |
| 12.00         |                                      | 0.00   | 0         | 0          | 0              | 12.00  |
|               |                                      |        | 637,998   | 0          |                |        |
| 500.00        | Grand Total: Decreases               |        | 3,286,692 | 93,606,218 |                | 500.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

|       |                                                        | 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                                                   | 47,114,080            | 0                              | 0        | 0          | 0                            | 1.00  |  |
| 2.00  | Land Improvements                                      | 6,035,014             | 0                              | 0        | 0          | 0                            | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 236,593,994           | 9,118,555                      | 0        | 9,118,555  | 0                            | 3.00  |  |
| 4.00  | Building Improvements                                  | 964,841               | 34,073                         | 0        | 34,073     | 252,264                      | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 92,128,795            | 9,805,406                      | 0        | 9,805,406  | 16,613,568                   | 5.00  |  |
| 6.00  | Movable Equipment                                      | 80,004                | 7,600                          | 0        | 7,600      | 36,600                       | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              | 0        | 0          | 0                            | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 382,916,728           | 18,965,634                     | 0        | 18,965,634 | 16,902,432                   | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              | 0        | 0          | 0                            | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 382,916,728           | 18,965,634                     | 0        | 18,965,634 | 16,902,432                   | 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                                                   | 47,114,080            | 0                              |          |            |                              | 1.00  |  |
| 2.00  | Land Improvements                                      | 6,035,014             | 0                              |          |            |                              | 2.00  |  |
| 3.00  | Buildings and Fixtures                                 | 245,712,549           | 0                              |          |            |                              | 3.00  |  |
| 4.00  | Building Improvements                                  | 746,650               | 0                              |          |            |                              | 4.00  |  |
| 5.00  | Fixed Equipment                                        | 85,320,633            | 0                              |          |            |                              | 5.00  |  |
| 6.00  | Movable Equipment                                      | 51,004                | 0                              |          |            |                              | 6.00  |  |
| 7.00  | HIT designated Assets                                  | 0                     | 0                              |          |            |                              | 7.00  |  |
| 8.00  | Subtotal (sum of lines 1-7)                            | 384,979,930           | 0                              |          |            |                              | 8.00  |  |
| 9.00  | Reconciling Items                                      | 0                     | 0                              |          |            |                              | 9.00  |  |
| 10.00 | Total (line 8 minus line 9)                            | 384,979,930           | 0                              |          |            |                              | 10.00 |  |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 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                    | NEW CAP REL COSTS-BLDG & FIXT                                                 | 0                                                                             | 0                                     | 0        | 0                            | 0                        | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                                                             | 0                                     | 0        | 0                            | 0                        | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                                                             | 0                                     | 0        | 0                            | 0                        | 3.00 |
| Cost Center Description |                                                                               | SUMMARY OF CAPITAL                                                            |                                       |          |                              |                          |      |
|                         |                                                                               | Other Capital-Related Costs (see instructions)                                | Total (1) (sum of cols. 9 through 14) |          |                              |                          |      |
|                         |                                                                               | 14.00                                                                         | 15.00                                 |          |                              |                          |      |
|                         |                                                                               | PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                                       |          |                              |                          |      |
| 1.00                    | NEW CAP REL COSTS-BLDG & FIXT                                                 | 0                                                                             | 0                                     |          |                              |                          | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                                                     | 0                                                                             | 0                                     |          |                              |                          | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                                                      | 0                                                                             | 0                                     |          |                              |                          | 3.00 |

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet A-7  
Part III  
Date/Time Prepared:  
8/27/2020 4:57 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                    | NEW CAP REL COSTS-BLDG & FIXT                      | 1                           | 0                            | 1                                        | 1.000000                                       | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0.000000                                       | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 1                           | 0                            | 1                                        | 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                    | NEW CAP REL COSTS-BLDG & FIXT                      | 0                           | 0                            | 0                                        | 13,349,798                                     | 0                                     | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 11,053,981                                     | 0                                     | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | 0                           | 0                            | 0                                        | 24,403,779                                     | 0                                     | 3.00 |
| Cost Center Description |                                                    | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                         |                                                    | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                         |                                                    | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
|                         | PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                             |                              |                                          |                                                |                                       |      |
| 1.00                    | NEW CAP REL COSTS-BLDG & FIXT                      | -53,677                     | 0                            | 0                                        | 0                                              | 13,296,121                            | 1.00 |
| 2.00                    | CAP REL COSTS-MVBLE EQUIP                          | 0                           | 0                            | 0                                        | 0                                              | 11,053,981                            | 2.00 |
| 3.00                    | Total (sum of lines 1-2)                           | -53,677                     | 0                            | 0                                        | 0                                              | 24,350,102                            | 3.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8

Date/Time Prepared:  
8/27/2020 4:57 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)                           |                |            | 0 NEW CAP REL COSTS-BLDG & FIXT                                                     | 1.00   | 0              | 1.00  |
| 2.00                    | Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                               |                |            | 0 CAP REL COSTS-MVBLE EQUIP                                                         | 2.00   | 0              | 2.00  |
| 3.00                    | Investment income - other (chapter 2)                                                   |                |            | 0                                                                                   | 0.00   | 0              | 3.00  |
| 4.00                    | Trade, quantity, and time discounts (chapter 8)                                         |                |            | 0                                                                                   | 0.00   | 0              | 4.00  |
| 5.00                    | Refunds and rebates of expenses (chapter 8)                                             |                |            | 0                                                                                   | 0.00   | 0              | 5.00  |
| 6.00                    | Rental of provider space by suppliers (chapter 8)                                       |                |            | 0                                                                                   | 0.00   | 0              | 6.00  |
| 7.00                    | Telephone services (pay stations excluded) (chapter 21)                                 |                |            | 0                                                                                   | 0.00   | 0              | 7.00  |
| 8.00                    | Television and radio service (chapter 21)                                               |                |            | 0                                                                                   | 0.00   | 0              | 8.00  |
| 9.00                    | Parking lot (chapter 21)                                                                |                |            | 0                                                                                   | 0.00   | 0              | 9.00  |
| 10.00                   | Provider-based physician adjustment                                                     | A-8-2          | -5,599,739 |                                                                                     |        | 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          | -1,090,148 |                                                                                     |        | 0              | 12.00 |
| 13.00                   | Laundry and linen service                                                               |                |            | 0                                                                                   | 0.00   | 0              | 13.00 |
| 14.00                   | Cafeteria-employees and guests                                                          | B              |            | 0 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          |            | 0 RESPIRATORY THERAPY                                                               | 65.00  |                | 23.00 |
| 24.00                   | Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          |            | 0 PHYSICAL THERAPY                                                                  | 66.00  |                | 24.00 |
| 25.00                   | Utilization review - physicians' compensation (chapter 21)                              |                |            | 0 *** Cost Center Deleted ***                                                       | 114.00 |                | 25.00 |
| 26.00                   | Depreciation - NEW CAP REL COSTS-BLDG & FIXT                                            | A              | 3,396,656  | NEW CAP REL COSTS-BLDG & FIXT                                                       | 1.00   | 9              | 26.00 |
| 27.00                   | Depreciation - CAP REL COSTS-MVBLE EQUIP                                                | A              | 51,108     | CAP REL COSTS-MVBLE EQUIP                                                           | 2.00   | 9              | 27.00 |
| 28.00                   | Non-physician Anesthetist                                                               |                |            | 0 NONPHYSICIAN ANESTHETISTS                                                         | 19.00  |                | 28.00 |
| 29.00                   | Physicians' assistant                                                                   |                |            | 0                                                                                   | 0.00   | 0              | 29.00 |
| 30.00                   | Adjustment for occupational therapy costs in excess of limitation (chapter 14)          | A-8-3          |            | 0 OCCUPATIONAL THERAPY                                                              | 67.00  |                | 30.00 |
| 30.99                   | Hospice (non-distinct) (see instructions)                                               |                |            | 0 ADULTS & PEDIATRICS                                                               | 30.00  |                | 30.99 |
| 31.00                   | Adjustment for speech pathology costs in excess of limitation (chapter 14)              | A-8-3          |            | 0 SPEECH PATHOLOGY                                                                  | 68.00  |                | 31.00 |
| 32.00                   | CAH HIT Adjustment for Depreciation and Interest                                        |                |            | 0                                                                                   | 0.00   | 0              | 32.00 |

## ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description |                                                                                     | Basis/Code (2) | Amount      | Expense Classification on Worksheet A<br>To/From Which the Amount is to be Adjusted |  | Line # | Wkst. A-7 Ref. |       |
|-------------------------|-------------------------------------------------------------------------------------|----------------|-------------|-------------------------------------------------------------------------------------|--|--------|----------------|-------|
|                         |                                                                                     |                |             | Cost Center                                                                         |  |        |                |       |
|                         |                                                                                     | 1.00           | 2.00        | 3.00                                                                                |  | 4.00   | 5.00           |       |
| 33.00                   | MISC INCOME                                                                         | B              | -243,600    | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 33.00 |
| 33.01                   | MISC INCOME                                                                         | B              | -1,019,950  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 33.01 |
| 33.02                   | MISC INCOME                                                                         | B              | -577,801    | MAINTENANCE & REPAIRS                                                               |  | 6.00   | 0              | 33.02 |
| 34.00                   | MISC INCOME                                                                         | B              | -17,804     | HOUSEKEEPING                                                                        |  | 9.00   | 0              | 34.00 |
| 35.00                   | MISC INCOME                                                                         | B              | -577,048    | DIETARY                                                                             |  | 10.00  | 0              | 35.00 |
| 36.00                   | MISC INCOME                                                                         | B              | -52         | NURSING ADMINISTRATION                                                              |  | 13.00  | 0              | 36.00 |
| 37.00                   | MISC INCOME                                                                         | B              | -2,200      | PHARMACY                                                                            |  | 15.00  | 0              | 37.00 |
| 37.01                   | MISC INCOME                                                                         | B              | -114,813    | PARAMED EDUCATION EMS                                                               |  | 23.00  | 0              | 37.01 |
| 37.02                   | MISC INCOME                                                                         | B              | -13,920     | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0              | 37.02 |
| 37.03                   | MISC INCOME                                                                         | B              | -2,302      | OPERATING ROOM                                                                      |  | 50.00  | 0              | 37.03 |
| 37.04                   | MISC INCOME                                                                         | B              | 0           | RADIOLOGY-DIAGNOSTIC                                                                |  | 54.00  | 0              | 37.04 |
| 37.05                   | MISC INCOME                                                                         | B              | 0           | CARDIAC CATHETERIZATION                                                             |  | 59.00  | 0              | 37.05 |
| 37.06                   | MISC INCOME                                                                         | B              | -309,155    | LABORATORY                                                                          |  | 60.00  | 0              | 37.06 |
| 37.07                   | MISC INCOME                                                                         | B              | -60         | RESPIRATORY THERAPY                                                                 |  | 65.00  | 0              | 37.07 |
| 37.08                   | MISC INCOME                                                                         | B              | -456        | PHYSICAL THERAPY                                                                    |  | 66.00  | 0              | 37.08 |
| 37.09                   | MISC INCOME                                                                         | B              | -355,398    | EMERGENCY                                                                           |  | 91.00  | 0              | 37.09 |
| 37.10                   | MISC INCOME                                                                         | B              | -6,435      | ACUTE CARE CENTER                                                                   |  | 91.20  | 0              | 37.10 |
| 38.00                   | INTERCOMPANY INTEREST                                                               | A              | -3,849,598  | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 38.00 |
| 39.00                   | REMOVE ILLINOIS PROVIDER TAX                                                        | A              | -15,697,404 | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 39.00 |
| 40.00                   | TELEPHONE                                                                           | A              | -21,083     | MAINTENANCE & REPAIRS                                                               |  | 6.00   | 0              | 40.00 |
| 41.00                   | TV                                                                                  | A              | -8,531      | LAUNDRY & LINEN SERVICE                                                             |  | 8.00   | 0              | 41.00 |
| 41.01                   | PHYSICIAN COST                                                                      | A              | -54,623     | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 41.01 |
| 41.02                   | REAL ESTATE TAX                                                                     | B              | -40,667     | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 41.02 |
| 42.00                   | ADJ USEFUL LIFE 1986 SURGERY<br>AD                                                  | A              | -53,677     | NEW CAP REL COSTS-BLDG &<br>FIXT                                                    |  | 1.00   | 11             | 42.00 |
| 43.00                   | NONALLOWABLE<br>CENTERS1099/90/92/91120                                             | A              | -27,943     | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 43.00 |
| 44.00                   | NON ALLOWABLE                                                                       | A              | -5,149      | EMPLOYEE BENEFITS DEPARTMENT                                                        |  | 4.00   | 0              | 44.00 |
| 45.00                   | NON ALLOWABLE                                                                       | A              | -602,336    | ADMINISTRATIVE & GENERAL                                                            |  | 5.00   | 0              | 45.00 |
| 45.01                   | NON ALLOWABLE                                                                       | A              | -9,817      | MAINTENANCE & REPAIRS                                                               |  | 6.00   | 0              | 45.01 |
| 45.02                   | NON ALLOWABLE                                                                       | A              | -1          | HOUSEKEEPING                                                                        |  | 9.00   | 0              | 45.02 |
| 45.03                   | NON ALLOWABLE                                                                       | A              | -2,794      | DIETARY                                                                             |  | 10.00  | 0              | 45.03 |
| 45.04                   | NON ALLOWABLE                                                                       | A              | -14,381     | NURSING ADMINISTRATION                                                              |  | 13.00  | 0              | 45.04 |
| 45.05                   | NON ALLOWABLE                                                                       | A              | -1,153      | CENTRAL SERVICES & SUPPLY                                                           |  | 14.00  | 0              | 45.05 |
| 45.06                   | NON ALLOWABLE                                                                       | A              | -1,896      | PHARMACY                                                                            |  | 15.00  | 0              | 45.06 |
| 45.07                   | NON ALLOWABLE                                                                       | A              | -586        | PARAMED EDUCATION EMS                                                               |  | 23.00  | 0              | 45.07 |
| 45.08                   | NON ALLOWABLE                                                                       | A              | -6,041      | ADULTS & PEDIATRICS                                                                 |  | 30.00  | 0              | 45.08 |
| 45.09                   | NON ALLOWABLE                                                                       | A              | -1,099      | INTENSIVE CARE UNIT                                                                 |  | 31.00  | 0              | 45.09 |
| 45.10                   | NON ALLOWABLE                                                                       | A              | -1,368      | NURSERY                                                                             |  | 43.00  | 0              | 45.10 |
| 45.11                   | NON ALLOWABLE                                                                       | A              | -12,088     | OPERATING ROOM                                                                      |  | 50.00  | 0              | 45.11 |
| 45.12                   | NON ALLOWABLE                                                                       | A              | 0           | RECOVERY ROOM                                                                       |  | 51.00  | 0              | 45.12 |
| 45.13                   | NON ALLOWABLE                                                                       | A              | -2,760      | RADIOLOGY-DIAGNOSTIC                                                                |  | 54.00  | 0              | 45.13 |
| 45.14                   | NON ALLOWABLE                                                                       | A              | -708        | RADIOISOTOPE                                                                        |  | 56.00  | 0              | 45.14 |
| 45.15                   | NON ALLOWABLE                                                                       | A              | 0           | CT SCAN                                                                             |  | 57.00  | 0              | 45.15 |
| 45.16                   | NON ALLOWABLE                                                                       | A              | 0           | MAGNETIC RESONANCE IMAGING<br>(MRI)                                                 |  | 58.00  | 0              | 45.16 |
| 45.17                   | NON ALLOWABLE                                                                       | A              | -102        | CARDIAC CATHETERIZATION                                                             |  | 59.00  | 0              | 45.17 |
| 45.18                   | NON ALLOWABLE                                                                       | A              | -629        | RESPIRATORY THERAPY                                                                 |  | 65.00  | 0              | 45.18 |
| 45.19                   | NON ALLOWABLE                                                                       | A              | -4,205      | STRESS TEST                                                                         |  | 65.01  | 0              | 45.19 |
| 45.20                   | NON ALLOWABLE                                                                       | A              | -72         | PHYSICAL THERAPY                                                                    |  | 66.00  | 0              | 45.20 |
| 45.21                   | NON ALLOWABLE                                                                       | A              | -8,815      | ELECTROCARDIOLOGY                                                                   |  | 69.00  | 0              | 45.21 |
| 45.22                   | NON ALLOWABLE                                                                       | A              | 0           | CARDIAC REHABILITATION                                                              |  | 76.97  | 0              | 45.22 |
| 45.23                   | NON ALLOWABLE                                                                       | A              | -668        | CLINIC                                                                              |  | 90.00  | 0              | 45.23 |
| 45.24                   | NON ALLOWABLE                                                                       | A              | -6,982      | EMERGENCY                                                                           |  | 91.00  | 0              | 45.24 |
| 45.25                   | NON ALLOWABLE                                                                       | A              | -6,108      | ACUTE CARE CENTER                                                                   |  | 91.20  | 0              | 45.25 |
| 45.26                   | NON ALLOWABLE                                                                       | A              | -1,830      | GIFT, FLOWER, COFFEE SHOP &<br>CANTEEN                                              |  | 190.00 | 0              | 45.26 |
| 50.00                   | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A,<br>column 6, line 200.) |                | -26,928,231 |                                                                                     |  |        |                | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:  
8/27/2020 4:57 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                                                                                                                            | 4.00     | EMPLOYEE BENEFITS DEPARTMENT | BENEFITS              | 4,496,049                | 0                                   | 1.00 |
| 2.00                                                                                                                            | 0.00     |                              |                       | 0                        | 0                                   | 2.00 |
| 3.00                                                                                                                            | 0.00     |                              |                       | 0                        | 0                                   | 3.00 |
| 4.00                                                                                                                            | 1.00     | NEW CAP REL COSTS-BLDG & FIX | NEW CAPITAL BUILDING  | 148,062                  | 0                                   | 4.00 |
| 4.01                                                                                                                            | 2.00     | CAP REL COSTS-MVBLE EQUIP    | NEW CAPITAL EQUIPMENT | 1,847,526                | 0                                   | 4.01 |
| 4.02                                                                                                                            | 5.00     | ADMINISTRATIVE & GENERAL     | NON CAPITAL           | 21,496,123               | 29,077,908                          | 4.02 |
| 5.00                                                                                                                            | 0        |                              | 0                     | 27,987,760               | 29,077,908                          | 5.00 |

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

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

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

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

|        |                                                |  |      |                      |        |        |
|--------|------------------------------------------------|--|------|----------------------|--------|--------|
| 6.00   | B                                              |  | 0.00 | ADVOCATE HEALTH CARE | 100.00 | 6.00   |
| 7.00   | B                                              |  | 0.00 | ADVOCATE HEALTH CARE | 100.00 | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:  
8/27/2020 4:57 pm

|                                                                                                                                 | Net<br>Adjustments<br>(col. 4 minus<br>col. 5)* | Wkst. A-7 Ref. |  |      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------|--|------|
|                                                                                                                                 | 6.00                                            | 7.00           |  |      |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: |                                                 |                |  |      |
| 1.00                                                                                                                            | 4,496,049                                       | 0              |  | 1.00 |
| 2.00                                                                                                                            | 0                                               | 0              |  | 2.00 |
| 3.00                                                                                                                            | 0                                               | 0              |  | 3.00 |
| 4.00                                                                                                                            | 148,062                                         | 9              |  | 4.00 |
| 4.01                                                                                                                            | 1,847,526                                       | 9              |  | 4.01 |
| 4.02                                                                                                                            | -7,581,785                                      | 0              |  | 4.02 |
| 5.00                                                                                                                            | -1,090,148                                      |                |  | 5.00 |

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

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

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

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

|        |             |  |        |
|--------|-------------|--|--------|
| 6.00   | HEALTH CARE |  | 6.00   |
| 7.00   | HEALTH CARE |  | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:  
8/27/2020 4:57 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              | 793,752                             | 793,752                           | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT              | 1,238,927                           | 1,238,927                         | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 31.00          | INTENSIVE CARE UNIT              | 118,200                             | 0                                 | 118,200                                    | 154,100                             | 296                                     | 3.00   |
| 4.00   | 43.00          | NURSERY                          | 231,060                             | 231,060                           | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                   | 22,150                              | 22,150                            | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 53.00          | ANESTHESIOLOGY                   | 173,320                             | 173,320                           | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 54.00          | RADIOLOGY-DIAGNOSTIC             | 217,600                             | 217,600                           | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 56.00          | RADIOISOTOPE                     | 58,000                              | 58,000                            | 0                                          | 0                                   | 232                                     | 8.00   |
| 9.00   | 59.00          | CARDIAC CATHETERIZATION          | 126,100                             | 126,100                           | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 91.00          | EMERGENCY                        | 2,512,671                           | 2,512,671                         | 0                                          | 171,400                             | 8,759                                   | 10.00  |
| 11.00  | 91.00          | EMERGENCY                        | 138,000                             | 0                                 | 138,000                                    | 171,400                             | 976                                     | 11.00  |
| 12.00  | 91.20          | ACUTE CARE CENTER                | 72,315                              | 72,315                            | 0                                          | 0                                   | 0                                       | 12.00  |
| 200.00 |                |                                  | 5,702,095                           | 5,445,895                         | 256,200                                    |                                     | 10,263                                  | 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   | 31.00          | INTENSIVE CARE UNIT              | 21,930                              | 1,097                             | 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   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 56.00          | RADIOISOTOPE                     | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 59.00          | CARDIAC CATHETERIZATION          | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 91.00          | EMERGENCY                        | 721,775                             | 36,089                            | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 91.00          | EMERGENCY                        | 80,426                              | 4,021                             | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 91.20          | ACUTE CARE CENTER                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 12.00  |
| 200.00 |                |                                  | 824,131                             | 41,207                            | 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                                          | 793,752                             |                                         | 1.00   |
| 2.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 0                                 | 0                                          | 1,238,927                           |                                         | 2.00   |
| 3.00   | 31.00          | INTENSIVE CARE UNIT              | 0                                   | 21,930                            | 96,270                                     | 96,270                              |                                         | 3.00   |
| 4.00   | 43.00          | NURSERY                          | 0                                   | 0                                 | 0                                          | 231,060                             |                                         | 4.00   |
| 5.00   | 50.00          | OPERATING ROOM                   | 0                                   | 0                                 | 0                                          | 22,150                              |                                         | 5.00   |
| 6.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 0                                 | 0                                          | 173,320                             |                                         | 6.00   |
| 7.00   | 54.00          | RADIOLOGY-DIAGNOSTIC             | 0                                   | 0                                 | 0                                          | 217,600                             |                                         | 7.00   |
| 8.00   | 56.00          | RADIOISOTOPE                     | 0                                   | 0                                 | 0                                          | 58,000                              |                                         | 8.00   |
| 9.00   | 59.00          | CARDIAC CATHETERIZATION          | 0                                   | 0                                 | 0                                          | 126,100                             |                                         | 9.00   |
| 10.00  | 91.00          | EMERGENCY                        | 0                                   | 721,775                           | 0                                          | 2,512,671                           |                                         | 10.00  |
| 11.00  | 91.00          | EMERGENCY                        | 0                                   | 80,426                            | 57,574                                     | 57,574                              |                                         | 11.00  |
| 12.00  | 91.20          | ACUTE CARE CENTER                | 0                                   | 0                                 | 0                                          | 72,315                              |                                         | 12.00  |
| 200.00 |                |                                  | 0                                   | 824,131                           | 153,844                                    | 5,599,739                           |                                         | 200.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS                                             |                    | EMPLOYEE<br>BENEFITS<br>DEPARTMENT | Subtotal   |       |
|----------------------------------------|-------|--------------------------------------|-------------------------------------------------------------------|--------------------|------------------------------------|------------|-------|
|                                        |       |                                      | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | NEW BLDG &<br>FIXT | MVBLE EQUIP                        |            |       |
|                                        |       |                                      | 0                                                                 | 1.00               | 2.00                               | 4.00       | 4A    |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                                   |                    |                                    |            |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 13,296,121                                                        | 13,296,121         |                                    |            | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            | 11,053,981                                                        |                    | 11,053,981                         |            | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 25,002,828                                                        | 47,869             | 39,797                             | 25,090,494 | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 58,553,060                                                        | 1,957,201          | 1,627,156                          | 2,731,551  | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 10,661,719                                                        | 4,177,915          | 3,473,388                          | 538,468    | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 1,104,114                                                         | 27,897             | 23,192                             | 39         | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 3,502,816                                                         | 164,494            | 136,755                            | 614,111    | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 2,532,397                                                         | 126,360            | 105,052                            | 442,209    | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 986,564                                                           | 80,087             | 66,582                             | 139,742    | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 2,953,950                                                         | 116,338            | 96,720                             | 563,833    | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 965,890                                                           | 123,796            | 102,920                            | 181,102    | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 9,796,610                                                         | 93,515             | 77,746                             | 1,110,943  | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 23,648                                                            | 0                  | 0                                  | 0          | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                                                 | 0                  | 0                                  | 0          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                                                 | 0                  | 0                                  | 0          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                                                 | 0                  | 0                                  | 0          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                                                 | 0                  | 0                                  | 0          | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | -38,010                                                           | 41,038             | 34,118                             | 40,165     | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 246,727                                                           | 26,373             | 21,926                             | 51,256     | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                                   |                    |                                    |            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 35,098,261                                                        | 2,628,713          | 2,185,431                          | 7,350,194  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 6,898,924                                                         | 225,917            | 187,820                            | 1,313,897  | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                                 | 0                  | 0                                  | 0          | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                                 | 0                  | 0                                  | 0          | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 2,604,577                                                         | 99,163             | 82,441                             | 391,477    | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                                 | 0                  | 0                                  | 0          | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                                 | 0                  | 0                                  | 0          | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                                   |                    |                                    |            |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 11,487,274                                                        | 636,480            | 529,150                            | 1,949,745  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 1,238,372                                                         | 61,782             | 51,363                             | 262,565    | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 1,789,528                                                         | 150,313            | 124,965                            | 276,227    | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 250,076                                                           | 10,739             | 8,928                              | 25,184     | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 5,030,652                                                         | 419,133            | 348,454                            | 1,184,829  | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 1,575,577                                                         | 45,449             | 37,785                             | 208,770    | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 1,345,368                                                         | 35,821             | 29,781                             | 286,176    | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 1,412,195                                                         | 41,433             | 34,446                             | 246,305    | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 767,801                                                           | 56,582             | 47,041                             | 159,876    | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 498,443                                                           | 202,449            | 168,310                            | 105,033    | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 8,863,221                                                         | 150,080            | 124,771                            | 0          | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0                                                                 | 0                  | 0                                  | 0          | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                                 | 24,311             | 20,211                             | 0          | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 2,631,251                                                         | 73,489             | 61,096                             | 535,155    | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 679,743                                                           | 4,392              | 3,652                              | 144,456    | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 5,100,860                                                         | 207,003            | 172,095                            | 1,009,802  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                                                 | 0                  | 0                                  | 0          | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                                                 | 0                  | 0                                  | 0          | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 362,556                                                           | 5,468              | 4,546                              | 79,465     | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                                 | 0                  | 0                                  | 0          | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                                 | 0                  | 0                                  | 0          | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 55,555                                                            | 27,072             | 22,507                             | 10,701     | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 23,742,478                                                        | 0                  | 0                                  | 0          | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                                 | 0                  | 0                                  | 0          | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 16,997,093                                                        | 0                  | 0                                  | 0          | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 15,399,603                                                        | 0                  | 0                                  | 0          | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,168,640                                                         | 56,798             | 47,220                             | 0          | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                                 | 0                  | 0                                  | 0          | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                                 | 0                  | 0                                  | 0          | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 561,209                                                           | 215,268            | 178,967                            | 117,668    | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                                   |                    |                                    |            |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                                 | 0                  | 0                                  | 0          | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                                 | 0                  | 0                                  | 0          | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 1,889,142                                                         | 110,260            | 91,667                             | 376,351    | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                                 | 0                  | 0                                  | 0          | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                                 | 0                  | 0                                  | 0          | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 9,845,742                                                         | 770,997            | 640,983                            | 2,029,653  | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 3,325,169                                                         | 0                  | 0                                  | 535,504    | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                                 | 0                  | 0                                  | 0          | 92.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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   |             |
|---------------------------------|-------|-------------------------------------------------------------------|-----------------------|-------------|------------------------------------|------------|-------------|
|                                 |       |                                                                   | NEW BLDG &<br>FIXT    | MVBLE EQUIP |                                    |            |             |
|                                 |       | 0                                                                 | 1.00                  | 2.00        | 4.00                               | 4A         |             |
| OTHER REIMBURSABLE COST CENTERS |       |                                                                   |                       |             |                                    |            |             |
| 99.10                           | 09910 | CORF                                                              | 0                     | 0           | 0                                  | 0          | 99.10       |
| 99.20                           | 09920 | OPT                                                               | 0                     | 0           | 0                                  | 0          | 99.20       |
| 99.30                           | 09930 | OOT                                                               | 0                     | 0           | 0                                  | 0          | 99.30       |
| 99.40                           | 09940 | OSP                                                               | 0                     | 0           | 0                                  | 0          | 99.40       |
| 101.00                          | 10100 | HOME HEALTH AGENCY                                                | 0                     | 0           | 0                                  | 0          | 101.00      |
| SPECIAL PURPOSE COST CENTERS    |       |                                                                   |                       |             |                                    |            |             |
| 109.00                          | 10900 | PANCREAS ACQUISITION                                              | 0                     | 0           | 0                                  | 0          | 109.00      |
| 110.00                          | 11000 | INTESTINAL ACQUISITION                                            | 0                     | 0           | 0                                  | 0          | 110.00      |
| 111.00                          | 11100 | ISLET ACQUISITION                                                 | 0                     | 0           | 0                                  | 0          | 111.00      |
| 116.00                          | 11600 | HOSPICE                                                           | 0                     | 0           | 0                                  | 0          | 116.00      |
| 118.00                          |       | SUBTOTALS (SUM OF LINES 1 through 117)                            | 301,261,725           | 13,241,995  | 11,008,982                         | 25,012,452 | 301,084,558 |
| NONREIMBURSABLE COST CENTERS    |       |                                                                   |                       |             |                                    |            |             |
| 190.00                          | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                               | 911,930               | 54,126      | 44,999                             | 78,042     | 1,089,097   |
| 194.00                          | 07950 | FUNDRAISING                                                       | 0                     | 0           | 0                                  | 0          | 194.00      |
| 194.01                          | 07951 | MANAGED CARE ADMINISTRATION                                       | 0                     | 0           | 0                                  | 0          | 194.01      |
| 194.02                          | 07952 | PHYSICIAN SUPPORT SERVICES                                        | 0                     | 0           | 0                                  | 0          | 194.02      |
| 194.03                          | 07953 | HOME MEDICAL EQUIPMENT                                            | 0                     | 0           | 0                                  | 0          | 194.03      |
| 194.04                          | 07954 | HOME PHARMACY                                                     | 0                     | 0           | 0                                  | 0          | 194.04      |
| 194.05                          | 07955 | HOSPICE                                                           | 0                     | 0           | 0                                  | 0          | 194.05      |
| 194.06                          | 07956 | NE IL MRI                                                         | 0                     | 0           | 0                                  | 0          | 194.06      |
| 200.00                          |       | Cross Foot Adjustments                                            |                       |             |                                    |            | 200.00      |
| 201.00                          |       | Negative Cost Centers                                             |                       |             |                                    |            | 201.00      |
| 202.00                          |       | TOTAL (sum lines 118 through 201)                                 | 302,173,655           | 13,296,121  | 11,053,981                         | 25,090,494 | 302,173,655 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY   |        |
|----------------------------------------|-------|--------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|-----------|--------|
|                                        |       |                                      | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00     |        |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                          |                            |              |           |        |
| 1.00                                   | 00100 | NEW 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             | 64,868,968                  |                          |                            |              |           | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 5,153,187                   | 24,004,677               |                            |              |           | 6.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 315,793                     | 94,143                   | 1,565,178                  |              |           | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 1,207,739                   | 555,118                  | 0                          | 6,181,033    |           | 9.00   |
| 10.00                                  | 01000 | DIETARY                              | 876,387                     | 426,427                  | 0                          | 112,854      | 4,621,686 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                            | 347,977                     | 270,268                  | 0                          | 71,527       | 0         | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 1,019,852                   | 392,606                  | 0                          | 103,903      | 0         | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 375,513                     | 417,775                  | 0                          | 110,565      | 0         | 14.00  |
| 15.00                                  | 01500 | PHARMACY                             | 3,028,471                   | 315,585                  | 0                          | 83,520       | 0         | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 6,464                       | 0                        | 0                          | 0            | 0         | 16.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                           | 0                        | 0                          | 0            | 0         | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                           | 0                        | 0                          | 0            | 0         | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                           | 0                        | 0                          | 0            | 0         | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                           | 0                        | 0                          | 0            | 0         | 22.00  |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 21,134                      | 138,492                  | 0                          | 36,652       | 0         | 23.00  |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 94,659                      | 89,000                   | 0                          | 23,554       | 0         | 23.01  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                          |                            |              |           |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 12,919,633                  | 8,871,113                | 1,421,595                  | 2,347,750    | 4,197,714 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 2,358,130                   | 762,402                  | 109,112                    | 201,770      | 322,187   | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                        | 0                          | 0            | 0         | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                        | 0                          | 0            | 0         | 42.00  |
| 43.00                                  | 04300 | NURSERY                              | 868,635                     | 334,644                  | 34,471                     | 88,564       | 101,785   | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                           | 0                        | 0                          | 0            | 0         | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               | 0                           | 0                        | 0                          | 0            | 0         | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                          |                            |              |           |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 3,991,736                   | 2,147,927                | 0                          | 568,451      | 0         | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 441,221                     | 208,494                  | 0                          | 55,178       | 0         | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 639,938                     | 507,260                  | 0                          | 134,247      | 0         | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 80,620                      | 36,241                   | 0                          | 9,591        | 0         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 1,908,871                   | 1,414,446                | 0                          | 374,334      | 0         | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 510,516                     | 153,376                  | 0                          | 40,591       | 0         | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 463,927                     | 120,886                  | 0                          | 31,992       | 0         | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 474,105                     | 139,823                  | 0                          | 37,004       | 0         | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 281,913                     | 190,948                  | 0                          | 50,535       | 0         | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 266,314                     | 683,203                  | 0                          | 180,810      | 0         | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 2,497,956                   | 506,473                  | 0                          | 134,039      | 0         | 60.00  |
| 60.01                                  | 06001 | LABORATORY                           | 0                           | 0                        | 0                          | 0            | 0         | 60.01  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 12,170                      | 82,042                   | 0                          | 21,713       | 0         | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 902,349                     | 248,003                  | 0                          | 65,634       | 0         | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 227,499                     | 14,823                   | 0                          | 3,923        | 0         | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 1,774,021                   | 698,571                  | 0                          | 184,877      | 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                    | 123,567                     | 18,454                   | 0                          | 4,884        | 0         | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                           | 0                        | 0                          | 0            | 0         | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                           | 0                        | 0                          | 0            | 0         | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 31,664                      | 91,360                   | 0                          | 24,178       | 0         | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 6,490,173                   | 0                        | 0                          | 0            | 0         | 71.00  |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                           | 0                        | 0                          | 0            | 0         | 71.30  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 4,646,274                   | 0                        | 0                          | 0            | 0         | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 4,209,589                   | 0                        | 0                          | 0            | 0         | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 347,890                     | 191,674                  | 0                          | 50,727       | 0         | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                           | 0                        | 0                          | 0            | 0         | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                           | 0                        | 0                          | 0            | 0         | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 293,343                     | 726,463                  | 0                          | 192,259      | 0         | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                             |                          |                            |              |           |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                           | 0                        | 0                          | 0            | 0         | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                           | 0                        | 0                          | 0            | 0         | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 674,487                     | 372,095                  | 0                          | 98,475       | 0         | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                           | 0                        | 0                          | 0            | 0         | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                           | 0                        | 0                          | 0            | 0         | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 3,632,197                   | 2,601,883                | 0                          | 688,591      | 0         | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 1,055,342                   | 0                        | 0                          | 0            | 0         | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                        | 0                          | 0            | 0         | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                             |                          |                            |              |           |        |
| 99.10                                  | 09910 | CORF                                 | 0                           | 0                        | 0                          | 0            | 0         | 99.10  |
| 99.20                                  | 09920 | OPT                                  | 0                           | 0                        | 0                          | 0            | 0         | 99.20  |
| 99.30                                  | 09930 | OOT                                  | 0                           | 0                        | 0                          | 0            | 0         | 99.30  |
| 99.40                                  | 09940 | OSP                                  | 0                           | 0                        | 0                          | 0            | 0         | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                           | 0                        | 0                          | 0            | 0         | 101.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY   |        |
|------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|-----------|--------|
|                              |       |                                        | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00     |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                             |                          |                            |              |           |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                           | 0                        | 0                          | 0            | 0         | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                           | 0                        | 0                          | 0            | 0         | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                           | 0                        | 0                          | 0            | 0         | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0         | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 64,571,256                  | 23,822,018               | 1,565,178                  | 6,132,692    | 4,621,686 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                             |                          |                            |              |           |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 297,712                     | 182,659                  | 0                          | 48,341       | 0         | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                           | 0                        | 0                          | 0            | 0         | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                           | 0                        | 0                          | 0            | 0         | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                           | 0                        | 0                          | 0            | 0         | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                           | 0                        | 0                          | 0            | 0         | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                           | 0                        | 0                          | 0            | 0         | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0         | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                           | 0                        | 0                          | 0            | 0         | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |                             |                          |                            |              |           | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                           | 0                        | 0                          | 0            | 0         | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 64,868,968                  | 24,004,677               | 1,565,178                  | 6,181,033    | 4,621,686 | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY   | MEDICAL<br>RECORDS &<br>LIBRARY |       |
|----------------------------------------|-------|--------------------------------------|-----------|---------------------------|---------------------------------|------------|---------------------------------|-------|
|                                        |       |                                      | 11.00     | 13.00                     | 14.00                           | 15.00      | 16.00                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |           |                           |                                 |            |                                 |       |
| 1.00                                   | 00100 | NEW 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  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |           |                           |                                 |            |                                 | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |           |                           |                                 |            |                                 | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |           |                           |                                 |            |                                 | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 1,962,747 |                           |                                 |            |                                 | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 53,658    | 5,300,860                 |                                 |            |                                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 17,235    | 0                         | 2,294,796                       |            |                                 | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 105,725   | 0                         | 15,567                          | 14,627,682 |                                 | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0         | 0                         | 0                               | 0          | 30,112                          | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0         | 0                         | 0                               | 0          | 0                               | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0         | 0                         | 0                               | 0          | 0                               | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0         | 0                         | 0                               | 0          | 0                               | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0         | 0                         | 0                               | 0          | 0                               | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 3,822     | 6,365                     | 11,857                          | 273,768    | 0                               | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 4,878     | 0                         | 0                               | 0          | 0                               | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |           |                           |                                 |            |                                 |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 699,482   | 2,959,887                 | 142,769                         | 3,412,214  | 4,410                           | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 125,040   | 531,553                   | 53,001                          | 740,445    | 559                             | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0         | 0                         | 0                               | 0          | 0                               | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0         | 0                         | 0                               | 0          | 0                               | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 37,256    | 125,775                   | 16,907                          | 15,308     | 207                             | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0         | 0                         | 0                               | 0          | 0                               | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0         | 0                         | 0                               | 0          | 0                               | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |           |                           |                                 |            |                                 |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 185,552   | 493,033                   | 1,241,557                       | 2,178,160  | 3,404                           | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 24,988    | 101,199                   | 1,755                           | 112,166    | 437                             | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 26,288    | 0                         | 33,351                          | 0          | 115                             | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 2,397     | 1,003                     | 28,291                          | 1,144,211  | 396                             | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 112,757   | 137,136                   | 444,191                         | 443,563    | 1,193                           | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 19,868    | 104                       | 51,241                          | 55,841     | 992                             | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 27,235    | 0                         | 8,429                           | 74,553     | 494                             | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 23,440    | 0                         | 25,248                          | 407,836    | 2,070                           | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 15,215    | 0                         | 9,863                           | 101,189    | 683                             | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 9,996     | 7,234                     | 48                              | 0          | 975                             | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0         | 0                         | 0                               | 0          | 2,388                           | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0         | 0                         | 0                               | 0          | 0                               | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0         | 0                         | 65,404                          | 0          | 179                             | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 50,929    | 0                         | 25,011                          | 383,985    | 707                             | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 13,747    | 15,563                    | 1,675                           | 77,050     | 452                             | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 96,100    | 0                         | 2,125                           | 27         | 623                             | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0         | 0                         | 0                               | 0          | 0                               | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0         | 0                         | 0                               | 0          | 0                               | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 7,562     | 0                         | 476                             | 0          | 182                             | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0         | 0                         | 0                               | 0          | 0                               | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0         | 0                         | 0                               | 0          | 0                               | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 1,018     | 0                         | 93                              | 0          | 15                              | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 0                         | 9,672                           | 0          | 1,095                           | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0         | 0                         | 0                               | 0          | 0                               | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0         | 0                         | 6,414                           | 0          | 1,609                           | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0         | 0                         | 0                               | 0          | 3,371                           | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0         | 0                         | 496                             | 39,473     | 117                             | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0         | 0                         | 0                               | 0          | 0                               | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0         | 0                         | 0                               | 0          | 0                               | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 11,198    | 18,089                    | 762                             | 261        | 67                              | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |           |                           |                                 |            |                                 |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0         | 0                         | 0                               | 0          | 0                               | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0         | 0                         | 0                               | 0          | 0                               | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 35,816    | 78,916                    | 38,314                          | 690,704    | 359                             | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0         | 0                         | 0                               | 0          | 0                               | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0         | 0                         | 0                               | 0          | 0                               | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 193,156   | 705,159                   | 51,709                          | 4,093,841  | 2,750                           | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 50,962    | 119,844                   | 8,550                           | 383,087    | 263                             | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |           |                           |                                 |            |                                 | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |           |                           |                                 |            |                                 |       |
| 99.10                                  | 09910 | CORF                                 | 0         | 0                         | 0                               | 0          | 0                               | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0         | 0                         | 0                               | 0          | 0                               | 99.20 |
| 99.30                                  | 09930 | OOT                                  | 0         | 0                         | 0                               | 0          | 0                               | 99.30 |
| 99.40                                  | 09940 | OSP                                  | 0         | 0                         | 0                               | 0          | 0                               | 99.40 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY   | MEDICAL<br>RECORDS &<br>LIBRARY |        |
|------------------------------|-------|----------------------------------------|-----------|---------------------------|---------------------------------|------------|---------------------------------|--------|
|                              |       |                                        | 11.00     | 13.00                     | 14.00                           | 15.00      | 16.00                           |        |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0         | 0                         | 0                               | 0          | 0                               | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |           |                           |                                 |            |                                 |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0         | 0                         | 0                               | 0          | 0                               | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0         | 0                         | 0                               | 0          | 0                               | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0         | 0                         | 0                               | 0          | 0                               | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0         | 0                         | 0                               | 0          | 0                               | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,955,320 | 5,300,860                 | 2,294,776                       | 14,627,682 | 30,112                          | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |           |                           |                                 |            |                                 |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 7,427     | 0                         | 20                              | 0          | 0                               | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0         | 0                         | 0                               | 0          | 0                               | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0         | 0                         | 0                               | 0          | 0                               | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0         | 0                         | 0                               | 0          | 0                               | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0         | 0                         | 0                               | 0          | 0                               | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0         | 0                         | 0                               | 0          | 0                               | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0         | 0                         | 0                               | 0          | 0                               | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0         | 0                         | 0                               | 0          | 0                               | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |           |                           |                                 |            |                                 | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0         | 0                         | 0                               | 0          | 0                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 1,962,747 | 5,300,860                 | 2,294,796                       | 14,627,682 | 30,112                          | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       | NONPHYSICIAN<br>ANESTHETISTS         | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |       |
|----------------------------------------|-------|--------------------------------------|----------------|-------------------------------|------------------------------|--------------------------|-------|
|                                        |       |                                      |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |       |
|                                        |       | 19.00                                | 20.00          | 21.00                         | 22.00                        | 23.00                    |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                |                               |                              |                          |       |
| 1.00                                   | 00100 | NEW 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  |
| 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 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0              |                               |                              |                          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                | 0                             |                              |                          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                |                               | 0                            |                          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                |                               |                              | 0                        | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                |                               |                              |                          | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          |                |                               |                              | 569,401                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                |                               |                              |                          |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0              | 0                             | 0                            | 0                        | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0              | 0                             | 0                            | 0                        | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0              | 0                             | 0                            | 0                        | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0              | 0                             | 0                            | 0                        | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0              | 0                             | 0                            | 0                        | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0              | 0                             | 0                            | 0                        | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0              | 0                             | 0                            | 0                        | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                |                               |                              |                          |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0              | 0                             | 0                            | 0                        | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0              | 0                             | 0                            | 0                        | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0              | 0                             | 0                            | 0                        | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0              | 0                             | 0                            | 0                        | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0              | 0                             | 0                            | 0                        | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0              | 0                             | 0                            | 0                        | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0              | 0                             | 0                            | 0                        | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0              | 0                             | 0                            | 0                        | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0              | 0                             | 0                            | 0                        | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0              | 0                             | 0                            | 0                        | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0              | 0                             | 0                            | 0                        | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0              | 0                             | 0                            | 0                        | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0              | 0                             | 0                            | 0                        | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0              | 0                             | 0                            | 0                        | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 0              | 0                             | 0                            | 0                        | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0              | 0                             | 0                            | 0                        | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0              | 0                             | 0                            | 0                        | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0              | 0                             | 0                            | 0                        | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0              | 0                             | 0                            | 0                        | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0              | 0                             | 0                            | 0                        | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0              | 0                             | 0                            | 0                        | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0              | 0                             | 0                            | 0                        | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0              | 0                             | 0                            | 0                        | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0              | 0                             | 0                            | 0                        | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 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 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0              | 0                             | 0                            | 0                        | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0              | 0                             | 0                            | 0                        | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0              | 0                             | 0                            | 0                        | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0              | 0                             | 0                            | 0                        | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0              | 0                             | 0                            | 0                        | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0              | 0                             | 0                            | 0                        | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0              | 0                             | 0                            | 0                        | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0              | 0                             | 0                            | 0                        | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 0              | 0                             | 0                            | 569,401                  | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0              | 0                             | 0                            | 0                        | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                |                               |                              |                          | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 99.10                                  | 09910 | CORF                                 | 0              | 0                             | 0                            | 0                        | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0              | 0                             | 0                            | 0                        | 99.20 |
| 99.30                                  | 09930 | OOT                                  | 0              | 0                             | 0                            | 0                        | 99.30 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |        |
|------------------------------|-------|----------------------------------------|------------------------------|----------------|-------------------------------|------------------------------|--------------------------|--------|
|                              |       |                                        |                              |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |        |
|                              |       |                                        | 19.00                        | 20.00          | 21.00                         | 22.00                        | 23.00                    |        |
| 99.40                        | 09940 | OSP                                    | 0                            | 0              | 0                             | 0                            | 0                        | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                            | 0              | 0                             | 0                            | 0                        | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                              |                |                               |                              |                          |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                            | 0              | 0                             | 0                            | 0                        | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                            | 0              | 0                             | 0                            | 0                        | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                            | 0              | 0                             | 0                            | 0                        | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                            | 0              | 0                             | 0                            | 0                        | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                            | 0              | 0                             | 0                            | 569,401                  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                              |                |                               |                              |                          |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                            | 0              | 0                             | 0                            | 0                        | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                            | 0              | 0                             | 0                            | 0                        | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                            | 0              | 0                             | 0                            | 0                        | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                            | 0              | 0                             | 0                            | 0                        | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                            | 0              | 0                             | 0                            | 0                        | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                            | 0              | 0                             | 0                            | 0                        | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                            | 0              | 0                             | 0                            | 0                        | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                            | 0              | 0                             | 0                            | 0                        | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                            | 0              | 0                             | 0                            | 0                        | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                            | 0              | 0                             | 0                            | 0                        | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 0                            | 0              | 0                             | 0                            | 569,401                  | 202.00 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total      |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------|------------|-----------------------------------------------------------------|------------|-------|
|                                        |       |                                      | 23.01                             | 24.00      | 25.00                                                           | 26.00      |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                   |            |                                                                 |            |       |
| 1.00                                   | 00100 | NEW 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  |
| 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 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                   |            |                                                                 |            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                   |            |                                                                 |            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                                   |            |                                                                 |            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                   |            |                                                                 |            | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                                   |            |                                                                 |            | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 558,373                           |            |                                                                 |            | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                   |            |                                                                 |            |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 508,120                           | 84,747,286 | 0                                                               | 84,747,286 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 39,086                            | 13,869,843 | 0                                                               | 13,869,843 | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                 | 0          | 0                                                               | 0          | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                 | 0          | 0                                                               | 0          | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 11,167                            | 4,812,377  | 0                                                               | 4,812,377  | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                 | 0          | 0                                                               | 0          | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                 | 0          | 0                                                               | 0          | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                   |            |                                                                 |            |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                 | 25,412,469 | 0                                                               | 25,412,469 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                 | 2,559,520  | 0                                                               | 2,559,520  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                 | 3,682,232  | 0                                                               | 3,682,232  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                 | 1,597,677  | 0                                                               | 1,597,677  | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                 | 11,819,559 | 0                                                               | 11,819,559 | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                 | 2,700,110  | 0                                                               | 2,700,110  | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                                 | 2,424,662  | 0                                                               | 2,424,662  | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                 | 2,843,905  | 0                                                               | 2,843,905  | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                 | 1,681,646  | 0                                                               | 1,681,646  | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                 | 2,122,815  | 0                                                               | 2,122,815  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                 | 12,278,928 | 0                                                               | 12,278,928 | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0                                 | 0          | 0                                                               | 0          | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                 | 226,030    | 0                                                               | 226,030    | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0                                 | 4,977,609  | 0                                                               | 4,977,609  | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 0                                 | 1,186,975  | 0                                                               | 1,186,975  | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                 | 9,246,104  | 0                                                               | 9,246,104  | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                 | 0          | 0                                                               | 0          | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                 | 0          | 0                                                               | 0          | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                 | 607,160    | 0                                                               | 607,160    | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                 | 0          | 0                                                               | 0          | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                 | 0          | 0                                                               | 0          | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                 | 264,163    | 0                                                               | 264,163    | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                 | 30,243,418 | 0                                                               | 30,243,418 | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                 | 0          | 0                                                               | 0          | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                 | 21,651,390 | 0                                                               | 21,651,390 | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                 | 19,612,563 | 0                                                               | 19,612,563 | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                 | 1,903,035  | 0                                                               | 1,903,035  | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                 | 0          | 0                                                               | 0          | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                 | 0          | 0                                                               | 0          | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0                                 | 2,315,554  | 0                                                               | 2,315,554  | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                   |            |                                                                 |            |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                 | 0          | 0                                                               | 0          | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                 | 0          | 0                                                               | 0          | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                 | 4,456,586  | 0                                                               | 4,456,586  | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                 | 0          | 0                                                               | 0          | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                 | 0          | 0                                                               | 0          | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                 | 25,826,062 | 0                                                               | 25,826,062 | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                                 | 5,478,721  | 0                                                               | 5,478,721  | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                 | 0          | 0                                                               | 0          | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                   |            |                                                                 |            |       |
| 99.10                                  | 09910 | CORF                                 | 0                                 | 0          | 0                                                               | 0          | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0                                 | 0          | 0                                                               | 0          | 99.20 |

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal    | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total       |  |        |
|------------------------------|-------|----------------------------------------|-----------------------------------|-------------|-----------------------------------------------------------------|-------------|--|--------|
|                              |       |                                        | 23.01                             | 24.00       | 25.00                                                           | 26.00       |  |        |
| 99.30                        | 09930 | OOT                                    | 0                                 | 0           | 0                                                               | 0           |  | 99.30  |
| 99.40                        | 09940 | OSP                                    | 0                                 | 0           | 0                                                               | 0           |  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                                 | 0           | 0                                                               | 0           |  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                   |             |                                                                 |             |  |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                                 | 0           | 0                                                               | 0           |  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                                 | 0           | 0                                                               | 0           |  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                                 | 0           | 0                                                               | 0           |  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                                 | 0           | 0                                                               | 0           |  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 558,373                           | 300,548,399 | 0                                                               | 300,548,399 |  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                   |             |                                                                 |             |  |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                 | 1,625,256   | 0                                                               | 1,625,256   |  | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                                 | 0           | 0                                                               | 0           |  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                                 | 0           | 0                                                               | 0           |  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                                 | 0           | 0                                                               | 0           |  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                                 | 0           | 0                                                               | 0           |  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                                 | 0           | 0                                                               | 0           |  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                                 | 0           | 0                                                               | 0           |  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                                 | 0           | 0                                                               | 0           |  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                                 | 0           | 0                                                               | 0           |  | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                                 | 0           | 0                                                               | 0           |  | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 558,373                           | 302,173,655 | 0                                                               | 302,173,655 |  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | CAPITAL RELATED COSTS                       |                 | Subtotal    | EMPLOYEE BENEFITS DEPARTMENT |       |
|----------------------------------------|-------|--------------------------------------|---------------------------------------------|-----------------|-------------|------------------------------|-------|
|                                        |       |                                      | Directly Assigned New Capital Related Costs | NEW BLDG & FIXT | MVBLE EQUIP |                              |       |
|                                        |       |                                      | 0                                           | 1.00            | 2.00        | 2A                           | 4.00  |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                             |                 |             |                              |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        |                                             |                 |             |                              | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                             |                 |             |                              | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 0                                           | 47,869          | 39,797      | 87,666                       | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 0                                           | 1,957,201       | 1,627,156   | 3,584,357                    | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 0                                           | 4,177,915       | 3,473,388   | 7,651,303                    | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 0                                           | 27,897          | 23,192      | 51,089                       | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 0                                           | 164,494         | 136,755     | 301,249                      | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 0                                           | 126,360         | 105,052     | 231,412                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 0                                           | 80,087          | 66,582      | 146,669                      | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 0                                           | 116,338         | 96,720      | 213,058                      | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0                                           | 123,796         | 102,920     | 226,716                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                                           | 93,515          | 77,746      | 171,261                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0                                           | 0               | 0           | 0                            | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                           | 0               | 0           | 0                            | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                           | 0               | 0           | 0                            | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                           | 0               | 0           | 0                            | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                           | 0               | 0           | 0                            | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 0                                           | 41,038          | 34,118      | 75,156                       | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 0                                           | 26,373          | 21,926      | 48,299                       | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                             |                 |             |                              |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                                           | 2,628,713       | 2,185,431   | 4,814,144                    | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                                           | 225,917         | 187,820     | 413,737                      | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                           | 0               | 0           | 0                            | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                           | 0               | 0           | 0                            | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 0                                           | 99,163          | 82,441      | 181,604                      | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                           | 0               | 0           | 0                            | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                           | 0               | 0           | 0                            | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                             |                 |             |                              |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                                           | 636,480         | 529,150     | 1,165,630                    | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                                           | 61,782          | 51,363      | 113,145                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                           | 150,313         | 124,965     | 275,278                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                                           | 10,739          | 8,928       | 19,667                       | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                                           | 419,133         | 348,454     | 767,587                      | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                                           | 45,449          | 37,785      | 83,234                       | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                                           | 35,821          | 29,781      | 65,602                       | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                           | 41,433          | 34,446      | 75,879                       | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                           | 56,582          | 47,041      | 103,623                      | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                                           | 202,449         | 168,310     | 370,759                      | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                           | 150,080         | 124,771     | 274,851                      | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0                                           | 0               | 0           | 0                            | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                           | 24,311          | 20,211      | 44,522                       | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0                                           | 73,489          | 61,096      | 134,585                      | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 0                                           | 4,392           | 3,652       | 8,044                        | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                           | 207,003         | 172,095     | 379,098                      | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                                           | 0               | 0           | 0                            | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                                           | 0               | 0           | 0                            | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                                           | 5,468           | 4,546       | 10,014                       | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                           | 0               | 0           | 0                            | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                           | 0               | 0           | 0                            | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                           | 27,072          | 22,507      | 49,579                       | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                           | 0               | 0           | 0                            | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                           | 0               | 0           | 0                            | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 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                                           | 56,798          | 47,220      | 104,018                      | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                           | 0               | 0           | 0                            | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                           | 0               | 0           | 0                            | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0                                           | 215,268         | 178,967     | 394,235                      | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                             |                 |             |                              |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                           | 0               | 0           | 0                            | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                           | 0               | 0           | 0                            | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 0                                           | 110,260         | 91,667      | 201,927                      | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                           | 0               | 0           | 0                            | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                           | 0               | 0           | 0                            | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 0                                           | 770,997         | 640,983     | 1,411,980                    | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                                           | 0               | 0           | 0                            | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                           | 0               | 0           | 0                            | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                             |                 |             |                              |       |
| 99.10                                  | 09910 | CORF                                 | 0                                           | 0               | 0           | 0                            | 99.10 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | Directly<br>Assigned New<br>Capital<br>Related Costs | CAPITAL RELATED COSTS |             | Subtotal   | EMPLOYEE<br>BENEFITS<br>DEPARTMENT |        |
|------------------------------|-------|----------------------------------------|------------------------------------------------------|-----------------------|-------------|------------|------------------------------------|--------|
|                              |       |                                        |                                                      | NEW BLDG &<br>FIXT    | MVBLE EQUIP |            |                                    |        |
|                              |       |                                        | 0                                                    | 1.00                  | 2.00        | 2A         | 4.00                               |        |
| 99.20                        | 09920 | OPT                                    | 0                                                    | 0                     | 0           | 0          | 0                                  | 99.20  |
| 99.30                        | 09930 | OOT                                    | 0                                                    | 0                     | 0           | 0          | 0                                  | 99.30  |
| 99.40                        | 09940 | OSP                                    | 0                                                    | 0                     | 0           | 0          | 0                                  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0                                                    | 0                     | 0           | 0          | 0                                  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                                      |                       |             |            |                                    |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                                                    | 0                     | 0           | 0          | 0                                  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                                                    | 0                     | 0           | 0          | 0                                  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                                                    | 0                     | 0           | 0          | 0                                  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                                                    | 0                     | 0           | 0          | 0                                  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                                    | 13,241,995            | 11,008,982  | 24,250,977 | 87,393                             | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                                      |                       |             |            |                                    |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                                    | 54,126                | 44,999      | 99,125     | 273                                | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                                                    | 0                     | 0           | 0          | 0                                  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |                                                      |                       |             | 0          |                                    | 200.00 |
| 201.00                       |       | Negative Cost Centers                  |                                                      | 0                     | 0           | 0          | 0                                  | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 0                                                    | 13,296,121            | 11,053,981  | 24,350,102 | 87,666                             | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY |        |
|----------------------------------------|-------|--------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|---------|--------|
|                                        |       |                                      | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00   |        |
| GENERAL SERVICE COST CENTERS           |       |                                      |                             |                          |                            |              |         |        |
| 1.00                                   | 00100 | NEW 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             | 3,593,896                   |                          |                            |              |         | 5.00   |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 285,506                     | 7,938,689                |                            |              |         | 6.00   |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 17,496                      | 31,134                   | 99,719                     |              |         | 8.00   |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 66,913                      | 183,585                  | 0                          | 553,892      |         | 9.00   |
| 10.00                                  | 01000 | DIETARY                              | 48,555                      | 141,026                  | 0                          | 10,113       | 432,650 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                            | 19,279                      | 89,382                   | 0                          | 6,410        | 0       | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 56,504                      | 129,840                  | 0                          | 9,311        | 0       | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 20,805                      | 138,164                  | 0                          | 9,908        | 0       | 14.00  |
| 15.00                                  | 01500 | PHARMACY                             | 167,789                     | 104,368                  | 0                          | 7,484        | 0       | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 358                         | 0                        | 0                          | 0            | 0       | 16.00  |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                           | 0                        | 0                          | 0            | 0       | 19.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                           | 0                        | 0                          | 0            | 0       | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                           | 0                        | 0                          | 0            | 0       | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                           | 0                        | 0                          | 0            | 0       | 22.00  |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 1,171                       | 45,801                   | 0                          | 3,284        | 0       | 23.00  |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 5,244                       | 29,434                   | 0                          | 2,111        | 0       | 23.01  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                             |                          |                            |              |         |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 715,710                     | 2,933,805                | 90,571                     | 210,383      | 392,961 | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 130,649                     | 252,137                  | 6,952                      | 18,081       | 30,161  | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                           | 0                        | 0                          | 0            | 0       | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                           | 0                        | 0                          | 0            | 0       | 42.00  |
| 43.00                                  | 04300 | NURSERY                              | 48,126                      | 110,671                  | 2,196                      | 7,936        | 9,528   | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                           | 0                        | 0                          | 0            | 0       | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               | 0                           | 0                        | 0                          | 0            | 0       | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                             |                          |                            |              |         |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 221,157                     | 710,350                  | 0                          | 50,940       | 0       | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 24,445                      | 68,952                   | 0                          | 4,945        | 0       | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 35,455                      | 167,758                  | 0                          | 12,030       | 0       | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 4,467                       | 11,986                   | 0                          | 859          | 0       | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 105,759                     | 467,777                  | 0                          | 33,545       | 0       | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 28,285                      | 50,724                   | 0                          | 3,637        | 0       | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 25,703                      | 39,979                   | 0                          | 2,867        | 0       | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 26,267                      | 46,241                   | 0                          | 3,316        | 0       | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 15,619                      | 63,149                   | 0                          | 4,528        | 0       | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 14,755                      | 225,945                  | 0                          | 16,203       | 0       | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 138,396                     | 167,498                  | 0                          | 12,011       | 0       | 60.00  |
| 60.01                                  | 06001 | LABORATORY                           | 0                           | 0                        | 0                          | 0            | 0       | 60.01  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 674                         | 27,133                   | 0                          | 1,946        | 0       | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 49,994                      | 82,018                   | 0                          | 5,882        | 0       | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 12,604                      | 4,902                    | 0                          | 352          | 0       | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 98,287                      | 231,027                  | 0                          | 16,567       | 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                    | 6,846                       | 6,103                    | 0                          | 438          | 0       | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                           | 0                        | 0                          | 0            | 0       | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                           | 0                        | 0                          | 0            | 0       | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 1,754                       | 30,214                   | 0                          | 2,167        | 0       | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 359,580                     | 0                        | 0                          | 0            | 0       | 71.00  |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                           | 0                        | 0                          | 0            | 0       | 71.30  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 257,421                     | 0                        | 0                          | 0            | 0       | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 233,227                     | 0                        | 0                          | 0            | 0       | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 19,274                      | 63,389                   | 0                          | 4,546        | 0       | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                           | 0                        | 0                          | 0            | 0       | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                           | 0                        | 0                          | 0            | 0       | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 16,252                      | 240,252                  | 0                          | 17,229       | 0       | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                             |                          |                            |              |         |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                           | 0                        | 0                          | 0            | 0       | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                           | 0                        | 0                          | 0            | 0       | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 37,369                      | 123,057                  | 0                          | 8,825        | 0       | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                           | 0                        | 0                          | 0            | 0       | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPS                           | 0                           | 0                        | 0                          | 0            | 0       | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 201,237                     | 860,480                  | 0                          | 61,706       | 0       | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 58,470                      | 0                        | 0                          | 0            | 0       | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                           | 0                        | 0                          | 0            | 0       | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                             |                          |                            |              |         |        |
| 99.10                                  | 09910 | CORF                                 | 0                           | 0                        | 0                          | 0            | 0       | 99.10  |
| 99.20                                  | 09920 | OPT                                  | 0                           | 0                        | 0                          | 0            | 0       | 99.20  |
| 99.30                                  | 09930 | OOT                                  | 0                           | 0                        | 0                          | 0            | 0       | 99.30  |
| 99.40                                  | 09940 | OSP                                  | 0                           | 0                        | 0                          | 0            | 0       | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                           | 0                        | 0                          | 0            | 0       | 101.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | ADMINISTRATIVE<br>& GENERAL | MAINTENANCE &<br>REPAIRS | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPING | DIETARY |        |
|------------------------------|-------|----------------------------------------|-----------------------------|--------------------------|----------------------------|--------------|---------|--------|
|                              |       |                                        | 5.00                        | 6.00                     | 8.00                       | 9.00         | 10.00   |        |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                             |                          |                            |              |         |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0                           | 0                        | 0                          | 0            | 0       | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0                           | 0                        | 0                          | 0            | 0       | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0                           | 0                        | 0                          | 0            | 0       | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0       | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 3,577,402                   | 7,878,281                | 99,719                     | 549,560      | 432,650 | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                             |                          |                            |              |         |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 16,494                      | 60,408                   | 0                          | 4,332        | 0       | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0                           | 0                        | 0                          | 0            | 0       | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0                           | 0                        | 0                          | 0            | 0       | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0                           | 0                        | 0                          | 0            | 0       | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0                           | 0                        | 0                          | 0            | 0       | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0                           | 0                        | 0                          | 0            | 0       | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0                           | 0                        | 0                          | 0            | 0       | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0                           | 0                        | 0                          | 0            | 0       | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                           | 0                        | 0                          | 0            | 0       | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                           | 0                        | 0                          | 0            | 0       | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 3,593,896                   | 7,938,689                | 99,719                     | 553,892      | 432,650 | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY |       |
|----------------------------------------|-------|--------------------------------------|-----------|---------------------------|---------------------------------|----------|---------------------------------|-------|
|                                        |       |                                      | 11.00     | 13.00                     | 14.00                           | 15.00    | 16.00                           |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |           |                           |                                 |          |                                 |       |
| 1.00                                   | 00100 | NEW 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  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              |           |                           |                                 |          |                                 | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         |           |                           |                                 |          |                                 | 9.00  |
| 10.00                                  | 01000 | DIETARY                              |           |                           |                                 |          |                                 | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 262,228   |                           |                                 |          |                                 | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 7,168     | 417,850                   |                                 |          |                                 | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 2,302     | 0                         | 398,527                         |          |                                 | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 14,123    | 0                         | 2,703                           | 471,608  |                                 | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0         | 0                         | 0                               | 0        | 358                             | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0         | 0                         | 0                               | 0        | 0                               | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0         | 0                         | 0                               | 0        | 0                               | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0         | 0                         | 0                               | 0        | 0                               | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0         | 0                         | 0                               | 0        | 0                               | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 511       | 502                       | 2,059                           | 8,827    | 0                               | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 652       | 0                         | 0                               | 0        | 0                               | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |           |                           |                                 |          |                                 |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 93,480    | 233,318                   | 24,795                          | 110,013  | 358                             | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 16,703    | 41,901                    | 9,205                           | 23,873   | 0                               | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0         | 0                         | 0                               | 0        | 0                               | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0         | 0                         | 0                               | 0        | 0                               | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 4,977     | 9,914                     | 2,936                           | 494      | 0                               | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0         | 0                         | 0                               | 0        | 0                               | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0         | 0                         | 0                               | 0        | 0                               | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |           |                           |                                 |          |                                 |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 24,786    | 38,864                    | 215,611                         | 70,226   | 0                               | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 3,338     | 7,977                     | 305                             | 3,616    | 0                               | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 3,512     | 0                         | 5,792                           | 0        | 0                               | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 320       | 79                        | 4,913                           | 36,890   | 0                               | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 15,062    | 10,810                    | 77,143                          | 14,301   | 0                               | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,654     | 8                         | 8,899                           | 1,800    | 0                               | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 3,638     | 0                         | 1,464                           | 2,404    | 0                               | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 3,131     | 0                         | 4,385                           | 13,149   | 0                               | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 2,032     | 0                         | 1,713                           | 3,262    | 0                               | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 1,335     | 570                       | 8                               | 0        | 0                               | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0         | 0                         | 0                               | 0        | 0                               | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0         | 0                         | 0                               | 0        | 0                               | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0         | 0                         | 11,359                          | 0        | 0                               | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 6,803     | 0                         | 4,344                           | 12,380   | 0                               | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 1,836     | 1,227                     | 291                             | 2,484    | 0                               | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 12,837    | 0                         | 369                             | 1        | 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                    | 1,010     | 0                         | 83                              | 0        | 0                               | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0         | 0                         | 0                               | 0        | 0                               | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0         | 0                         | 0                               | 0        | 0                               | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 136       | 0                         | 16                              | 0        | 0                               | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0         | 0                         | 1,680                           | 0        | 0                               | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0         | 0                         | 0                               | 0        | 0                               | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0         | 0                         | 1,114                           | 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                         | 86                              | 1,273    | 0                               | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0         | 0                         | 0                               | 0        | 0                               | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0         | 0                         | 0                               | 0        | 0                               | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 1,496     | 1,426                     | 132                             | 8        | 0                               | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |           |                           |                                 |          |                                 |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0         | 0                         | 0                               | 0        | 0                               | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0         | 0                         | 0                               | 0        | 0                               | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 4,784     | 6,221                     | 6,654                           | 22,269   | 0                               | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0         | 0                         | 0                               | 0        | 0                               | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0         | 0                         | 0                               | 0        | 0                               | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 25,802    | 55,586                    | 8,980                           | 131,987  | 0                               | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 6,808     | 9,447                     | 1,485                           | 12,351   | 0                               | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |           |                           |                                 |          |                                 | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |           |                           |                                 |          |                                 |       |
| 99.10                                  | 09910 | CORF                                 | 0         | 0                         | 0                               | 0        | 0                               | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0         | 0                         | 0                               | 0        | 0                               | 99.20 |
| 99.30                                  | 09930 | OOT                                  | 0         | 0                         | 0                               | 0        | 0                               | 99.30 |
| 99.40                                  | 09940 | OSP                                  | 0         | 0                         | 0                               | 0        | 0                               | 99.40 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL<br>RECORDS &<br>LIBRARY |        |
|------------------------------|-------|----------------------------------------|-----------|---------------------------|---------------------------------|----------|---------------------------------|--------|
|                              |       |                                        | 11.00     | 13.00                     | 14.00                           | 15.00    | 16.00                           |        |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     | 0         | 0                         | 0                               | 0        | 0                               | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |           |                           |                                 |          |                                 |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   | 0         | 0                         | 0                               | 0        | 0                               | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 | 0         | 0                         | 0                               | 0        | 0                               | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      | 0         | 0                         | 0                               | 0        | 0                               | 111.00 |
| 116.00                       | 11600 | HOSPICE                                | 0         | 0                         | 0                               | 0        | 0                               | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 261,236   | 417,850                   | 398,524                         | 471,608  | 358                             | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |           |                           |                                 |          |                                 |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 992       | 0                         | 3                               | 0        | 0                               | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            | 0         | 0                         | 0                               | 0        | 0                               | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            | 0         | 0                         | 0                               | 0        | 0                               | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             | 0         | 0                         | 0                               | 0        | 0                               | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 | 0         | 0                         | 0                               | 0        | 0                               | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          | 0         | 0                         | 0                               | 0        | 0                               | 194.04 |
| 194.05                       | 07955 | HOSPICE                                | 0         | 0                         | 0                               | 0        | 0                               | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              | 0         | 0                         | 0                               | 0        | 0                               | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 |           |                           |                                 |          |                                 | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0         | 0                         | 0                               | 0        | 0                               | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 262,228   | 417,850                   | 398,527                         | 471,608  | 358                             | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       | NONPHYSICIAN<br>ANESTHETISTS         | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |       |
|----------------------------------------|-------|--------------------------------------|----------------|-------------------------------|------------------------------|--------------------------|-------|
|                                        |       |                                      |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |       |
|                                        |       | 19.00                                | 20.00          | 21.00                         | 22.00                        | 23.00                    |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                |                               |                              |                          |       |
| 1.00                                   | 00100 | NEW 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  |
| 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 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0              |                               |                              |                          | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                | 0                             |                              |                          | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                |                               | 0                            |                          | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                |                               |                              | 0                        | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                |                               |                              |                          | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          |                |                               |                              | 128,850                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                |                               |                              |                          |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                |                               |                              |                          | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                |                               |                              |                          | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                |                               |                              |                          | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          |                |                               |                              |                          | 42.00 |
| 43.00                                  | 04300 | NURSERY                              |                |                               |                              |                          | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     |                |                               |                              |                          | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               |                |                               |                              |                          | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                |                               |                              |                          |       |
| 50.00                                  | 05000 | OPERATING ROOM                       |                |                               |                              |                          | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        |                |                               |                              |                          | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           |                |                               |                              |                          | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       |                |                               |                              |                          | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 |                |                               |                              |                          | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         |                |                               |                              |                          | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           |                |                               |                              |                          | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              |                |                               |                              |                          | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     |                |                               |                              |                          | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              |                |                               |                              |                          | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           |                |                               |                              |                          | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           |                |                               |                              |                          | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   |                |                               |                              |                          | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  |                |                               |                              |                          | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          |                |                               |                              |                          | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     |                |                               |                              |                          | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 |                |                               |                              |                          | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     |                |                               |                              |                          | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    |                |                               |                              |                          | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       |                |                               |                              |                          | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           |                |                               |                              |                          | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               |                |                               |                              |                          | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS |                |                               |                              |                          | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        |                |                               |                              |                          | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        |                |                               |                              |                          | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            |                |                               |                              |                          | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       |                |                               |                              |                          | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   |                |                               |                              |                          | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     |                |                               |                              |                          | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               |                |                               |                              |                          | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |                |                               |                              |                          | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |                |                               |                              |                          | 89.00 |
| 90.00                                  | 09000 | CLINIC                               |                |                               |                              |                          | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            |                |                               |                              |                          | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPS                           |                |                               |                              |                          | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            |                |                               |                              |                          | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    |                |                               |                              |                          | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                |                               |                              |                          | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                |                               |                              |                          |       |
| 99.10                                  | 09910 | CORF                                 |                |                               |                              |                          | 99.10 |
| 99.20                                  | 09920 | OPT                                  |                |                               |                              |                          | 99.20 |
| 99.30                                  | 09930 | OOT                                  |                |                               |                              |                          | 99.30 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | NONPHYSICIAN<br>ANESTHETISTS | NURSING SCHOOL | INTERNS & RESIDENTS           |                              | PARAMED<br>EDUCATION EMS |        |
|------------------------------|-------|----------------------------------------|------------------------------|----------------|-------------------------------|------------------------------|--------------------------|--------|
|                              |       |                                        |                              |                | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS |                          |        |
|                              |       |                                        | 19.00                        | 20.00          | 21.00                         | 22.00                        | 23.00                    |        |
| 99.40                        | 09940 | OSP                                    |                              |                |                               |                              |                          | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     |                              |                |                               |                              |                          | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                              |                |                               |                              |                          |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   |                              |                |                               |                              |                          | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 |                              |                |                               |                              |                          | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      |                              |                |                               |                              |                          | 111.00 |
| 116.00                       | 11600 | HOSPICE                                |                              |                |                               |                              |                          | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                            | 0              | 0                             | 0                            | 0                        | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                              |                |                               |                              |                          |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    |                              |                |                               |                              |                          | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            |                              |                |                               |                              |                          | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            |                              |                |                               |                              |                          | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             |                              |                |                               |                              |                          | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 |                              |                |                               |                              |                          | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          |                              |                |                               |                              |                          | 194.04 |
| 194.05                       | 07955 | HOSPICE                                |                              |                |                               |                              |                          | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              |                              |                |                               |                              |                          | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 0                            | 0              | 0                             | 0                            | 128,850                  | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                            | 0              | 0                             | 0                            | 8,601                    | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 0                            | 0              | 0                             | 0                            | 137,451                  | 202.00 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal  | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total     |       |
|----------------------------------------|-------|--------------------------------------|-----------------------------------|-----------|-----------------------------------------------------------------|-----------|-------|
|                                        |       |                                      | 23.01                             | 24.00     | 25.00                                                           | 26.00     |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                   |           |                                                                 |           |       |
| 1.00                                   | 00100 | NEW 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  |
| 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 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                                   |           |                                                                 |           | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       |                                   |           |                                                                 |           | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                                   |           |                                                                 |           | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                                   |           |                                                                 |           | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                                   |           |                                                                 |           | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 85,919                            |           |                                                                 |           | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                   |           |                                                                 |           |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                                   | 9,645,251 | 0                                                               | 9,645,251 | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                                   | 947,988   | 0                                                               | 947,988   | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                                   | 0         | 0                                                               | 0         | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          |                                   | 0         | 0                                                               | 0         | 42.00 |
| 43.00                                  | 04300 | NURSERY                              |                                   | 379,749   | 0                                                               | 379,749   | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     |                                   | 0         | 0                                                               | 0         | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               |                                   | 0         | 0                                                               | 0         | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                   |           |                                                                 |           |       |
| 50.00                                  | 05000 | OPERATING ROOM                       |                                   | 2,504,373 | 0                                                               | 2,504,373 | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        |                                   | 227,640   | 0                                                               | 227,640   | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           |                                   | 500,790   | 0                                                               | 500,790   | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       |                                   | 79,269    | 0                                                               | 79,269    | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 |                                   | 1,496,122 | 0                                                               | 1,496,122 | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         |                                   | 179,970   | 0                                                               | 179,970   | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           |                                   | 142,656   | 0                                                               | 142,656   | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              |                                   | 173,228   | 0                                                               | 173,228   | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     |                                   | 194,484   | 0                                                               | 194,484   | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              |                                   | 629,942   | 0                                                               | 629,942   | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           |                                   | 592,756   | 0                                                               | 592,756   | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           |                                   | 0         | 0                                                               | 0         | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   |                                   | 85,634    | 0                                                               | 85,634    | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  |                                   | 297,875   | 0                                                               | 297,875   | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          |                                   | 32,244    | 0                                                               | 32,244    | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     |                                   | 741,713   | 0                                                               | 741,713   | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 |                                   | 0         | 0                                                               | 0         | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     |                                   | 0         | 0                                                               | 0         | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    |                                   | 24,772    | 0                                                               | 24,772    | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       |                                   | 0         | 0                                                               | 0         | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           |                                   | 0         | 0                                                               | 0         | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               |                                   | 83,903    | 0                                                               | 83,903    | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS |                                   | 361,260   | 0                                                               | 361,260   | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        |                                   | 0         | 0                                                               | 0         | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        |                                   | 258,535   | 0                                                               | 258,535   | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            |                                   | 233,227   | 0                                                               | 233,227   | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       |                                   | 192,586   | 0                                                               | 192,586   | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   |                                   | 0         | 0                                                               | 0         | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     |                                   | 0         | 0                                                               | 0         | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               |                                   | 671,441   | 0                                                               | 671,441   | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                   |           |                                                                 |           |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |                                   | 0         | 0                                                               | 0         | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |                                   | 0         | 0                                                               | 0         | 89.00 |
| 90.00                                  | 09000 | CLINIC                               |                                   | 412,420   | 0                                                               | 412,420   | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            |                                   | 0         | 0                                                               | 0         | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          |                                   | 0         | 0                                                               | 0         | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            |                                   | 2,764,846 | 0                                                               | 2,764,846 | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    |                                   | 90,431    | 0                                                               | 90,431    | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                                   | 0         | 0                                                               | 0         | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                   |           |                                                                 |           |       |
| 99.10                                  | 09910 | CORF                                 |                                   | 0         | 0                                                               | 0         | 99.10 |
| 99.20                                  | 09920 | OPT                                  |                                   | 0         | 0                                                               | 0         | 99.20 |

## ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet B  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                        | CLINICAL<br>PASTORAL<br>EDUCATION | Subtotal   | Intern &<br>Residents Cost<br>& Post<br>Stepdown<br>Adjustments | Total      |  |        |
|------------------------------|-------|----------------------------------------|-----------------------------------|------------|-----------------------------------------------------------------|------------|--|--------|
|                              |       |                                        | 23.01                             | 24.00      | 25.00                                                           | 26.00      |  |        |
| 99.30                        | 09930 | OOT                                    |                                   | 0          | 0                                                               | 0          |  | 99.30  |
| 99.40                        | 09940 | OSP                                    |                                   | 0          | 0                                                               | 0          |  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                     |                                   | 0          | 0                                                               | 0          |  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                        |                                   |            |                                                                 |            |  |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                   |                                   | 0          | 0                                                               | 0          |  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                 |                                   | 0          | 0                                                               | 0          |  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                      |                                   | 0          | 0                                                               | 0          |  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                |                                   | 0          | 0                                                               | 0          |  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                 | 23,945,105 | 0                                                               | 23,945,105 |  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                        |                                   |            |                                                                 |            |  |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    |                                   | 181,627    | 0                                                               | 181,627    |  | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                            |                                   | 0          | 0                                                               | 0          |  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION            |                                   | 0          | 0                                                               | 0          |  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES             |                                   | 0          | 0                                                               | 0          |  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                 |                                   | 0          | 0                                                               | 0          |  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                          |                                   | 0          | 0                                                               | 0          |  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                |                                   | 0          | 0                                                               | 0          |  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                              |                                   | 0          | 0                                                               | 0          |  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                 | 85,919                            | 214,769    | 0                                                               | 214,769    |  | 200.00 |
| 201.00                       |       | Negative Cost Centers                  | 0                                 | 8,601      | 0                                                               | 8,601      |  | 201.00 |
| 202.00                       |       | TOTAL (sum lines 118 through 201)      | 85,919                            | 24,350,102 | 0                                                               | 24,350,102 |  | 202.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       | CAPITAL RELATED COSTS                |                           | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | Reconciliation | ADMINISTRATIVE & GENERAL (ACCUM. COST) |       |
|----------------------------------------|-------|--------------------------------------|---------------------------|-----------------------------------------------|----------------|----------------------------------------|-------|
|                                        |       | NEW BLDG & FIXT (SQUARE FEET)        | MVBLE EQUIP (SQUARE FEET) |                                               |                |                                        |       |
|                                        |       | 1.00                                 | 2.00                      | 4.00                                          | 5A             | 5.00                                   |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                           |                                               |                |                                        |       |
| 1.00                                   | 00100 | NEW CAP REL COSTS-BLDG & FIXT        | 741,619                   |                                               |                |                                        | 1.00  |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP            |                           | 741,619                                       |                |                                        | 2.00  |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 2,670                     | 2,670                                         | 108,713,853    |                                        | 4.00  |
| 5.00                                   | 00500 | ADMINISTRATIVE & GENERAL             | 109,167                   | 109,167                                       | 11,835,450     | -64,868,968                            | 5.00  |
| 6.00                                   | 00600 | MAINTENANCE & REPAIRS                | 233,032                   | 233,032                                       | 2,333,113      | 0                                      | 6.00  |
| 8.00                                   | 00800 | LAUNDRY & LINEN SERVICE              | 1,556                     | 1,556                                         | 170            | 0                                      | 8.00  |
| 9.00                                   | 00900 | HOUSEKEEPING                         | 9,175                     | 9,175                                         | 2,660,862      | 0                                      | 9.00  |
| 10.00                                  | 01000 | DIETARY                              | 7,048                     | 7,048                                         | 1,916,035      | 0                                      | 10.00 |
| 11.00                                  | 01100 | CAFETERIA                            | 4,467                     | 4,467                                         | 605,485        | 0                                      | 11.00 |
| 13.00                                  | 01300 | NURSING ADMINISTRATION               | 6,489                     | 6,489                                         | 2,443,016      | 0                                      | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 6,905                     | 6,905                                         | 784,693        | 0                                      | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 5,216                     | 5,216                                         | 4,813,571      | 0                                      | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0                         | 0                                             | 0              | 0                                      | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                         | 0                                             | 0              | 0                                      | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                         | 0                                             | 0              | 0                                      | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                         | 0                                             | 0              | 0                                      | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                         | 0                                             | 0              | 0                                      | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 2,289                     | 2,289                                         | 174,030        | 0                                      | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 1,471                     | 1,471                                         | 222,084        | 0                                      | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                           |                                               |                |                                        |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 146,622                   | 146,622                                       | 31,847,464     | 0                                      | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 12,601                    | 12,601                                        | 5,692,941      | 0                                      | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                         | 0                                             | 0              | 0                                      | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                         | 0                                             | 0              | 0                                      | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 5,531                     | 5,531                                         | 1,696,218      | 0                                      | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                         | 0                                             | 0              | 0                                      | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                         | 0                                             | 0              | 0                                      | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                           |                                               |                |                                        |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 35,501                    | 35,501                                        | 8,447,989      | 0                                      | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 3,446                     | 3,446                                         | 1,137,658      | 0                                      | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 8,384                     | 8,384                                         | 1,196,855      | 0                                      | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 599                       | 599                                           | 109,117        | 0                                      | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 23,378                    | 23,378                                        | 5,133,710      | 0                                      | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,535                     | 2,535                                         | 904,571        | 0                                      | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 1,998                     | 1,998                                         | 1,239,961      | 0                                      | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 2,311                     | 2,311                                         | 1,067,209      | 0                                      | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 3,156                     | 3,156                                         | 692,722        | 0                                      | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 11,292                    | 11,292                                        | 455,094        | 0                                      | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 8,371                     | 8,371                                         | 0              | 0                                      | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0                         | 0                                             | 0              | 0                                      | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 1,356                     | 1,356                                         | 0              | 0                                      | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 4,099                     | 4,099                                         | 2,318,758      | 0                                      | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 245                       | 245                                           | 625,909        | 0                                      | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,546                    | 11,546                                        | 4,375,340      | 0                                      | 66.00 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                         | 0                                             | 0              | 0                                      | 67.00 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                         | 0                                             | 0              | 0                                      | 68.00 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 305                       | 305                                           | 344,312        | 0                                      | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                         | 0                                             | 0              | 0                                      | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                         | 0                                             | 0              | 0                                      | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 1,510                     | 1,510                                         | 46,365         | 0                                      | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                         | 0                                             | 0              | 0                                      | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                         | 0                                             | 0              | 0                                      | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                         | 0                                             | 0              | 0                                      | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                         | 0                                             | 0              | 0                                      | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 3,168                     | 3,168                                         | 0              | 0                                      | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                         | 0                                             | 0              | 0                                      | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                         | 0                                             | 0              | 0                                      | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 12,007                    | 12,007                                        | 509,838        | 0                                      | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                           |                                               |                |                                        |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                         | 0                                             | 0              | 0                                      | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                         | 0                                             | 0              | 0                                      | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 6,150                     | 6,150                                         | 1,630,678      | 0                                      | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                         | 0                                             | 0              | 0                                      | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                         | 0                                             | 0              | 0                                      | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 43,004                    | 43,004                                        | 8,794,221      | 0                                      | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                         | 0                                             | 2,320,268      | 0                                      | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                           |                                               |                |                                        | 92.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description         |                                                        | CAPITAL RELATED COSTS                  |                                 | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS<br>SALARIES) | Reconciliation | ADMINISTRATIVE<br>& GENERAL<br>(ACCUM.<br>COST) |        |
|---------------------------------|--------------------------------------------------------|----------------------------------------|---------------------------------|-----------------------------------------------------------|----------------|-------------------------------------------------|--------|
|                                 |                                                        | NEW BLDG &<br>FIXT<br>(SQUARE<br>FEET) | MVBLE EQUIP<br>(SQUARE<br>FEET) |                                                           |                |                                                 |        |
|                                 |                                                        | 1.00                                   | 2.00                            | 4.00                                                      | 5A             | 5.00                                            |        |
| OTHER REIMBURSABLE COST CENTERS |                                                        |                                        |                                 |                                                           |                |                                                 |        |
| 99.10                           | 09910 CORF                                             | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 99.10  |
| 99.20                           | 09920 OPT                                              | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 99.20  |
| 99.30                           | 09930 OOT                                              | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 99.30  |
| 99.40                           | 09940 OSP                                              | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 99.40  |
| 101.00                          | 10100 HOME HEALTH AGENCY                               | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 101.00 |
| SPECIAL PURPOSE COST CENTERS    |                                                        |                                        |                                 |                                                           |                |                                                 |        |
| 109.00                          | 10900 PANCREAS ACQUISITION                             | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 109.00 |
| 110.00                          | 11000 INTESTINAL ACQUISITION                           | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 110.00 |
| 111.00                          | 11100 ISLET ACQUISITION                                | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 111.00 |
| 116.00                          | 11600 HOSPICE                                          | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 116.00 |
| 118.00                          | SUBTOTALS (SUM OF LINES 1 through 117)                 | 738,600                                | 738,600                         | 108,375,707                                               | -64,868,968    | 236,215,590                                     | 118.00 |
| NONREIMBURSABLE COST CENTERS    |                                                        |                                        |                                 |                                                           |                |                                                 |        |
| 190.00                          | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN              | 3,019                                  | 3,019                           | 338,146                                                   | 0              | 1,089,097                                       | 190.00 |
| 194.00                          | 07950 FUNDRAISING                                      | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.00 |
| 194.01                          | 07951 MANAGED CARE ADMINISTRATION                      | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.01 |
| 194.02                          | 07952 PHYSICIAN SUPPORT SERVICES                       | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.02 |
| 194.03                          | 07953 HOME MEDICAL EQUIPMENT                           | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.03 |
| 194.04                          | 07954 HOME PHARMACY                                    | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.04 |
| 194.05                          | 07955 HOSPICE                                          | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.05 |
| 194.06                          | 07956 NE IL MRI                                        | 0                                      | 0                               | 0                                                         | 0              | 0                                               | 194.06 |
| 200.00                          | Cross Foot Adjustments                                 |                                        |                                 |                                                           |                |                                                 | 200.00 |
| 201.00                          | Negative Cost Centers                                  |                                        |                                 |                                                           |                |                                                 | 201.00 |
| 202.00                          | Cost to be allocated (per Wkst. B, Part I)             | 13,296,121                             | 11,053,981                      | 25,090,494                                                |                | 64,868,968                                      | 202.00 |
| 203.00                          | Unit cost multiplier (Wkst. B, Part I)                 | 17.928506                              | 14.905202                       | 0.230794                                                  |                | 0.273357                                        | 203.00 |
| 204.00                          | Cost to be allocated (per Wkst. B, Part II)            |                                        |                                 | 87,666                                                    |                | 3,593,896                                       | 204.00 |
| 205.00                          | Unit cost multiplier (Wkst. B, Part II)                |                                        |                                 | 0.000806                                                  |                | 0.015145                                        | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                       |       |                                      | MAINTENANCE &<br>REPAIRS<br>(SQUARE<br>FEET) | LAUNDRY &<br>LINEN SERVICE<br>(TOTAL PATIENT<br>DAYS) | HOUSEKEEPING<br>(SQUARE<br>FEET) | DIETARY<br>(TOTAL PATIENT<br>DAYS) | CAFETERIA<br>(GROSS<br>SALARIES) |       |
|-----------------------------------------------|-------|--------------------------------------|----------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------------|----------------------------------|-------|
|                                               |       |                                      | 6.00                                         | 8.00                                                  | 9.00                             | 10.00                              | 11.00                            |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |                                              |                                                       |                                  |                                    |                                  |       |
| 1.00                                          | 00100 | NEW 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                | 396,750                                      |                                                       |                                  |                                    |                                  | 6.00  |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 1,556                                        | 69,744                                                |                                  |                                    |                                  | 8.00  |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 9,175                                        | 0                                                     | 386,019                          |                                    |                                  | 9.00  |
| 10.00                                         | 01000 | DIETARY                              | 7,048                                        | 0                                                     | 7,048                            | 69,744                             |                                  | 10.00 |
| 11.00                                         | 01100 | CAFETERIA                            | 4,467                                        | 0                                                     | 4,467                            | 0                                  | 89,362,738                       | 11.00 |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 6,489                                        | 0                                                     | 6,489                            | 0                                  | 2,443,016                        | 13.00 |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 6,905                                        | 0                                                     | 6,905                            | 0                                  | 784,693                          | 14.00 |
| 15.00                                         | 01500 | PHARMACY                             | 5,216                                        | 0                                                     | 5,216                            | 0                                  | 4,813,571                        | 15.00 |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 16.00 |
| 19.00                                         | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 19.00 |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 20.00 |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 21.00 |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 22.00 |
| 23.00                                         | 02302 | PARAMED EDUCATION EMS                | 2,289                                        | 0                                                     | 2,289                            | 0                                  | 174,030                          | 23.00 |
| 23.01                                         | 02301 | CLINICAL PASTORAL EDUCATION          | 1,471                                        | 0                                                     | 1,471                            | 0                                  | 222,084                          | 23.01 |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |                                              |                                                       |                                  |                                    |                                  |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 146,622                                      | 63,346                                                | 146,622                          | 63,346                             | 31,847,464                       | 30.00 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 12,601                                       | 4,862                                                 | 12,601                           | 4,862                              | 5,692,941                        | 31.00 |
| 41.00                                         | 04100 | SUBPROVIDER - IRF                    | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 41.00 |
| 42.00                                         | 04200 | SUBPROVIDER                          | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 42.00 |
| 43.00                                         | 04300 | NURSERY                              | 5,531                                        | 1,536                                                 | 5,531                            | 1,536                              | 1,696,218                        | 43.00 |
| 45.00                                         | 04500 | NURSING FACILITY                     | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 45.00 |
| 45.01                                         | 04510 | ICF/MR                               | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 45.01 |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |                                              |                                                       |                                  |                                    |                                  |       |
| 50.00                                         | 05000 | OPERATING ROOM                       | 35,501                                       | 0                                                     | 35,501                           | 0                                  | 8,447,989                        | 50.00 |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 3,446                                        | 0                                                     | 3,446                            | 0                                  | 1,137,658                        | 51.00 |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 8,384                                        | 0                                                     | 8,384                            | 0                                  | 1,196,855                        | 52.00 |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | 599                                          | 0                                                     | 599                              | 0                                  | 109,117                          | 53.00 |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | 23,378                                       | 0                                                     | 23,378                           | 0                                  | 5,133,710                        | 54.00 |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 2,535                                        | 0                                                     | 2,535                            | 0                                  | 904,571                          | 56.00 |
| 56.01                                         | 05603 | ULTRASOUND                           | 1,998                                        | 0                                                     | 1,998                            | 0                                  | 1,239,961                        | 56.01 |
| 57.00                                         | 05700 | CT SCAN                              | 2,311                                        | 0                                                     | 2,311                            | 0                                  | 1,067,209                        | 57.00 |
| 58.00                                         | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 3,156                                        | 0                                                     | 3,156                            | 0                                  | 692,722                          | 58.00 |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 11,292                                       | 0                                                     | 11,292                           | 0                                  | 455,094                          | 59.00 |
| 60.00                                         | 06000 | LABORATORY                           | 8,371                                        | 0                                                     | 8,371                            | 0                                  | 0                                | 60.00 |
| 60.01                                         | 06001 | LABORATORY                           | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 60.01 |
| 63.00                                         | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 1,356                                        | 0                                                     | 1,356                            | 0                                  | 0                                | 63.00 |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | 4,099                                        | 0                                                     | 4,099                            | 0                                  | 2,318,758                        | 65.00 |
| 65.01                                         | 06501 | STRESS TEST                          | 245                                          | 0                                                     | 245                              | 0                                  | 625,909                          | 65.01 |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 11,546                                       | 0                                                     | 11,546                           | 0                                  | 4,375,340                        | 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                    | 305                                          | 0                                                     | 305                              | 0                                  | 344,312                          | 69.00 |
| 69.01                                         | 06901 | ECHOCARDIOGRAM                       | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 69.01 |
| 69.02                                         | 06902 | CARDIOLOGY                           | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 69.02 |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 1,510                                        | 0                                                     | 1,510                            | 0                                  | 46,365                           | 70.00 |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 71.00 |
| 71.30                                         | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 71.30 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 72.00 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 73.00 |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 3,168                                        | 0                                                     | 3,168                            | 0                                  | 0                                | 74.00 |
| 75.02                                         | 07501 | OUTPATIENT SURGERY                   | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 75.02 |
| 76.00                                         | 03290 | ELECTROMYOGRAPHY                     | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 76.00 |
| 76.97                                         | 07697 | CARDIAC REHABILITATION               | 12,007                                       | 0                                                     | 12,007                           | 0                                  | 509,838                          | 76.97 |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |                                              |                                                       |                                  |                                    |                                  |       |
| 88.00                                         | 08800 | RURAL HEALTH CLINIC                  | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 88.00 |
| 89.00                                         | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 89.00 |
| 90.00                                         | 09000 | CLINIC                               | 6,150                                        | 0                                                     | 6,150                            | 0                                  | 1,630,678                        | 90.00 |
| 90.01                                         | 09001 | ADDICTION RECOVERY CLINIC            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 90.01 |
| 90.03                                         | 09002 | LITHOTRIPSY                          | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 90.03 |
| 91.00                                         | 09100 | EMERGENCY                            | 43,004                                       | 0                                                     | 43,004                           | 0                                  | 8,794,221                        | 91.00 |
| 91.20                                         | 09101 | ACUTE CARE CENTER                    | 0                                            | 0                                                     | 0                                | 0                                  | 2,320,268                        | 91.20 |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 92.00 |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |                                              |                                                       |                                  |                                    |                                  |       |
| 99.10                                         | 09910 | CORF                                 | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 99.10 |
| 99.20                                         | 09920 | OPT                                  | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 99.20 |
| 99.30                                         | 09930 | OOT                                  | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 99.30 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                                        | MAINTENANCE &<br>REPAIRS<br>(SQUARE<br>FEET) | LAUNDRY &<br>LINEN SERVICE<br>(TOTAL PATIENT<br>DAYS) | HOUSEKEEPING<br>(SQUARE<br>FEET) | DIETARY<br>(TOTAL PATIENT<br>DAYS) | CAFETERIA<br>(GROSS<br>SALARIES) |        |
|------------------------------|-------|--------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------------|----------------------------------|--------|
|                              |       |                                                        | 6.00                                         | 8.00                                                  | 9.00                             | 10.00                              | 11.00                            |        |
| 99.40                        | 09940 | OSP                                                    | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                                     | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                                        |                                              |                                                       |                                  |                                    |                                  |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                                   | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                                 | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                                      | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 111.00 |
| 116.00                       | 11600 | HOSPICE                                                | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 393,731                                      | 69,744                                                | 383,000                          | 69,744                             | 89,024,592                       | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                              |                                                       |                                  |                                    |                                  |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 3,019                                        | 0                                                     | 3,019                            | 0                                  | 338,146                          | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                                            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION                            | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES                             | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                                 | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                                          | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.04 |
| 194.05                       | 07955 | HOSPICE                                                | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.05 |
| 194.06                       | 07956 | NE IL MRI                                              | 0                                            | 0                                                     | 0                                | 0                                  | 0                                | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                              |                                                       |                                  |                                    |                                  | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                              |                                                       |                                  |                                    |                                  | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 24,004,677                                   | 1,565,178                                             | 6,181,033                        | 4,621,686                          | 1,962,747                        | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 60.503282                                    | 22.441758                                             | 16.012251                        | 66.266432                          | 0.021964                         | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 7,938,689                                    | 99,719                                                | 553,892                          | 432,650                            | 262,228                          | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 20.009298                                    | 1.429786                                              | 1.434883                         | 6.203401                           | 0.002934                         | 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: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | NURSING<br>ADMINISTRATION<br><br>(DIRECT<br>NRSING HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>CHARGES) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) |       |
|----------------------------------------|-------|--------------------------------------|---------------------------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------|-------|
|                                        |       |                                      | 13.00                                                   | 14.00                                                  | 15.00                           | 16.00                                                 | 19.00                                              |       |
| GENERAL SERVICE COST CENTERS           |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 1.00                                   | 00100 | NEW 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  |
| 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               | 2,029,643                                               |                                                        |                                 |                                                       |                                                    | 13.00 |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY            | 0                                                       | 40,779,961                                             |                                 |                                                       |                                                    | 14.00 |
| 15.00                                  | 01500 | PHARMACY                             | 0                                                       | 276,625                                                | 1,628,308                       |                                                       |                                                    | 15.00 |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY            | 0                                                       | 0                                                      | 0                               | 1,527,177,430                                         |                                                    | 16.00 |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 19.00 |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 20.00 |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 21.00 |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 22.00 |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                | 2,437                                                   | 210,709                                                | 30,475                          | 0                                                     | 0                                                  | 23.00 |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 1,133,309                                               | 2,537,078                                              | 379,837                         | 242,033,563                                           | 0                                                  | 30.00 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 203,526                                                 | 941,851                                                | 82,424                          | 27,957,163                                            | 0                                                  | 31.00 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 41.00 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 42.00 |
| 43.00                                  | 04300 | NURSERY                              | 48,158                                                  | 300,440                                                | 1,704                           | 10,372,958                                            | 0                                                  | 43.00 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 45.00 |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 45.01 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 188,777                                                 | 22,063,358                                             | 242,466                         | 170,188,414                                           | 0                                                  | 50.00 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 38,748                                                  | 31,183                                                 | 12,486                          | 21,835,854                                            | 0                                                  | 51.00 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                                                       | 592,673                                                | 0                               | 5,769,015                                             | 0                                                  | 52.00 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 384                                                     | 502,752                                                | 127,370                         | 19,812,048                                            | 0                                                  | 53.00 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 52,508                                                  | 7,893,507                                              | 49,376                          | 59,633,279                                            | 0                                                  | 54.00 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 40                                                      | 910,583                                                | 6,216                           | 49,578,846                                            | 0                                                  | 56.00 |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                                                       | 149,796                                                | 8,299                           | 24,678,104                                            | 0                                                  | 56.01 |
| 57.00                                  | 05700 | CT SCAN                              | 0                                                       | 448,667                                                | 45,399                          | 103,523,355                                           | 0                                                  | 57.00 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                                                       | 175,262                                                | 11,264                          | 34,139,632                                            | 0                                                  | 58.00 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 2,770                                                   | 855                                                    | 0                               | 48,753,778                                            | 0                                                  | 59.00 |
| 60.00                                  | 06000 | LABORATORY                           | 0                                                       | 0                                                      | 0                               | 119,406,622                                           | 0                                                  | 60.00 |
| 60.01                                  | 06001 | LABORATORY                           | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 60.01 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0                                                       | 1,162,263                                              | 0                               | 8,941,410                                             | 0                                                  | 63.00 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0                                                       | 444,466                                                | 42,744                          | 35,334,802                                            | 0                                                  | 65.00 |
| 65.01                                  | 06501 | STRESS TEST                          | 5,959                                                   | 29,763                                                 | 8,577                           | 22,616,162                                            | 0                                                  | 65.01 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                                                       | 37,769                                                 | 3                               | 31,151,098                                            | 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                                                       | 8,450                                                  | 0                               | 9,113,078                                             | 0                                                  | 69.00 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 69.01 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 69.02 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                                                       | 1,651                                                  | 0                               | 738,785                                               | 0                                                  | 70.00 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                                                       | 171,882                                                | 0                               | 54,727,970                                            | 0                                                  | 71.00 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 71.30 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                       | 113,987                                                | 0                               | 80,472,020                                            | 0                                                  | 72.00 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                                       | 0                                                      | 0                               | 168,551,573                                           | 0                                                  | 73.00 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0                                                       | 8,810                                                  | 4,394                           | 5,872,858                                             | 0                                                  | 74.00 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 75.02 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 76.00 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 6,926                                                   | 13,543                                                 | 29                              | 3,361,743                                             | 0                                                  | 76.97 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 88.00 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 89.00 |
| 90.00                                  | 09000 | CLINIC                               | 30,216                                                  | 680,865                                                | 76,887                          | 17,970,751                                            | 0                                                  | 90.00 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 90.01 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 90.03 |
| 91.00                                  | 09100 | EMERGENCY                            | 269,998                                                 | 918,888                                                | 455,714                         | 137,489,769                                           | 0                                                  | 91.00 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 45,887                                                  | 151,931                                                | 42,644                          | 13,152,780                                            | 0                                                  | 91.20 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 92.00 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                         |                                                        |                                 |                                                       |                                                    |       |
| 99.10                                  | 09910 | CORF                                 | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.10 |
| 99.20                                  | 09920 | OPT                                  | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.20 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description      |       |                                                        | NURSING<br>ADMINISTRATION<br><br>(DIRECT<br>NRSING HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL<br>RECORDS &<br>LIBRARY<br>(GROSS<br>CHARGES) | NONPHYSICIAN<br>ANESTHETISTS<br>(ASSIGNED<br>TIME) |        |
|------------------------------|-------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------|--------|
|                              |       |                                                        | 13.00                                                   | 14.00                                                  | 15.00                           | 16.00                                                 | 19.00                                              |        |
| 99.30                        | 09930 | OOT                                                    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.30  |
| 99.40                        | 09940 | OSP                                                    | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 99.40  |
| 101.00                       | 10100 | HOME HEALTH AGENCY                                     | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 101.00 |
| SPECIAL PURPOSE COST CENTERS |       |                                                        |                                                         |                                                        |                                 |                                                       |                                                    |        |
| 109.00                       | 10900 | PANCREAS ACQUISITION                                   | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 109.00 |
| 110.00                       | 11000 | INTESTINAL ACQUISITION                                 | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 110.00 |
| 111.00                       | 11100 | ISLET ACQUISITION                                      | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 111.00 |
| 116.00                       | 11600 | HOSPICE                                                | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 116.00 |
| 118.00                       |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 2,029,643                                               | 40,779,607                                             | 1,628,308                       | 1,527,177,430                                         | 0                                                  | 118.00 |
| NONREIMBURSABLE COST CENTERS |       |                                                        |                                                         |                                                        |                                 |                                                       |                                                    |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                                       | 354                                                    | 0                               | 0                                                     | 0                                                  | 190.00 |
| 194.00                       | 07950 | FUNDRAISING                                            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.00 |
| 194.01                       | 07951 | MANAGED CARE ADMINISTRATION                            | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.01 |
| 194.02                       | 07952 | PHYSICIAN SUPPORT SERVICES                             | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.02 |
| 194.03                       | 07953 | HOME MEDICAL EQUIPMENT                                 | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.03 |
| 194.04                       | 07954 | HOME PHARMACY                                          | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.04 |
| 194.05                       | 07955 | HOSPICE                                                | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.05 |
| 194.06                       | 07956 | NE IL MRI                                              | 0                                                       | 0                                                      | 0                               | 0                                                     | 0                                                  | 194.06 |
| 200.00                       |       | Cross Foot Adjustments                                 |                                                         |                                                        |                                 |                                                       |                                                    | 200.00 |
| 201.00                       |       | Negative Cost Centers                                  |                                                         |                                                        |                                 |                                                       |                                                    | 201.00 |
| 202.00                       |       | Cost to be allocated (per Wkst. B, Part I)             | 5,300,860                                               | 2,294,796                                              | 14,627,682                      | 30,112                                                | 0                                                  | 202.00 |
| 203.00                       |       | Unit cost multiplier (Wkst. B, Part I)                 | 2.611720                                                | 0.056273                                               | 8.983363                        | 0.000020                                              | 0.000000                                           | 203.00 |
| 204.00                       |       | Cost to be allocated (per Wkst. B, Part II)            | 417,850                                                 | 398,527                                                | 471,608                         | 358                                                   | 0                                                  | 204.00 |
| 205.00                       |       | Unit cost multiplier (Wkst. B, Part II)                | 0.205874                                                | 0.009773                                               | 0.289631                        | 0.000000                                              | 0.000000                                           | 205.00 |
| 206.00                       |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                                         |                                                        |                                 |                                                       |                                                    | 206.00 |
| 207.00                       |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                                         |                                                        |                                 |                                                       |                                                    | 207.00 |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | INTERNS & RESIDENTS |                               | PARAMED<br>EDUCATION EMS<br>(ASSIGNED<br>TIME) | CLINICAL<br>PASTORAL<br>EDUCATION<br>(ASSIGNED<br>TIME) |           |
|----------------------------------------|-------|--------------------------------------|---------------------|-------------------------------|------------------------------------------------|---------------------------------------------------------|-----------|
|                                        |       |                                      | NURSING SCHOOL      | SERVICES-SALAR<br>Y & FRINGES | SERVICES-OTHER<br>PRGM COSTS                   |                                                         |           |
|                                        |       |                                      | (ASSIGNED<br>TIME)  | (ASSIGNED<br>TIME)            | (ASSIGNED<br>TIME)                             |                                                         |           |
|                                        |       |                                      | 20.00               | 21.00                         | 22.00                                          | 23.00                                                   | 23.01     |
| GENERAL SERVICE COST CENTERS           |       |                                      |                     |                               |                                                |                                                         |           |
| 1.00                                   | 00100 | NEW 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      |
| 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     |
| 19.00                                  | 01900 | NONPHYSICIAN ANESTHETISTS            |                     |                               |                                                |                                                         | 19.00     |
| 20.00                                  | 02000 | NURSING SCHOOL                       | 0                   |                               |                                                |                                                         | 20.00     |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD |                     | 0                             |                                                |                                                         | 21.00     |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD |                     |                               | 0                                              |                                                         | 22.00     |
| 23.00                                  | 02302 | PARAMED EDUCATION EMS                |                     |                               |                                                | 100                                                     | 23.00     |
| 23.01                                  | 02301 | CLINICAL PASTORAL EDUCATION          |                     |                               |                                                |                                                         | 100 23.01 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                     |                               |                                                |                                                         |           |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 0                   | 0                             | 0                                              | 0                                                       | 91 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 0                   | 0                             | 0                                              | 0                                                       | 7 31.00   |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                   | 0                             | 0                                              | 0                                                       | 0 41.00   |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                   | 0                             | 0                                              | 0                                                       | 0 42.00   |
| 43.00                                  | 04300 | NURSERY                              | 0                   | 0                             | 0                                              | 0                                                       | 2 43.00   |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                   | 0                             | 0                                              | 0                                                       | 0 45.00   |
| 45.01                                  | 04510 | ICF/MR                               | 0                   | 0                             | 0                                              | 0                                                       | 0 45.01   |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                     |                               |                                                |                                                         |           |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0                   | 0                             | 0                                              | 0                                                       | 0 50.00   |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0                   | 0                             | 0                                              | 0                                                       | 0 51.00   |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0                   | 0                             | 0                                              | 0                                                       | 0 52.00   |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0                   | 0                             | 0                                              | 0                                                       | 0 53.00   |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0                   | 0                             | 0                                              | 0                                                       | 0 54.00   |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0                   | 0                             | 0                                              | 0                                                       | 0 56.00   |
| 56.01                                  | 05603 | ULTRASOUND                           | 0                   | 0                             | 0                                              | 0                                                       | 0 56.01   |
| 57.00                                  | 05700 | CT SCAN                              | 0                   | 0                             | 0                                              | 0                                                       | 0 57.00   |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0                   | 0                             | 0                                              | 0                                                       | 0 58.00   |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0                   | 0                             | 0                                              | 0                                                       | 0 59.00   |
| 60.00                                  | 06000 | LABORATORY                           | 0                   | 0                             | 0                                              | 0                                                       | 0 60.00   |
| 60.01                                  | 06001 | LABORATORY                           | 0                   | 0                             | 0                                              | 0                                                       | 0 60.01   |
| 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   |
| 65.01                                  | 06501 | STRESS TEST                          | 0                   | 0                             | 0                                              | 0                                                       | 0 65.01   |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0                   | 0                             | 0                                              | 0                                                       | 0 66.00   |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0                   | 0                             | 0                                              | 0                                                       | 0 67.00   |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0                   | 0                             | 0                                              | 0                                                       | 0 68.00   |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0                   | 0                             | 0                                              | 0                                                       | 0 69.00   |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                   | 0                             | 0                                              | 0                                                       | 0 69.01   |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                   | 0                             | 0                                              | 0                                                       | 0 69.02   |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0                   | 0                             | 0                                              | 0                                                       | 0 70.00   |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0                   | 0                             | 0                                              | 0                                                       | 0 71.00   |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                   | 0                             | 0                                              | 0                                                       | 0 71.30   |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 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   |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                   | 0                             | 0                                              | 0                                                       | 0 75.02   |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                   | 0                             | 0                                              | 0                                                       | 0 76.00   |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0                   | 0                             | 0                                              | 0                                                       | 0 76.97   |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                     |                               |                                                |                                                         |           |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                   | 0                             | 0                                              | 0                                                       | 0 88.00   |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                   | 0                             | 0                                              | 0                                                       | 0 89.00   |
| 90.00                                  | 09000 | CLINIC                               | 0                   | 0                             | 0                                              | 0                                                       | 0 90.00   |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                   | 0                             | 0                                              | 0                                                       | 0 90.01   |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                   | 0                             | 0                                              | 0                                                       | 0 90.03   |
| 91.00                                  | 09100 | EMERGENCY                            | 0                   | 0                             | 0                                              | 100                                                     | 0 91.00   |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0                   | 0                             | 0                                              | 0                                                       | 0 91.20   |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                     |                               |                                                |                                                         | 92.00     |

## COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/27/2020 4:57 pm

|                                 | Cost Center Description                | NURSING SCHOOL<br><br>(ASSIGNED<br>TIME)               | INTERNS & RESIDENTS                                 |                                                    | PARAMED<br>EDUCATION EMS<br>(ASSIGNED<br>TIME) | CLINICAL<br>PASTORAL<br>EDUCATION<br>(ASSIGNED<br>TIME) |              |        |       |       |
|---------------------------------|----------------------------------------|--------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------|--------------|--------|-------|-------|
|                                 |                                        |                                                        | SERVICES-SALAR<br>Y & FRINGES<br>(ASSIGNED<br>TIME) | SERVICES-OTHER<br>PRGM COSTS<br>(ASSIGNED<br>TIME) |                                                |                                                         |              |        |       |       |
|                                 |                                        |                                                        | 20.00                                               | 21.00                                              |                                                |                                                         |              | 22.00  | 23.00 | 23.01 |
|                                 |                                        |                                                        |                                                     |                                                    |                                                |                                                         |              |        |       |       |
| OTHER REIMBURSABLE COST CENTERS |                                        |                                                        |                                                     |                                                    |                                                |                                                         |              |        |       |       |
| 99.10                           | 09910                                  | CORF                                                   | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.10        |        |       |       |
| 99.20                           | 09920                                  | OPT                                                    | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.20        |        |       |       |
| 99.30                           | 09930                                  | OOT                                                    | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.30        |        |       |       |
| 99.40                           | 09940                                  | OSP                                                    | 0                                                   | 0                                                  | 0                                              | 0                                                       | 99.40        |        |       |       |
| 101.00                          | 10100                                  | HOME HEALTH AGENCY                                     | 0                                                   | 0                                                  | 0                                              | 0                                                       | 101.00       |        |       |       |
| SPECIAL PURPOSE COST CENTERS    |                                        |                                                        |                                                     |                                                    |                                                |                                                         |              |        |       |       |
| 109.00                          | 10900                                  | PANCREAS ACQUISITION                                   | 0                                                   | 0                                                  | 0                                              | 0                                                       | 109.00       |        |       |       |
| 110.00                          | 11000                                  | INTESTINAL ACQUISITION                                 | 0                                                   | 0                                                  | 0                                              | 0                                                       | 110.00       |        |       |       |
| 111.00                          | 11100                                  | ISLET ACQUISITION                                      | 0                                                   | 0                                                  | 0                                              | 0                                                       | 111.00       |        |       |       |
| 116.00                          | 11600                                  | HOSPICE                                                | 0                                                   | 0                                                  | 0                                              | 0                                                       | 116.00       |        |       |       |
| 118.00                          | SUBTOTALS (SUM OF LINES 1 through 117) |                                                        | 0                                                   | 0                                                  | 0                                              | 100                                                     | 100          | 118.00 |       |       |
| NONREIMBURSABLE COST CENTERS    |                                        |                                                        |                                                     |                                                    |                                                |                                                         |              |        |       |       |
| 190.00                          | 19000                                  | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                                   | 0                                                  | 0                                              | 0                                                       | 190.00       |        |       |       |
| 194.00                          | 07950                                  | FUNDRAISING                                            | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.00       |        |       |       |
| 194.01                          | 07951                                  | MANAGED CARE ADMINISTRATION                            | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.01       |        |       |       |
| 194.02                          | 07952                                  | PHYSICIAN SUPPORT SERVICES                             | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.02       |        |       |       |
| 194.03                          | 07953                                  | HOME MEDICAL EQUIPMENT                                 | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.03       |        |       |       |
| 194.04                          | 07954                                  | HOME PHARMACY                                          | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.04       |        |       |       |
| 194.05                          | 07955                                  | HOSPICE                                                | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.05       |        |       |       |
| 194.06                          | 07956                                  | NE IL MRI                                              | 0                                                   | 0                                                  | 0                                              | 0                                                       | 194.06       |        |       |       |
| 200.00                          | Cross Foot Adjustments                 |                                                        |                                                     |                                                    |                                                |                                                         | 200.00       |        |       |       |
| 201.00                          | Negative Cost Centers                  |                                                        |                                                     |                                                    |                                                |                                                         | 201.00       |        |       |       |
| 202.00                          |                                        | Cost to be allocated (per Wkst. B, Part I)             | 0                                                   | 0                                                  | 0                                              | 569,401                                                 | 558,373      | 202.00 |       |       |
| 203.00                          |                                        | Unit cost multiplier (Wkst. B, Part I)                 | 0.000000                                            | 0.000000                                           | 0.000000                                       | 5,694.010000                                            | 5,583.730000 | 203.00 |       |       |
| 204.00                          |                                        | Cost to be allocated (per Wkst. B, Part II)            | 0                                                   | 0                                                  | 0                                              | 137,451                                                 | 85,919       | 204.00 |       |       |
| 205.00                          |                                        | Unit cost multiplier (Wkst. B, Part II)                | 0.000000                                            | 0.000000                                           | 0.000000                                       | 1,288.500000                                            | 859.190000   | 205.00 |       |       |
| 206.00                          |                                        | NAHE adjustment amount to be allocated (per Wkst. B-2) | 0                                                   |                                                    |                                                | 0                                                       | 0            | 206.00 |       |       |
| 207.00                          |                                        | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  | 0.000000                                            |                                                    |                                                | 0.000000                                                | 0.000000     | 207.00 |       |       |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                        |       |                                      | Title XVIII                                         | Hospital              | PPS         |                     |             |             |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|-------------|
| 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                  | 84,747,286                                          |                       | 84,747,286  | 0                   | 84,747,286  | 30.00       |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 13,869,843                                          |                       | 13,869,843  | 96,270              | 13,966,113  | 31.00       |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0                   | 0           | 41.00       |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0                   | 0           | 42.00       |
| 43.00                                  | 04300 | NURSERY                              | 4,812,377                                           |                       | 4,812,377   | 0                   | 4,812,377   | 43.00       |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0                   | 0           | 45.00       |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                   |                       | 0           | 0                   | 0           | 45.01       |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |                     |             |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 25,412,469                                          |                       | 25,412,469  | 0                   | 25,412,469  | 50.00       |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,559,520                                           |                       | 2,559,520   | 0                   | 2,559,520   | 51.00       |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 3,682,232                                           |                       | 3,682,232   | 0                   | 3,682,232   | 52.00       |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 1,597,677                                           |                       | 1,597,677   | 0                   | 1,597,677   | 53.00       |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 11,819,559                                          |                       | 11,819,559  | 0                   | 11,819,559  | 54.00       |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,700,110                                           |                       | 2,700,110   | 0                   | 2,700,110   | 56.00       |
| 56.01                                  | 05603 | ULTRASOUND                           | 2,424,662                                           |                       | 2,424,662   | 0                   | 2,424,662   | 56.01       |
| 57.00                                  | 05700 | CT SCAN                              | 2,843,905                                           |                       | 2,843,905   | 0                   | 2,843,905   | 57.00       |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 1,681,646                                           |                       | 1,681,646   | 0                   | 1,681,646   | 58.00       |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 2,122,815                                           |                       | 2,122,815   | 0                   | 2,122,815   | 59.00       |
| 60.00                                  | 06000 | LABORATORY                           | 12,278,928                                          |                       | 12,278,928  | 0                   | 12,278,928  | 60.00       |
| 60.01                                  | 06001 | LABORATORY                           | 0                                                   |                       | 0           | 0                   | 0           | 60.01       |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 226,030                                             |                       | 226,030     | 0                   | 226,030     | 63.00       |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 4,977,609                                           | 0                     | 4,977,609   | 0                   | 4,977,609   | 65.00       |
| 65.01                                  | 06501 | STRESS TEST                          | 1,186,975                                           | 0                     | 1,186,975   | 0                   | 1,186,975   | 65.01       |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 9,246,104                                           | 0                     | 9,246,104   | 0                   | 9,246,104   | 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                    | 607,160                                             |                       | 607,160     | 0                   | 607,160     | 69.00       |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                   |                       | 0           | 0                   | 0           | 69.01       |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                   |                       | 0           | 0                   | 0           | 69.02       |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 264,163                                             |                       | 264,163     | 0                   | 264,163     | 70.00       |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 30,243,418                                          |                       | 30,243,418  | 0                   | 30,243,418  | 71.00       |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                   |                       | 0           | 0                   | 0           | 71.30       |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 21,651,390                                          |                       | 21,651,390  | 0                   | 21,651,390  | 72.00       |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 19,612,563                                          |                       | 19,612,563  | 0                   | 19,612,563  | 73.00       |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,903,035                                           |                       | 1,903,035   | 0                   | 1,903,035   | 74.00       |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                   |                       | 0           | 0                   | 0           | 75.02       |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                   |                       | 0           | 0                   | 0           | 76.00       |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 2,315,554                                           |                       | 2,315,554   | 0                   | 2,315,554   | 76.97       |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0                   | 0           | 88.00       |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0                   | 0           | 89.00       |
| 90.00                                  | 09000 | CLINIC                               | 4,456,586                                           |                       | 4,456,586   | 0                   | 4,456,586   | 90.00       |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                   |                       | 0           | 0                   | 0           | 90.01       |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                   |                       | 0           | 0                   | 0           | 90.03       |
| 91.00                                  | 09100 | EMERGENCY                            | 25,826,062                                          |                       | 25,826,062  | 57,574              | 25,883,636  | 91.00       |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 5,478,721                                           |                       | 5,478,721   | 0                   | 5,478,721   | 91.20       |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,892,256                                           |                       | 7,892,256   | 0                   | 7,892,256   | 92.00       |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |                     |             |             |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0                   | 0           | 99.10       |
| 99.20                                  | 09920 | OPT                                  | 0                                                   |                       | 0           | 0                   | 0           | 99.20       |
| 99.30                                  | 09930 | OOT                                  | 0                                                   |                       | 0           | 0                   | 0           | 99.30       |
| 99.40                                  | 09940 | OSP                                  | 0                                                   |                       | 0           | 0                   | 0           | 99.40       |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           | 0                   | 0           | 101.00      |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |                     |             |             |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           | 0                   | 0           | 109.00      |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           | 0                   | 0           | 110.00      |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           | 0                   | 0           | 111.00      |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           | 0                   | 0           | 116.00      |
| 200.00                                 |       | Subtotal (see instructions)          | 308,440,655                                         | 0                     | 308,440,655 | 153,844             | 308,594,499 | 200.00      |
| 201.00                                 |       | Less Observation Beds                | 7,892,256                                           |                       | 7,892,256   | 0                   | 7,892,256   | 201.00      |
| 202.00                                 |       | Total (see instructions)             | 300,548,399                                         | 0                     | 300,548,399 | 153,844             | 300,702,243 | 202.00      |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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                    | 9.00                | 10.00                 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |             |             |                         |                     |                       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 207,895,042 |             | 207,895,042             |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 27,957,163  |             | 27,957,163              |                     | 31.00                 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0           |             | 0                       |                     | 41.00                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0           |             | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 10,372,958  |             | 10,372,958              |                     | 43.00                 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0           |             | 0                       |                     | 45.00                 |
| 45.01                                  | 04510 | ICF/MR                               | 0           |             | 0                       |                     | 45.01                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |             |             |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 75,133,024  | 95,055,390  | 170,188,414             | 0.149320            | 50.00                 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 8,867,684   | 12,968,170  | 21,835,854              | 0.117216            | 51.00                 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 5,769,015   | 0           | 5,769,015               | 0.638277            | 52.00                 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 9,069,712   | 10,742,336  | 19,812,048              | 0.080642            | 53.00                 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 19,750,707  | 39,882,572  | 59,633,279              | 0.198204            | 54.00                 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 5,728,856   | 43,849,990  | 49,578,846              | 0.054461            | 56.00                 |
| 56.01                                  | 05603 | ULTRASOUND                           | 5,786,167   | 18,891,937  | 24,678,104              | 0.098252            | 56.01                 |
| 57.00                                  | 05700 | CT SCAN                              | 35,458,801  | 68,064,554  | 103,523,355             | 0.027471            | 57.00                 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 9,370,828   | 24,768,804  | 34,139,632              | 0.049258            | 58.00                 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 26,537,190  | 22,216,588  | 48,753,778              | 0.043542            | 59.00                 |
| 60.00                                  | 06000 | LABORATORY                           | 66,074,763  | 53,331,859  | 119,406,622             | 0.102833            | 60.00                 |
| 60.01                                  | 06001 | LABORATORY                           | 0           | 0           | 0                       | 0.000000            | 60.01                 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 6,521,217   | 2,420,193   | 8,941,410               | 0.025279            | 63.00                 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 32,563,100  | 2,771,702   | 35,334,802              | 0.140870            | 65.00                 |
| 65.01                                  | 06501 | STRESS TEST                          | 12,030,288  | 10,585,874  | 22,616,162              | 0.052483            | 65.01                 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,297,278  | 19,853,820  | 31,151,098              | 0.296815            | 66.00                 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0           | 0           | 0                       | 0.000000            | 67.00                 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0           | 0           | 0                       | 0.000000            | 68.00                 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 4,111,982   | 5,001,096   | 9,113,078               | 0.066625            | 69.00                 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0           | 0           | 0                       | 0.000000            | 69.01                 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0           | 0           | 0                       | 0.000000            | 69.02                 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 286,330     | 452,455     | 738,785                 | 0.357564            | 70.00                 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 31,015,094  | 23,712,876  | 54,727,970              | 0.552614            | 71.00                 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0           | 0           | 0                       | 0.000000            | 71.30                 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 55,725,915  | 24,746,105  | 80,472,020              | 0.269055            | 72.00                 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 94,843,288  | 73,708,285  | 168,551,573             | 0.116359            | 73.00                 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 5,872,858   | 0           | 5,872,858               | 0.324039            | 74.00                 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0           | 0           | 0                       | 0.000000            | 75.02                 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0           | 0           | 0                       | 0.000000            | 76.00                 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 97,115      | 3,264,628   | 3,361,743               | 0.688796            | 76.97                 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0           | 0           | 0                       |                     | 88.00                 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0           | 0                       |                     | 89.00                 |
| 90.00                                  | 09000 | CLINIC                               | 131,486     | 17,839,265  | 17,970,751              | 0.247991            | 90.00                 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0           | 0           | 0                       | 0.000000            | 90.01                 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0           | 0           | 0                       | 0.000000            | 90.03                 |
| 91.00                                  | 09100 | EMERGENCY                            | 42,129,983  | 95,359,786  | 137,489,769             | 0.187840            | 91.00                 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 67,677      | 13,085,103  | 13,152,780              | 0.416545            | 91.20                 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 10,382,581  | 23,755,940  | 34,138,521              | 0.231183            | 92.00                 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 99.10                                  | 09910 | CORF                                 | 0           | 0           | 0                       |                     | 99.10                 |
| 99.20                                  | 09920 | OPT                                  | 0           | 0           | 0                       |                     | 99.20                 |
| 99.30                                  | 09930 | OOT                                  | 0           | 0           | 0                       |                     | 99.30                 |
| 99.40                                  | 09940 | OSP                                  | 0           | 0           | 0                       |                     | 99.40                 |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0           | 0           | 0                       |                     | 101.00                |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |             |                         |                     |                       |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0           | 0           | 0                       |                     | 109.00                |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0           | 0           | 0                       |                     | 110.00                |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0           | 0           | 0                       |                     | 111.00                |
| 116.00                                 | 11600 | HOSPICE                              | 0           | 0           | 0                       |                     | 116.00                |
| 200.00                                 |       | Subtotal (see instructions)          | 820,848,102 | 706,329,328 | 1,527,177,430           |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |             |             |                         |                     | 201.00                |
| 202.00                                 |       | Total (see instructions)             | 820,848,102 | 706,329,328 | 1,527,177,430           |                     | 202.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       | PPS Inpatient<br>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  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |             |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |             |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |             |          | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     |             |          | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               |             |          | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |             |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.149320    |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.117216    |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.638277    |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.080642    |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.198204    |          | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.054461    |          | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 0.098252    |          | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 0.027471    |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.049258    |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.043542    |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.102833    |          | 60.00  |
| 60.01                                  | 06001 | LABORATORY                           | 0.000000    |          | 60.01  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0.025279    |          | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0.140870    |          | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 0.052483    |          | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0.296815    |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0.000000    |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0.000000    |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0.066625    |          | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0.000000    |          | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0.000000    |          | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0.357564    |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.552614    |          | 71.00  |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0.000000    |          | 71.30  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0.269055    |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.116359    |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.324039    |          | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0.000000    |          | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0.000000    |          | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0.688796    |          | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |          |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  |             |          | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |             |          | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 0.247991    |          | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0.000000    |          | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0.000000    |          | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.188259    |          | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0.416545    |          | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.231183    |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |             |          |        |
| 99.10                                  | 09910 | CORF                                 |             |          | 99.10  |
| 99.20                                  | 09920 | OPT                                  |             |          | 99.20  |
| 99.30                                  | 09930 | OOT                                  |             |          | 99.30  |
| 99.40                                  | 09940 | OSP                                  |             |          | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   |             |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |          |        |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 |             |          | 109.00 |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               |             |          | 110.00 |
| 111.00                                 | 11100 | ISLET ACQUISITION                    |             |          | 111.00 |
| 116.00                                 | 11600 | HOSPICE                              |             |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)          |             |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |             |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |             |          | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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          |             | Total Costs |  |
|                                        |       |                                      |                                                     |                       |             | Disallowance |             |             |  |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00         | 5.00        |             |  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |              |             |             |  |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 84,747,286                                          |                       | 84,747,286  | 0            | 84,747,286  | 30.00       |  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 13,869,843                                          |                       | 13,869,843  | 96,270       | 13,966,113  | 31.00       |  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0            | 0           | 41.00       |  |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0            | 0           | 42.00       |  |
| 43.00                                  | 04300 | NURSERY                              | 4,812,377                                           |                       | 4,812,377   | 0            | 4,812,377   | 43.00       |  |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0            | 0           | 45.00       |  |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                   |                       | 0           | 0            | 0           | 45.01       |  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |              |             |             |  |
| 50.00                                  | 05000 | OPERATING ROOM                       | 25,412,469                                          |                       | 25,412,469  | 0            | 25,412,469  | 50.00       |  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,559,520                                           |                       | 2,559,520   | 0            | 2,559,520   | 51.00       |  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 3,682,232                                           |                       | 3,682,232   | 0            | 3,682,232   | 52.00       |  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 1,597,677                                           |                       | 1,597,677   | 0            | 1,597,677   | 53.00       |  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 11,819,559                                          |                       | 11,819,559  | 0            | 11,819,559  | 54.00       |  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,700,110                                           |                       | 2,700,110   | 0            | 2,700,110   | 56.00       |  |
| 56.01                                  | 05603 | ULTRASOUND                           | 2,424,662                                           |                       | 2,424,662   | 0            | 2,424,662   | 56.01       |  |
| 57.00                                  | 05700 | CT SCAN                              | 2,843,905                                           |                       | 2,843,905   | 0            | 2,843,905   | 57.00       |  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 1,681,646                                           |                       | 1,681,646   | 0            | 1,681,646   | 58.00       |  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 2,122,815                                           |                       | 2,122,815   | 0            | 2,122,815   | 59.00       |  |
| 60.00                                  | 06000 | LABORATORY                           | 12,278,928                                          |                       | 12,278,928  | 0            | 12,278,928  | 60.00       |  |
| 60.01                                  | 06001 | LABORATORY                           | 0                                                   |                       | 0           | 0            | 0           | 60.01       |  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 226,030                                             |                       | 226,030     | 0            | 226,030     | 63.00       |  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 4,977,609                                           | 0                     | 4,977,609   | 0            | 4,977,609   | 65.00       |  |
| 65.01                                  | 06501 | STRESS TEST                          | 1,186,975                                           | 0                     | 1,186,975   | 0            | 1,186,975   | 65.01       |  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 9,246,104                                           | 0                     | 9,246,104   | 0            | 9,246,104   | 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                    | 607,160                                             |                       | 607,160     | 0            | 607,160     | 69.00       |  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                   |                       | 0           | 0            | 0           | 69.01       |  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                   |                       | 0           | 0            | 0           | 69.02       |  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 264,163                                             |                       | 264,163     | 0            | 264,163     | 70.00       |  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 30,243,418                                          |                       | 30,243,418  | 0            | 30,243,418  | 71.00       |  |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                   |                       | 0           | 0            | 0           | 71.30       |  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 21,651,390                                          |                       | 21,651,390  | 0            | 21,651,390  | 72.00       |  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 19,612,563                                          |                       | 19,612,563  | 0            | 19,612,563  | 73.00       |  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,903,035                                           |                       | 1,903,035   | 0            | 1,903,035   | 74.00       |  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                   |                       | 0           | 0            | 0           | 75.02       |  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                   |                       | 0           | 0            | 0           | 76.00       |  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 2,315,554                                           |                       | 2,315,554   | 0            | 2,315,554   | 76.97       |  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |              |             |             |  |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0            | 0           | 88.00       |  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0            | 0           | 89.00       |  |
| 90.00                                  | 09000 | CLINIC                               | 4,456,586                                           |                       | 4,456,586   | 0            | 4,456,586   | 90.00       |  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                   |                       | 0           | 0            | 0           | 90.01       |  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                   |                       | 0           | 0            | 0           | 90.03       |  |
| 91.00                                  | 09100 | EMERGENCY                            | 25,826,062                                          |                       | 25,826,062  | 57,574       | 25,883,636  | 91.00       |  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 5,478,721                                           |                       | 5,478,721   | 0            | 5,478,721   | 91.20       |  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,892,256                                           |                       | 7,892,256   | 0            | 7,892,256   | 92.00       |  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |              |             |             |  |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0            | 0           | 99.10       |  |
| 99.20                                  | 09920 | OPT                                  | 0                                                   |                       | 0           | 0            | 0           | 99.20       |  |
| 99.30                                  | 09930 | OOT                                  | 0                                                   |                       | 0           | 0            | 0           | 99.30       |  |
| 99.40                                  | 09940 | OSP                                  | 0                                                   |                       | 0           | 0            | 0           | 99.40       |  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           | 0            | 0           | 101.00      |  |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |              |             |             |  |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           | 0            | 0           | 109.00      |  |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           | 0            | 0           | 110.00      |  |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           | 0            | 0           | 111.00      |  |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           | 0            | 0           | 116.00      |  |
| 200.00                                 |       | Subtotal (see instructions)          | 308,440,655                                         | 0                     | 308,440,655 | 153,844      | 308,594,499 | 200.00      |  |
| 201.00                                 |       | Less Observation Beds                | 7,892,256                                           |                       | 7,892,256   | 0            | 7,892,256   | 201.00      |  |
| 202.00                                 |       | Total (see instructions)             | 300,548,399                                         | 0                     | 300,548,399 | 153,844      | 300,702,243 | 202.00      |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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                    | 9.00                | 10.00                 |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |             |             |                         |                     |                       |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 207,895,042 |             | 207,895,042             |                     | 30.00                 |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 27,957,163  |             | 27,957,163              |                     | 31.00                 |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0           |             | 0                       |                     | 41.00                 |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0           |             | 0                       |                     | 42.00                 |
| 43.00                                  | 04300 | NURSERY                              | 10,372,958  |             | 10,372,958              |                     | 43.00                 |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0           |             | 0                       |                     | 45.00                 |
| 45.01                                  | 04510 | ICF/MR                               | 0           |             | 0                       |                     | 45.01                 |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |             |             |                         |                     |                       |
| 50.00                                  | 05000 | OPERATING ROOM                       | 75,133,024  | 95,055,390  | 170,188,414             | 0.149320            | 50.00                 |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 8,867,684   | 12,968,170  | 21,835,854              | 0.117216            | 51.00                 |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 5,769,015   | 0           | 5,769,015               | 0.638277            | 52.00                 |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 9,069,712   | 10,742,336  | 19,812,048              | 0.080642            | 53.00                 |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 19,750,707  | 39,882,572  | 59,633,279              | 0.198204            | 54.00                 |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 5,728,856   | 43,849,990  | 49,578,846              | 0.054461            | 56.00                 |
| 56.01                                  | 05603 | ULTRASOUND                           | 5,786,167   | 18,891,937  | 24,678,104              | 0.098252            | 56.01                 |
| 57.00                                  | 05700 | CT SCAN                              | 35,458,801  | 68,064,554  | 103,523,355             | 0.027471            | 57.00                 |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 9,370,828   | 24,768,804  | 34,139,632              | 0.049258            | 58.00                 |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 26,537,190  | 22,216,588  | 48,753,778              | 0.043542            | 59.00                 |
| 60.00                                  | 06000 | LABORATORY                           | 66,074,763  | 53,331,859  | 119,406,622             | 0.102833            | 60.00                 |
| 60.01                                  | 06001 | LABORATORY                           | 0           | 0           | 0                       | 0.000000            | 60.01                 |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 6,521,217   | 2,420,193   | 8,941,410               | 0.025279            | 63.00                 |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 32,563,100  | 2,771,702   | 35,334,802              | 0.140870            | 65.00                 |
| 65.01                                  | 06501 | STRESS TEST                          | 12,030,288  | 10,585,874  | 22,616,162              | 0.052483            | 65.01                 |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 11,297,278  | 19,853,820  | 31,151,098              | 0.296815            | 66.00                 |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0           | 0           | 0                       | 0.000000            | 67.00                 |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0           | 0           | 0                       | 0.000000            | 68.00                 |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 4,111,982   | 5,001,096   | 9,113,078               | 0.066625            | 69.00                 |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0           | 0           | 0                       | 0.000000            | 69.01                 |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0           | 0           | 0                       | 0.000000            | 69.02                 |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 286,330     | 452,455     | 738,785                 | 0.357564            | 70.00                 |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 31,015,094  | 23,712,876  | 54,727,970              | 0.552614            | 71.00                 |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0           | 0           | 0                       | 0.000000            | 71.30                 |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 55,725,915  | 24,746,105  | 80,472,020              | 0.269055            | 72.00                 |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 94,843,288  | 73,708,285  | 168,551,573             | 0.116359            | 73.00                 |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 5,872,858   | 0           | 5,872,858               | 0.324039            | 74.00                 |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0           | 0           | 0                       | 0.000000            | 75.02                 |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0           | 0           | 0                       | 0.000000            | 76.00                 |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 97,115      | 3,264,628   | 3,361,743               | 0.688796            | 76.97                 |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0           | 0           | 0                       | 0.000000            | 88.00                 |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0           | 0                       | 0.000000            | 89.00                 |
| 90.00                                  | 09000 | CLINIC                               | 131,486     | 17,839,265  | 17,970,751              | 0.247991            | 90.00                 |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0           | 0           | 0                       | 0.000000            | 90.01                 |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0           | 0           | 0                       | 0.000000            | 90.03                 |
| 91.00                                  | 09100 | EMERGENCY                            | 42,129,983  | 95,359,786  | 137,489,769             | 0.187840            | 91.00                 |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 67,677      | 13,085,103  | 13,152,780              | 0.416545            | 91.20                 |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 10,382,581  | 23,755,940  | 34,138,521              | 0.231183            | 92.00                 |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |             |             |                         |                     |                       |
| 99.10                                  | 09910 | CORF                                 | 0           | 0           | 0                       |                     | 99.10                 |
| 99.20                                  | 09920 | OPT                                  | 0           | 0           | 0                       |                     | 99.20                 |
| 99.30                                  | 09930 | OOT                                  | 0           | 0           | 0                       |                     | 99.30                 |
| 99.40                                  | 09940 | OSP                                  | 0           | 0           | 0                       |                     | 99.40                 |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0           | 0           | 0                       |                     | 101.00                |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |             |             |                         |                     |                       |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0           | 0           | 0                       |                     | 109.00                |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0           | 0           | 0                       |                     | 110.00                |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0           | 0           | 0                       |                     | 111.00                |
| 116.00                                 | 11600 | HOSPICE                              | 0           | 0           | 0                       |                     | 116.00                |
| 200.00                                 |       | Subtotal (see instructions)          | 820,848,102 | 706,329,328 | 1,527,177,430           |                     | 200.00                |
| 201.00                                 |       | Less Observation Beds                |             |             |                         |                     | 201.00                |
| 202.00                                 |       | Total (see instructions)             | 820,848,102 | 706,329,328 | 1,527,177,430           |                     | 202.00                |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | PPS Inpatient<br>Ratio | Title XIX | Hospital | Cost   |
|----------------------------------------|-------|--------------------------------------|------------------------|-----------|----------|--------|
|                                        |       |                                      | 11.00                  |           |          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                        |           |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                        |           |          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                        |           |          | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                        |           |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |                        |           |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |                        |           |          | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     |                        |           |          | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               |                        |           |          | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                        |           |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.000000               |           |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.000000               |           |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.000000               |           |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.000000               |           |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.000000               |           |          | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.000000               |           |          | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 0.000000               |           |          | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 0.000000               |           |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.000000               |           |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.000000               |           |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.000000               |           |          | 60.00  |
| 60.01                                  | 06001 | LABORATORY                           | 0.000000               |           |          | 60.01  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0.000000               |           |          | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0.000000               |           |          | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 0.000000               |           |          | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0.000000               |           |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0.000000               |           |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0.000000               |           |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0.000000               |           |          | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0.000000               |           |          | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0.000000               |           |          | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0.000000               |           |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.000000               |           |          | 71.00  |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0.000000               |           |          | 71.30  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0.000000               |           |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.000000               |           |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.000000               |           |          | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0.000000               |           |          | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0.000000               |           |          | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0.000000               |           |          | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                        |           |          |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0.000000               |           |          | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0.000000               |           |          | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 0.000000               |           |          | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0.000000               |           |          | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0.000000               |           |          | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.000000               |           |          | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0.000000               |           |          | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000               |           |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                        |           |          |        |
| 99.10                                  | 09910 | CORF                                 |                        |           |          | 99.10  |
| 99.20                                  | 09920 | OPT                                  |                        |           |          | 99.20  |
| 99.30                                  | 09930 | OOT                                  |                        |           |          | 99.30  |
| 99.40                                  | 09940 | OSP                                  |                        |           |          | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   |                        |           |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                        |           |          |        |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 |                        |           |          | 109.00 |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               |                        |           |          | 110.00 |
| 111.00                                 | 11100 | ISLET ACQUISITION                    |                        |           |          | 111.00 |
| 116.00                                 | 11600 | HOSPICE                              |                        |           |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)          |                        |           |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |                        |           |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |                        |           |          | 202.00 |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                        |       |                                      |                                                     | Title V               | Hospital    | Cost         |             |             |
|----------------------------------------|-------|--------------------------------------|-----------------------------------------------------|-----------------------|-------------|--------------|-------------|-------------|
| Cost Center Description                |       |                                      | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Costs       |              |             |             |
|                                        |       |                                      |                                                     |                       | Total Costs | RCE          |             | Total Costs |
|                                        |       |                                      |                                                     |                       |             | Disallowance |             |             |
|                                        |       |                                      | 1.00                                                | 2.00                  | 3.00        | 4.00         | 5.00        |             |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                                                     |                       |             |              |             |             |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  | 84,747,286                                          |                       | 84,747,286  | 0            | 84,747,286  | 30.00       |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  | 13,869,843                                          |                       | 13,869,843  | 96,270       | 13,966,113  | 31.00       |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    | 0                                                   |                       | 0           | 0            | 0           | 41.00       |
| 42.00                                  | 04200 | SUBPROVIDER                          | 0                                                   |                       | 0           | 0            | 0           | 42.00       |
| 43.00                                  | 04300 | NURSERY                              | 4,812,377                                           |                       | 4,812,377   | 0            | 4,812,377   | 43.00       |
| 45.00                                  | 04500 | NURSING FACILITY                     | 0                                                   |                       | 0           | 0            | 0           | 45.00       |
| 45.01                                  | 04510 | ICF/MR                               | 0                                                   |                       | 0           | 0            | 0           | 45.01       |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                                                     |                       |             |              |             |             |
| 50.00                                  | 05000 | OPERATING ROOM                       | 25,412,469                                          |                       | 25,412,469  | 0            | 25,412,469  | 50.00       |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 2,559,520                                           |                       | 2,559,520   | 0            | 2,559,520   | 51.00       |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 3,682,232                                           |                       | 3,682,232   | 0            | 3,682,232   | 52.00       |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 1,597,677                                           |                       | 1,597,677   | 0            | 1,597,677   | 53.00       |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 11,819,559                                          |                       | 11,819,559  | 0            | 11,819,559  | 54.00       |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 2,700,110                                           |                       | 2,700,110   | 0            | 2,700,110   | 56.00       |
| 56.01                                  | 05603 | ULTRASOUND                           | 2,424,662                                           |                       | 2,424,662   | 0            | 2,424,662   | 56.01       |
| 57.00                                  | 05700 | CT SCAN                              | 2,843,905                                           |                       | 2,843,905   | 0            | 2,843,905   | 57.00       |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 1,681,646                                           |                       | 1,681,646   | 0            | 1,681,646   | 58.00       |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 2,122,815                                           |                       | 2,122,815   | 0            | 2,122,815   | 59.00       |
| 60.00                                  | 06000 | LABORATORY                           | 12,278,928                                          |                       | 12,278,928  | 0            | 12,278,928  | 60.00       |
| 60.01                                  | 06001 | LABORATORY                           | 0                                                   |                       | 0           | 0            | 0           | 60.01       |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 226,030                                             |                       | 226,030     | 0            | 226,030     | 63.00       |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 4,977,609                                           | 0                     | 4,977,609   | 0            | 4,977,609   | 65.00       |
| 65.01                                  | 06501 | STRESS TEST                          | 1,186,975                                           | 0                     | 1,186,975   | 0            | 1,186,975   | 65.01       |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 9,246,104                                           | 0                     | 9,246,104   | 0            | 9,246,104   | 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                    | 607,160                                             |                       | 607,160     | 0            | 607,160     | 69.00       |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0                                                   |                       | 0           | 0            | 0           | 69.01       |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0                                                   |                       | 0           | 0            | 0           | 69.02       |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 264,163                                             |                       | 264,163     | 0            | 264,163     | 70.00       |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 30,243,418                                          |                       | 30,243,418  | 0            | 30,243,418  | 71.00       |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0                                                   |                       | 0           | 0            | 0           | 71.30       |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 21,651,390                                          |                       | 21,651,390  | 0            | 21,651,390  | 72.00       |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 19,612,563                                          |                       | 19,612,563  | 0            | 19,612,563  | 73.00       |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 1,903,035                                           |                       | 1,903,035   | 0            | 1,903,035   | 74.00       |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0                                                   |                       | 0           | 0            | 0           | 75.02       |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0                                                   |                       | 0           | 0            | 0           | 76.00       |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 2,315,554                                           |                       | 2,315,554   | 0            | 2,315,554   | 76.97       |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                                                     |                       |             |              |             |             |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0                                                   |                       | 0           | 0            | 0           | 88.00       |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                   |                       | 0           | 0            | 0           | 89.00       |
| 90.00                                  | 09000 | CLINIC                               | 4,456,586                                           |                       | 4,456,586   | 0            | 4,456,586   | 90.00       |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0                                                   |                       | 0           | 0            | 0           | 90.01       |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0                                                   |                       | 0           | 0            | 0           | 90.03       |
| 91.00                                  | 09100 | EMERGENCY                            | 25,826,062                                          |                       | 25,826,062  | 57,574       | 25,883,636  | 91.00       |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 5,478,721                                           |                       | 5,478,721   | 0            | 5,478,721   | 91.20       |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 7,892,256                                           |                       | 7,892,256   | 0            | 7,892,256   | 92.00       |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                                                     |                       |             |              |             |             |
| 99.10                                  | 09910 | CORF                                 | 0                                                   |                       | 0           | 0            | 0           | 99.10       |
| 99.20                                  | 09920 | OPT                                  | 0                                                   |                       | 0           | 0            | 0           | 99.20       |
| 99.30                                  | 09930 | OOT                                  | 0                                                   |                       | 0           | 0            | 0           | 99.30       |
| 99.40                                  | 09940 | OSP                                  | 0                                                   |                       | 0           | 0            | 0           | 99.40       |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   | 0                                                   |                       | 0           | 0            | 0           | 101.00      |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                                                     |                       |             |              |             |             |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 | 0                                                   |                       | 0           | 0            | 0           | 109.00      |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               | 0                                                   |                       | 0           | 0            | 0           | 110.00      |
| 111.00                                 | 11100 | ISLET ACQUISITION                    | 0                                                   |                       | 0           | 0            | 0           | 111.00      |
| 116.00                                 | 11600 | HOSPICE                              | 0                                                   |                       | 0           | 0            | 0           | 116.00      |
| 200.00                                 |       | Subtotal (see instructions)          | 308,440,655                                         | 0                     | 308,440,655 | 153,844      | 308,594,499 | 200.00      |
| 201.00                                 |       | Less Observation Beds                | 7,892,256                                           |                       | 7,892,256   | 0            | 7,892,256   | 201.00      |
| 202.00                                 |       | Total (see instructions)             | 300,548,399                                         | 0                     | 300,548,399 | 153,844      | 300,702,243 | 202.00      |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                         |                                        |                                      | Title V     |             |                         | 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                    | 9.00                | 10.00                 |        |  |
|                         | INPATIENT ROUTINE SERVICE COST CENTERS |                                      |             |             |                         |                     |                       |        |  |
| 30.00                   | 03000                                  | ADULTS & PEDIATRICS                  | 207,895,042 |             | 207,895,042             |                     |                       | 30.00  |  |
| 31.00                   | 03100                                  | INTENSIVE CARE UNIT                  | 27,957,163  |             | 27,957,163              |                     |                       | 31.00  |  |
| 41.00                   | 04100                                  | SUBPROVIDER - IRF                    | 0           |             | 0                       |                     |                       | 41.00  |  |
| 42.00                   | 04200                                  | SUBPROVIDER                          | 0           |             | 0                       |                     |                       | 42.00  |  |
| 43.00                   | 04300                                  | NURSERY                              | 10,372,958  |             | 10,372,958              |                     |                       | 43.00  |  |
| 45.00                   | 04500                                  | NURSING FACILITY                     | 0           |             | 0                       |                     |                       | 45.00  |  |
| 45.01                   | 04510                                  | ICF/MR                               | 0           |             | 0                       |                     |                       | 45.01  |  |
|                         | ANCILLARY SERVICE COST CENTERS         |                                      |             |             |                         |                     |                       |        |  |
| 50.00                   | 05000                                  | OPERATING ROOM                       | 75,133,024  | 95,055,390  | 170,188,414             | 0.149320            | 0.000000              | 50.00  |  |
| 51.00                   | 05100                                  | RECOVERY ROOM                        | 8,867,684   | 12,968,170  | 21,835,854              | 0.117216            | 0.000000              | 51.00  |  |
| 52.00                   | 05200                                  | DELIVERY ROOM & LABOR ROOM           | 5,769,015   | 0           | 5,769,015               | 0.638277            | 0.000000              | 52.00  |  |
| 53.00                   | 05300                                  | ANESTHESIOLOGY                       | 9,069,712   | 10,742,336  | 19,812,048              | 0.080642            | 0.000000              | 53.00  |  |
| 54.00                   | 05400                                  | RADIOLOGY-DIAGNOSTIC                 | 19,750,707  | 39,882,572  | 59,633,279              | 0.198204            | 0.000000              | 54.00  |  |
| 56.00                   | 05600                                  | RADIOISOTOPE                         | 5,728,856   | 43,849,990  | 49,578,846              | 0.054461            | 0.000000              | 56.00  |  |
| 56.01                   | 05603                                  | ULTRASOUND                           | 5,786,167   | 18,891,937  | 24,678,104              | 0.098252            | 0.000000              | 56.01  |  |
| 57.00                   | 05700                                  | CT SCAN                              | 35,458,801  | 68,064,554  | 103,523,355             | 0.027471            | 0.000000              | 57.00  |  |
| 58.00                   | 05800                                  | MAGNETIC RESONANCE IMAGING (MRI)     | 9,370,828   | 24,768,804  | 34,139,632              | 0.049258            | 0.000000              | 58.00  |  |
| 59.00                   | 05900                                  | CARDIAC CATHETERIZATION              | 26,537,190  | 22,216,588  | 48,753,778              | 0.043542            | 0.000000              | 59.00  |  |
| 60.00                   | 06000                                  | LABORATORY                           | 66,074,763  | 53,331,859  | 119,406,622             | 0.102833            | 0.000000              | 60.00  |  |
| 60.01                   | 06001                                  | LABORATORY                           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 60.01  |  |
| 63.00                   | 06300                                  | BLOOD STORING, PROCESSING & TRANS.   | 6,521,217   | 2,420,193   | 8,941,410               | 0.025279            | 0.000000              | 63.00  |  |
| 65.00                   | 06500                                  | RESPIRATORY THERAPY                  | 32,563,100  | 2,771,702   | 35,334,802              | 0.140870            | 0.000000              | 65.00  |  |
| 65.01                   | 06501                                  | STRESS TEST                          | 12,030,288  | 10,585,874  | 22,616,162              | 0.052483            | 0.000000              | 65.01  |  |
| 66.00                   | 06600                                  | PHYSICAL THERAPY                     | 11,297,278  | 19,853,820  | 31,151,098              | 0.296815            | 0.000000              | 66.00  |  |
| 67.00                   | 06700                                  | OCCUPATIONAL THERAPY                 | 0           | 0           | 0                       | 0.000000            | 0.000000              | 67.00  |  |
| 68.00                   | 06800                                  | SPEECH PATHOLOGY                     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 68.00  |  |
| 69.00                   | 06900                                  | ELECTROCARDIOLOGY                    | 4,111,982   | 5,001,096   | 9,113,078               | 0.066625            | 0.000000              | 69.00  |  |
| 69.01                   | 06901                                  | ECHOCARDIOGRAM                       | 0           | 0           | 0                       | 0.000000            | 0.000000              | 69.01  |  |
| 69.02                   | 06902                                  | CARDIOLOGY                           | 0           | 0           | 0                       | 0.000000            | 0.000000              | 69.02  |  |
| 70.00                   | 07000                                  | ELECTROENCEPHALOGRAPHY               | 286,330     | 452,455     | 738,785                 | 0.357564            | 0.000000              | 70.00  |  |
| 71.00                   | 07100                                  | MEDICAL SUPPLIES CHARGED TO PATIENTS | 31,015,094  | 23,712,876  | 54,727,970              | 0.552614            | 0.000000              | 71.00  |  |
| 71.30                   | 07101                                  | IMPL. DEV. CHARGED TO PATIENT        | 0           | 0           | 0                       | 0.000000            | 0.000000              | 71.30  |  |
| 72.00                   | 07200                                  | IMPL. DEV. CHARGED TO PATIENT        | 55,725,915  | 24,746,105  | 80,472,020              | 0.269055            | 0.000000              | 72.00  |  |
| 73.00                   | 07300                                  | DRUGS CHARGED TO PATIENTS            | 94,843,288  | 73,708,285  | 168,551,573             | 0.116359            | 0.000000              | 73.00  |  |
| 74.00                   | 07400                                  | RENAL DIALYSIS                       | 5,872,858   | 0           | 5,872,858               | 0.324039            | 0.000000              | 74.00  |  |
| 75.02                   | 07501                                  | OUTPATIENT SURGERY                   | 0           | 0           | 0                       | 0.000000            | 0.000000              | 75.02  |  |
| 76.00                   | 03290                                  | ELECTROMYOGRAPHY                     | 0           | 0           | 0                       | 0.000000            | 0.000000              | 76.00  |  |
| 76.97                   | 07697                                  | CARDIAC REHABILITATION               | 97,115      | 3,264,628   | 3,361,743               | 0.688796            | 0.000000              | 76.97  |  |
|                         | OUTPATIENT SERVICE COST CENTERS        |                                      |             |             |                         |                     |                       |        |  |
| 88.00                   | 08800                                  | RURAL HEALTH CLINIC                  | 0           | 0           | 0                       | 0.000000            | 0.000000              | 88.00  |  |
| 89.00                   | 08900                                  | FEDERALLY QUALIFIED HEALTH CENTER    | 0           | 0           | 0                       | 0.000000            | 0.000000              | 89.00  |  |
| 90.00                   | 09000                                  | CLINIC                               | 131,486     | 17,839,265  | 17,970,751              | 0.247991            | 0.000000              | 90.00  |  |
| 90.01                   | 09001                                  | ADDICTION RECOVERY CLINIC            | 0           | 0           | 0                       | 0.000000            | 0.000000              | 90.01  |  |
| 90.03                   | 09002                                  | LITHOTRIPSY                          | 0           | 0           | 0                       | 0.000000            | 0.000000              | 90.03  |  |
| 91.00                   | 09100                                  | EMERGENCY                            | 42,129,983  | 95,359,786  | 137,489,769             | 0.187840            | 0.000000              | 91.00  |  |
| 91.20                   | 09101                                  | ACUTE CARE CENTER                    | 67,677      | 13,085,103  | 13,152,780              | 0.416545            | 0.000000              | 91.20  |  |
| 92.00                   | 09200                                  | OBSERVATION BEDS (NON-DISTINCT PART) | 10,382,581  | 23,755,940  | 34,138,521              | 0.231183            | 0.000000              | 92.00  |  |
|                         | OTHER REIMBURSABLE COST CENTERS        |                                      |             |             |                         |                     |                       |        |  |
| 99.10                   | 09910                                  | CORF                                 | 0           | 0           | 0                       |                     |                       | 99.10  |  |
| 99.20                   | 09920                                  | OPT                                  | 0           | 0           | 0                       |                     |                       | 99.20  |  |
| 99.30                   | 09930                                  | OOT                                  | 0           | 0           | 0                       |                     |                       | 99.30  |  |
| 99.40                   | 09940                                  | OSP                                  | 0           | 0           | 0                       |                     |                       | 99.40  |  |
| 101.00                  | 10100                                  | HOME HEALTH AGENCY                   | 0           | 0           | 0                       |                     |                       | 101.00 |  |
|                         | SPECIAL PURPOSE COST CENTERS           |                                      |             |             |                         |                     |                       |        |  |
| 109.00                  | 10900                                  | PANCREAS ACQUISITION                 | 0           | 0           | 0                       |                     |                       | 109.00 |  |
| 110.00                  | 11000                                  | INTESTINAL ACQUISITION               | 0           | 0           | 0                       |                     |                       | 110.00 |  |
| 111.00                  | 11100                                  | ISLET ACQUISITION                    | 0           | 0           | 0                       |                     |                       | 111.00 |  |
| 116.00                  | 11600                                  | HOSPICE                              | 0           | 0           | 0                       |                     |                       | 116.00 |  |
| 200.00                  |                                        | Subtotal (see instructions)          | 820,848,102 | 706,329,328 | 1,527,177,430           |                     |                       | 200.00 |  |
| 201.00                  |                                        | Less Observation Beds                |             |             |                         |                     |                       | 201.00 |  |
| 202.00                  |                                        | Total (see instructions)             | 820,848,102 | 706,329,328 | 1,527,177,430           |                     |                       | 202.00 |  |

## COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet C  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description                |       |                                      | PPS Inpatient<br>Ratio | Title V | Hospital | Cost   |
|----------------------------------------|-------|--------------------------------------|------------------------|---------|----------|--------|
|                                        |       |                                      | 11.00                  |         |          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                      |                        |         |          |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                  |                        |         |          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                  |                        |         |          | 31.00  |
| 41.00                                  | 04100 | SUBPROVIDER - IRF                    |                        |         |          | 41.00  |
| 42.00                                  | 04200 | SUBPROVIDER                          |                        |         |          | 42.00  |
| 43.00                                  | 04300 | NURSERY                              |                        |         |          | 43.00  |
| 45.00                                  | 04500 | NURSING FACILITY                     |                        |         |          | 45.00  |
| 45.01                                  | 04510 | ICF/MR                               |                        |         |          | 45.01  |
| ANCILLARY SERVICE COST CENTERS         |       |                                      |                        |         |          |        |
| 50.00                                  | 05000 | OPERATING ROOM                       | 0.000000               |         |          | 50.00  |
| 51.00                                  | 05100 | RECOVERY ROOM                        | 0.000000               |         |          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM           | 0.000000               |         |          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                       | 0.000000               |         |          | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                 | 0.000000               |         |          | 54.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                         | 0.000000               |         |          | 56.00  |
| 56.01                                  | 05603 | ULTRASOUND                           | 0.000000               |         |          | 56.01  |
| 57.00                                  | 05700 | CT SCAN                              | 0.000000               |         |          | 57.00  |
| 58.00                                  | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     | 0.000000               |         |          | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION              | 0.000000               |         |          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                           | 0.000000               |         |          | 60.00  |
| 60.01                                  | 06001 | LABORATORY                           | 0.000000               |         |          | 60.01  |
| 63.00                                  | 06300 | BLOOD STORING, PROCESSING & TRANS.   | 0.000000               |         |          | 63.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                  | 0.000000               |         |          | 65.00  |
| 65.01                                  | 06501 | STRESS TEST                          | 0.000000               |         |          | 65.01  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                     | 0.000000               |         |          | 66.00  |
| 67.00                                  | 06700 | OCCUPATIONAL THERAPY                 | 0.000000               |         |          | 67.00  |
| 68.00                                  | 06800 | SPEECH PATHOLOGY                     | 0.000000               |         |          | 68.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                    | 0.000000               |         |          | 69.00  |
| 69.01                                  | 06901 | ECHOCARDIOGRAM                       | 0.000000               |         |          | 69.01  |
| 69.02                                  | 06902 | CARDIOLOGY                           | 0.000000               |         |          | 69.02  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY               | 0.000000               |         |          | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 0.000000               |         |          | 71.00  |
| 71.30                                  | 07101 | IMPL. DEV. CHARGED TO PATIENT        | 0.000000               |         |          | 71.30  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENT        | 0.000000               |         |          | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS            | 0.000000               |         |          | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                       | 0.000000               |         |          | 74.00  |
| 75.02                                  | 07501 | OUTPATIENT SURGERY                   | 0.000000               |         |          | 75.02  |
| 76.00                                  | 03290 | ELECTROMYOGRAPHY                     | 0.000000               |         |          | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION               | 0.000000               |         |          | 76.97  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                      |                        |         |          |        |
| 88.00                                  | 08800 | RURAL HEALTH CLINIC                  | 0.000000               |         |          | 88.00  |
| 89.00                                  | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    | 0.000000               |         |          | 89.00  |
| 90.00                                  | 09000 | CLINIC                               | 0.000000               |         |          | 90.00  |
| 90.01                                  | 09001 | ADDICTION RECOVERY CLINIC            | 0.000000               |         |          | 90.01  |
| 90.03                                  | 09002 | LITHOTRIPSY                          | 0.000000               |         |          | 90.03  |
| 91.00                                  | 09100 | EMERGENCY                            | 0.000000               |         |          | 91.00  |
| 91.20                                  | 09101 | ACUTE CARE CENTER                    | 0.000000               |         |          | 91.20  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 0.000000               |         |          | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                      |                        |         |          |        |
| 99.10                                  | 09910 | CORF                                 |                        |         |          | 99.10  |
| 99.20                                  | 09920 | OPT                                  |                        |         |          | 99.20  |
| 99.30                                  | 09930 | OOT                                  |                        |         |          | 99.30  |
| 99.40                                  | 09940 | OSP                                  |                        |         |          | 99.40  |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                   |                        |         |          | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                      |                        |         |          |        |
| 109.00                                 | 10900 | PANCREAS ACQUISITION                 |                        |         |          | 109.00 |
| 110.00                                 | 11000 | INTESTINAL ACQUISITION               |                        |         |          | 110.00 |
| 111.00                                 | 11100 | ISLET ACQUISITION                    |                        |         |          | 111.00 |
| 116.00                                 | 11600 | HOSPICE                              |                        |         |          | 116.00 |
| 200.00                                 |       | Subtotal (see instructions)          |                        |         |          | 200.00 |
| 201.00                                 |       | Less Observation Beds                |                        |         |          | 201.00 |
| 202.00                                 |       | Total (see instructions)             |                        |         |          | 202.00 |

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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          | 9,645,251                                                         | 0                                                            | 9,645,251                                                  | 69,851                | 138.08                        | 30.00  |
| 31.00                                  | INTENSIVE CARE UNIT          | 947,988                                                           |                                                              | 947,988                                                    | 4,862                 | 194.98                        | 31.00  |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 41.00  |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            | 0                                                          | 0                     | 0.00                          | 42.00  |
| 43.00                                  | NURSERY                      | 379,749                                                           |                                                              | 379,749                                                    | 1,536                 | 247.23                        | 43.00  |
| 45.00                                  | NURSING FACILITY             | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 45.00  |
| 45.01                                  | ICF/MR                       | 0                                                                 |                                                              | 0                                                          | 0                     | 0.00                          | 45.01  |
| 200.00                                 | Total (lines 30 through 199) | 10,972,988                                                        |                                                              | 10,972,988                                                 | 76,249                |                               | 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          | 29,395                                                            | 4,058,862                                                    |                                                            |                       |                               |        |
| 31.00                                  | INTENSIVE CARE UNIT          | 2,111                                                             | 411,603                                                      |                                                            |                       |                               |        |
| 41.00                                  | SUBPROVIDER - IRF            | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 42.00                                  | SUBPROVIDER                  | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 43.00                                  | NURSERY                      | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 45.00                                  | NURSING FACILITY             | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 45.01                                  | ICF/MR                       | 0                                                                 | 0                                                            |                                                            |                       |                               |        |
| 200.00                                 | Total (lines 30 through 199) | 31,506                                                            | 4,470,465                                                    |                                                            |                       |                               |        |

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part II  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                                 |                              |                                      | Title XVIII                                                       |                                                       | Hospital                                            | PPS                             |                                           |        |
|---------------------------------|------------------------------|--------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|--------|
| Cost Center Description         |                              |                                      | Capital<br>Related Cost<br>(from Wkst. B,<br>Part II, col.<br>26) | Total Charges<br>(from Wkst. C,<br>Part I, col.<br>8) | Ratio of Cost<br>to Charges<br>(col. 1 ÷ col.<br>2) | Inpatient<br>Program<br>Charges | Capital Costs<br>(column 3 x<br>column 4) |        |
|                                 |                              |                                      | 1.00                                                              | 2.00                                                  | 3.00                                                | 4.00                            | 5.00                                      |        |
| ANCILLARY SERVICE COST CENTERS  |                              |                                      |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 50.00                           | 05000                        | OPERATING ROOM                       | 2,504,373                                                         | 170,188,414                                           | 0.014715                                            | 29,996,020                      | 441,391                                   | 50.00  |
| 51.00                           | 05100                        | RECOVERY ROOM                        | 227,640                                                           | 21,835,854                                            | 0.010425                                            | 3,586,020                       | 37,384                                    | 51.00  |
| 52.00                           | 05200                        | DELIVERY ROOM & LABOR ROOM           | 500,790                                                           | 5,769,015                                             | 0.086807                                            | 900                             | 78                                        | 52.00  |
| 53.00                           | 05300                        | ANESTHESIOLOGY                       | 79,269                                                            | 19,812,048                                            | 0.004001                                            | 3,345,568                       | 13,386                                    | 53.00  |
| 54.00                           | 05400                        | RADIOLOGY-DIAGNOSTIC                 | 1,496,122                                                         | 59,633,279                                            | 0.025089                                            | 7,660,368                       | 192,191                                   | 54.00  |
| 56.00                           | 05600                        | RADIOISOTOPE                         | 179,970                                                           | 49,578,846                                            | 0.003630                                            | 2,697,692                       | 9,793                                     | 56.00  |
| 56.01                           | 05603                        | ULTRASOUND                           | 142,656                                                           | 24,678,104                                            | 0.005781                                            | 2,585,629                       | 14,948                                    | 56.01  |
| 57.00                           | 05700                        | CT SCAN                              | 173,228                                                           | 103,523,355                                           | 0.001673                                            | 14,922,414                      | 24,965                                    | 57.00  |
| 58.00                           | 05800                        | MAGNETIC RESONANCE IMAGING (MRI)     | 194,484                                                           | 34,139,632                                            | 0.005697                                            | 4,323,277                       | 24,630                                    | 58.00  |
| 59.00                           | 05900                        | CARDIAC CATHETERIZATION              | 629,942                                                           | 48,753,778                                            | 0.012921                                            | 13,180,875                      | 170,310                                   | 59.00  |
| 60.00                           | 06000                        | LABORATORY                           | 592,756                                                           | 119,406,622                                           | 0.004964                                            | 30,621,503                      | 152,005                                   | 60.00  |
| 60.01                           | 06001                        | LABORATORY                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 60.01  |
| 63.00                           | 06300                        | BLOOD STORING, PROCESSING & TRANS.   | 85,634                                                            | 8,941,410                                             | 0.009577                                            | 2,266,499                       | 21,706                                    | 63.00  |
| 65.00                           | 06500                        | RESPIRATORY THERAPY                  | 297,875                                                           | 35,334,802                                            | 0.008430                                            | 15,663,524                      | 132,044                                   | 65.00  |
| 65.01                           | 06501                        | STRESS TEST                          | 32,244                                                            | 22,616,162                                            | 0.001426                                            | 6,332,649                       | 9,030                                     | 65.01  |
| 66.00                           | 06600                        | PHYSICAL THERAPY                     | 741,713                                                           | 31,151,098                                            | 0.023810                                            | 5,739,228                       | 136,651                                   | 66.00  |
| 67.00                           | 06700                        | OCCUPATIONAL THERAPY                 | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 67.00  |
| 68.00                           | 06800                        | SPEECH PATHOLOGY                     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 68.00  |
| 69.00                           | 06900                        | ELECTROCARDIOLOGY                    | 24,772                                                            | 9,113,078                                             | 0.002718                                            | 2,096,899                       | 5,699                                     | 69.00  |
| 69.01                           | 06901                        | ECHOCARDIOGRAM                       | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 69.01  |
| 69.02                           | 06902                        | CARDIOLOGY                           | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 69.02  |
| 70.00                           | 07000                        | ELECTROENCEPHALOGRAPHY               | 83,903                                                            | 738,785                                               | 0.113569                                            | 145,255                         | 16,496                                    | 70.00  |
| 71.00                           | 07100                        | MEDICAL SUPPLIES CHARGED TO PATIENTS | 361,260                                                           | 54,727,970                                            | 0.006601                                            | 14,744,284                      | 97,327                                    | 71.00  |
| 71.30                           | 07101                        | IMPL. DEV. CHARGED TO PATIENT        | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 71.30  |
| 72.00                           | 07200                        | IMPL. DEV. CHARGED TO PATIENT        | 258,535                                                           | 80,472,020                                            | 0.003213                                            | 24,695,043                      | 79,345                                    | 72.00  |
| 73.00                           | 07300                        | DRUGS CHARGED TO PATIENTS            | 233,227                                                           | 168,551,573                                           | 0.001384                                            | 41,523,013                      | 57,468                                    | 73.00  |
| 74.00                           | 07400                        | RENAL DIALYSIS                       | 192,586                                                           | 5,872,858                                             | 0.032793                                            | 3,185,711                       | 104,469                                   | 74.00  |
| 75.02                           | 07501                        | OUTPATIENT SURGERY                   | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 75.02  |
| 76.00                           | 03290                        | ELECTROMYOGRAPHY                     | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 76.00  |
| 76.97                           | 07697                        | CARDIAC REHABILITATION               | 671,441                                                           | 3,361,743                                             | 0.199730                                            | 52,405                          | 10,467                                    | 76.97  |
| OUTPATIENT SERVICE COST CENTERS |                              |                                      |                                                                   |                                                       |                                                     |                                 |                                           |        |
| 88.00                           | 08800                        | RURAL HEALTH CLINIC                  | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 88.00  |
| 89.00                           | 08900                        | FEDERALLY QUALIFIED HEALTH CENTER    | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 89.00  |
| 90.00                           | 09000                        | CLINIC                               | 412,420                                                           | 17,970,751                                            | 0.022950                                            | 63,946                          | 1,468                                     | 90.00  |
| 90.01                           | 09001                        | ADDICTION RECOVERY CLINIC            | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.01  |
| 90.03                           | 09002                        | LITHOTRIPSY                          | 0                                                                 | 0                                                     | 0.000000                                            | 0                               | 0                                         | 90.03  |
| 91.00                           | 09100                        | EMERGENCY                            | 2,764,846                                                         | 137,489,769                                           | 0.020109                                            | 18,263,763                      | 367,266                                   | 91.00  |
| 91.20                           | 09101                        | ACUTE CARE CENTER                    | 90,431                                                            | 13,152,780                                            | 0.006875                                            | 18,915                          | 130                                       | 91.20  |
| 92.00                           | 09200                        | OBSERVATION BEDS (NON-DISTINCT PART) | 898,233                                                           | 34,138,521                                            | 0.026311                                            | 5,281,310                       | 138,957                                   | 92.00  |
| 200.00                          | Total (lines 50 through 199) |                                      | 13,870,350                                                        | 1,280,952,267                                         |                                                     | 252,992,710                     | 2,259,604                                 | 200.00 |

|                                                                     |                              |                     |                                                                   |                                                               |                                               |                               |                                             |        |                                                                     |  |
|---------------------------------------------------------------------|------------------------------|---------------------|-------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------|--------|---------------------------------------------------------------------|--|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS |                              |                     |                                                                   |                                                               | Provider CCN: 14-0202                         |                               | Period:<br>From 01/01/2019<br>To 12/31/2019 |        | Worksheet D<br>Part III<br>Date/Time Prepared:<br>8/27/2020 4:57 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                                             | 508,120                       | 0                                           | 30.00  |                                                                     |  |
| 31.00                                                               | 03100                        | INTENSIVE CARE UNIT | 0                                                                 | 0                                                             | 0                                             | 39,086                        | 0                                           | 31.00  |                                                                     |  |
| 41.00                                                               | 04100                        | SUBPROVIDER - IRF   | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 41.00  |                                                                     |  |
| 42.00                                                               | 04200                        | SUBPROVIDER         | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 42.00  |                                                                     |  |
| 43.00                                                               | 04300                        | NURSERY             | 0                                                                 | 0                                                             | 0                                             | 11,167                        | 0                                           | 43.00  |                                                                     |  |
| 45.00                                                               | 04500                        | NURSING FACILITY    | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 45.00  |                                                                     |  |
| 45.01                                                               | 04510                        | ICF/MR              | 0                                                                 | 0                                                             | 0                                             | 0                             | 0                                           | 45.01  |                                                                     |  |
| 200.00                                                              | Total (lines 30 through 199) |                     | 0                                                                 | 0                                                             | 0                                             | 558,373                       | 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                                                                 | 508,120                                                       | 69,851                                        | 7.27                          | 29,395                                      | 30.00  |                                                                     |  |
| 31.00                                                               | 03100                        | INTENSIVE CARE UNIT | 0                                                                 | 39,086                                                        | 4,862                                         | 8.04                          | 2,111                                       | 31.00  |                                                                     |  |
| 41.00                                                               | 04100                        | SUBPROVIDER - IRF   | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 41.00  |                                                                     |  |
| 42.00                                                               | 04200                        | SUBPROVIDER         | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 42.00  |                                                                     |  |
| 43.00                                                               | 04300                        | NURSERY             | 0                                                                 | 11,167                                                        | 1,536                                         | 7.27                          | 0                                           | 43.00  |                                                                     |  |
| 45.00                                                               | 04500                        | NURSING FACILITY    | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 45.00  |                                                                     |  |
| 45.01                                                               | 04510                        | ICF/MR              | 0                                                                 | 0                                                             | 0                                             | 0.00                          | 0                                           | 45.01  |                                                                     |  |
| 200.00                                                              | Total (lines 30 through 199) |                     | 0                                                                 | 558,373                                                       | 76,249                                        | 0.00                          | 31,506                                      | 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 | 213,702                                                           |                                                               |                                               |                               |                                             |        | 30.00                                                               |  |
| 31.00                                                               | 03100                        | INTENSIVE CARE UNIT | 16,972                                                            |                                                               |                                               |                               |                                             |        | 31.00                                                               |  |
| 41.00                                                               | 04100                        | SUBPROVIDER - IRF   | 0                                                                 |                                                               |                                               |                               |                                             |        | 41.00                                                               |  |
| 42.00                                                               | 04200                        | SUBPROVIDER         | 0                                                                 |                                                               |                                               |                               |                                             |        | 42.00                                                               |  |
| 43.00                                                               | 04300                        | NURSERY             | 0                                                                 |                                                               |                                               |                               |                                             |        | 43.00                                                               |  |
| 45.00                                                               | 04500                        | NURSING FACILITY    | 0                                                                 |                                                               |                                               |                               |                                             |        | 45.00                                                               |  |
| 45.01                                                               | 04510                        | ICF/MR              | 0                                                                 |                                                               |                                               |                               |                                             |        | 45.01                                                               |  |
| 200.00                                                              | Total (lines 30 through 199) |                     | 230,674                                                           |                                                               |                                               |                               |                                             |        | 200.00                                                              |  |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS |       |                                      |  | Provider CCN: 14-0202                |                                                | Period:<br>From 01/01/2019<br>To 12/31/2019 |                                               | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>8/27/2020 4:57 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  |
| 56.00                                                                            | 05600 | RADIOISOTOPE                         |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 56.00  |
| 56.01                                                                            | 05603 | ULTRASOUND                           |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 56.01  |
| 57.00                                                                            | 05700 | CT SCAN                              |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 57.00  |
| 58.00                                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)     |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 58.00  |
| 59.00                                                                            | 05900 | CARDIAC CATHETERIZATION              |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 59.00  |
| 60.00                                                                            | 06000 | LABORATORY                           |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 60.00  |
| 60.01                                                                            | 06001 | LABORATORY                           |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 60.01  |
| 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  |
| 65.01                                                                            | 06501 | STRESS TEST                          |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 65.01  |
| 66.00                                                                            | 06600 | PHYSICAL THERAPY                     |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 66.00  |
| 67.00                                                                            | 06700 | OCCUPATIONAL THERAPY                 |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 67.00  |
| 68.00                                                                            | 06800 | SPEECH PATHOLOGY                     |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 68.00  |
| 69.00                                                                            | 06900 | ELECTROCARDIOLOGY                    |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 69.00  |
| 69.01                                                                            | 06901 | ECHOCARDIOGRAM                       |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 69.01  |
| 69.02                                                                            | 06902 | CARDIOLOGY                           |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 69.02  |
| 70.00                                                                            | 07000 | ELECTROENCEPHALOGRAPHY               |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 70.00  |
| 71.00                                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 71.00  |
| 71.30                                                                            | 07101 | IMPL. DEV. CHARGED TO PATIENT        |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 71.30  |
| 72.00                                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENT        |  | 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  |
| 75.02                                                                            | 07501 | OUTPATIENT SURGERY                   |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 75.02  |
| 76.00                                                                            | 03290 | ELECTROMYOGRAPHY                     |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 76.00  |
| 76.97                                                                            | 07697 | CARDIAC REHABILITATION               |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 76.97  |
| OUTPATIENT SERVICE COST CENTERS                                                  |       |                                      |  |                                      |                                                |                                             |                                               |                                                                    |        |
| 88.00                                                                            | 08800 | RURAL HEALTH CLINIC                  |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 88.00  |
| 89.00                                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER    |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 89.00  |
| 90.00                                                                            | 09000 | CLINIC                               |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 90.00  |
| 90.01                                                                            | 09001 | ADDICTION RECOVERY CLINIC            |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 90.01  |
| 90.03                                                                            | 09002 | LITHOTRIPSY                          |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 90.03  |
| 91.00                                                                            | 09100 | EMERGENCY                            |  | 0                                    | 0                                              | 0                                           | 0                                             | 569,401                                                            | 91.00  |
| 91.20                                                                            | 09101 | ACUTE CARE CENTER                    |  | 0                                    | 0                                              | 0                                           | 0                                             | 0                                                                  | 91.20  |
| 92.00                                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |  | 0                                    | 0                                              | 0                                           | 0                                             | 47,322                                                             | 92.00  |
| 200.00                                                                           |       | Total (lines 50 through 199)         |  | 0                                    | 0                                              | 0                                           | 0                                             | 616,723                                                            | 200.00 |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS  
THROUGH COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description         |       | All Other<br>Medical<br>Education Cost | Total Cost<br>(sum of cols.<br>1, 2, 3, and<br>4) | Total<br>Outpatient<br>Cost (sum of<br>cols. 2, 3,<br>and 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)<br>(see<br>instructions) |                |
|---------------------------------|-------|----------------------------------------|---------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|----------------|
|                                 |       |                                        |                                                   |                                                              |                                                       |                                                                              |                |
|                                 |       | 4.00                                   | 5.00                                              | 6.00                                                         | 7.00                                                  | 8.00                                                                         |                |
| ANCILLARY SERVICE COST CENTERS  |       |                                        |                                                   |                                                              |                                                       |                                                                              |                |
| 50.00                           | 05000 | OPERATING ROOM                         | 0                                                 | 0                                                            | 0                                                     | 170,188,414                                                                  | 0.000000 50.00 |
| 51.00                           | 05100 | RECOVERY ROOM                          | 0                                                 | 0                                                            | 0                                                     | 21,835,854                                                                   | 0.000000 51.00 |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                                 | 0                                                            | 0                                                     | 5,769,015                                                                    | 0.000000 52.00 |
| 53.00                           | 05300 | ANESTHESIOLOGY                         | 0                                                 | 0                                                            | 0                                                     | 19,812,048                                                                   | 0.000000 53.00 |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                                 | 0                                                            | 0                                                     | 59,633,279                                                                   | 0.000000 54.00 |
| 56.00                           | 05600 | RADIOISOTOPE                           | 0                                                 | 0                                                            | 0                                                     | 49,578,846                                                                   | 0.000000 56.00 |
| 56.01                           | 05603 | ULTRASOUND                             | 0                                                 | 0                                                            | 0                                                     | 24,678,104                                                                   | 0.000000 56.01 |
| 57.00                           | 05700 | CT SCAN                                | 0                                                 | 0                                                            | 0                                                     | 103,523,355                                                                  | 0.000000 57.00 |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)       | 0                                                 | 0                                                            | 0                                                     | 34,139,632                                                                   | 0.000000 58.00 |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                | 0                                                 | 0                                                            | 0                                                     | 48,753,778                                                                   | 0.000000 59.00 |
| 60.00                           | 06000 | LABORATORY                             | 0                                                 | 0                                                            | 0                                                     | 119,406,622                                                                  | 0.000000 60.00 |
| 60.01                           | 06001 | LABORATORY                             | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 60.01 |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.     | 0                                                 | 0                                                            | 0                                                     | 8,941,410                                                                    | 0.000000 63.00 |
| 65.00                           | 06500 | RESPIRATORY THERAPY                    | 0                                                 | 0                                                            | 0                                                     | 35,334,802                                                                   | 0.000000 65.00 |
| 65.01                           | 06501 | STRESS TEST                            | 0                                                 | 0                                                            | 0                                                     | 22,616,162                                                                   | 0.000000 65.01 |
| 66.00                           | 06600 | PHYSICAL THERAPY                       | 0                                                 | 0                                                            | 0                                                     | 31,151,098                                                                   | 0.000000 66.00 |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                   | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 67.00 |
| 68.00                           | 06800 | SPEECH PATHOLOGY                       | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 68.00 |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                      | 0                                                 | 0                                                            | 0                                                     | 9,113,078                                                                    | 0.000000 69.00 |
| 69.01                           | 06901 | ECHOCARDIOGRAM                         | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 69.01 |
| 69.02                           | 06902 | CARDIOLOGY                             | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 69.02 |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                                                 | 0                                                            | 0                                                     | 738,785                                                                      | 0.000000 70.00 |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0                                                 | 0                                                            | 0                                                     | 54,727,970                                                                   | 0.000000 71.00 |
| 71.30                           | 07101 | IMPL. DEV. CHARGED TO PATIENT          | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 71.30 |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENT          | 0                                                 | 0                                                            | 0                                                     | 80,472,020                                                                   | 0.000000 72.00 |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                                 | 0                                                            | 0                                                     | 168,551,573                                                                  | 0.000000 73.00 |
| 74.00                           | 07400 | RENAL DIALYSIS                         | 0                                                 | 0                                                            | 0                                                     | 5,872,858                                                                    | 0.000000 74.00 |
| 75.02                           | 07501 | OUTPATIENT SURGERY                     | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 75.02 |
| 76.00                           | 03290 | ELECTROMYOGRAPHY                       | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 76.00 |
| 76.97                           | 07697 | CARDIAC REHABILITATION                 | 0                                                 | 0                                                            | 0                                                     | 3,361,743                                                                    | 0.000000 76.97 |
| OUTPATIENT SERVICE COST CENTERS |       |                                        |                                                   |                                                              |                                                       |                                                                              |                |
| 88.00                           | 08800 | RURAL HEALTH CLINIC                    | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 88.00 |
| 89.00                           | 08900 | FEDERALLY QUALIFIED HEALTH CENTER      | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 89.00 |
| 90.00                           | 09000 | CLINIC                                 | 0                                                 | 0                                                            | 0                                                     | 17,970,751                                                                   | 0.000000 90.00 |
| 90.01                           | 09001 | ADDICTION RECOVERY CLINIC              | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 90.01 |
| 90.03                           | 09002 | LITHOTRIPSY                            | 0                                                 | 0                                                            | 0                                                     | 0                                                                            | 0.000000 90.03 |
| 91.00                           | 09100 | EMERGENCY                              | 0                                                 | 569,401                                                      | 569,401                                               | 137,489,769                                                                  | 0.004141 91.00 |
| 91.20                           | 09101 | ACUTE CARE CENTER                      | 0                                                 | 0                                                            | 0                                                     | 13,152,780                                                                   | 0.000000 91.20 |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   | 0                                                 | 47,322                                                       | 47,322                                                | 34,138,521                                                                   | 0.001386 92.00 |
| 200.00                          |       | Total (lines 50 through 199)           | 0                                                 | 616,723                                                      | 616,723                                               | 1,280,952,267                                                                | 200.00         |

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part IV  
Date/Time Prepared:  
8/27/2020 4:57 pm

| Cost Center Description         |       | Title XVIII                                           |                           |                                                         | Hospital                   |                                                          | PPS    |        |
|---------------------------------|-------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|----------------------------|----------------------------------------------------------|--------|--------|
|                                 |       | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) |        |        |
|                                 |       | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                      | 13.00                                                    |        |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                       |                           |                                                         |                            |                                                          |        |        |
| 50.00                           | 05000 | OPERATING ROOM                                        | 0.000000                  | 29,996,020                                              | 0                          | 29,850,373                                               | 0      | 50.00  |
| 51.00                           | 05100 | RECOVERY ROOM                                         | 0.000000                  | 3,586,020                                               | 0                          | 3,099,548                                                | 0      | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0.000000                  | 900                                                     | 0                          | 0                                                        | 0      | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                        | 0.000000                  | 3,345,568                                               | 0                          | 2,853,060                                                | 0      | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0.000000                  | 7,660,368                                               | 0                          | 8,668,619                                                | 0      | 54.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                          | 0.000000                  | 2,697,692                                               | 0                          | 14,703,048                                               | 0      | 56.00  |
| 56.01                           | 05603 | ULTRASOUND                                            | 0.000000                  | 2,585,629                                               | 0                          | 3,642,410                                                | 0      | 56.01  |
| 57.00                           | 05700 | CT SCAN                                               | 0.000000                  | 14,922,414                                              | 0                          | 19,284,714                                               | 0      | 57.00  |
| 58.00                           | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.000000                  | 4,323,277                                               | 0                          | 7,031,437                                                | 0      | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                               | 0.000000                  | 13,180,875                                              | 0                          | 11,589,898                                               | 0      | 59.00  |
| 60.00                           | 06000 | LABORATORY                                            | 0.000000                  | 30,621,503                                              | 0                          | 10,995,428                                               | 0      | 60.00  |
| 60.01                           | 06001 | LABORATORY                                            | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 60.01  |
| 63.00                           | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0.000000                  | 2,266,499                                               | 0                          | 1,631,460                                                | 0      | 63.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                   | 0.000000                  | 15,663,524                                              | 0                          | 624,280                                                  | 0      | 65.00  |
| 65.01                           | 06501 | STRESS TEST                                           | 0.000000                  | 6,332,649                                               | 0                          | 3,955,462                                                | 0      | 65.01  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                      | 0.000000                  | 5,739,228                                               | 0                          | 192,790                                                  | 0      | 66.00  |
| 67.00                           | 06700 | OCCUPATIONAL THERAPY                                  | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 67.00  |
| 68.00                           | 06800 | SPEECH PATHOLOGY                                      | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 68.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                     | 0.000000                  | 2,096,899                                               | 0                          | 1,445,922                                                | 0      | 69.00  |
| 69.01                           | 06901 | ECHOCARDIOGRAM                                        | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 69.01  |
| 69.02                           | 06902 | CARDIOLOGY                                            | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 69.02  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                | 0.000000                  | 145,255                                                 | 0                          | 105,000                                                  | 0      | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0.000000                  | 14,744,284                                              | 0                          | 8,525,035                                                | 0      | 71.00  |
| 71.30                           | 07101 | IMPL. DEV. CHARGED TO PATIENT                         | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 71.30  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENT                         | 0.000000                  | 24,695,043                                              | 0                          | 10,264,787                                               | 0      | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                             | 0.000000                  | 41,523,013                                              | 0                          | 27,476,734                                               | 0      | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                        | 0.000000                  | 3,185,711                                               | 0                          | 0                                                        | 0      | 74.00  |
| 75.02                           | 07501 | OUTPATIENT SURGERY                                    | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 75.02  |
| 76.00                           | 03290 | ELECTROMYOGRAPHY                                      | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 76.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                | 0.000000                  | 52,405                                                  | 0                          | 1,867,245                                                | 0      | 76.97  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                       |                           |                                                         |                            |                                                          |        |        |
| 88.00                           | 08800 | RURAL HEALTH CLINIC                                   | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 88.00  |
| 89.00                           | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 89.00  |
| 90.00                           | 09000 | CLINIC                                                | 0.000000                  | 63,946                                                  | 0                          | 8,479,203                                                | 0      | 90.00  |
| 90.01                           | 09001 | ADDICTION RECOVERY CLINIC                             | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 90.01  |
| 90.03                           | 09002 | LITHOTRIPSY                                           | 0.000000                  | 0                                                       | 0                          | 0                                                        | 0      | 90.03  |
| 91.00                           | 09100 | EMERGENCY                                             | 0.004141                  | 18,263,763                                              | 75,630                     | 18,051,651                                               | 74,752 | 91.00  |
| 91.20                           | 09101 | ACUTE CARE CENTER                                     | 0.000000                  | 18,915                                                  | 0                          | 834,194                                                  | 0      | 91.20  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0.001386                  | 5,281,310                                               | 7,320                      | 7,578,875                                                | 10,504 | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)                          |                           | 252,992,710                                             | 82,950                     | 202,751,173                                              | 85,256 | 200.00 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part V  
Date/Time Prepared:  
8/27/2020 4:57 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                                     | 0.149320                                                       | 29,850,373                                | 0                                                                            | 0                                                                                | 4,457,258                   | 50.00  |
| 51.00                           | 05100                          | RECOVERY ROOM                                      | 0.117216                                                       | 3,099,548                                 | 0                                                                            | 0                                                                                | 363,317                     | 51.00  |
| 52.00                           | 05200                          | DELIVERY ROOM & LABOR ROOM                         | 0.638277                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 52.00  |
| 53.00                           | 05300                          | ANESTHESIOLOGY                                     | 0.080642                                                       | 2,853,060                                 | 0                                                                            | 0                                                                                | 230,076                     | 53.00  |
| 54.00                           | 05400                          | RADIOLOGY-DIAGNOSTIC                               | 0.198204                                                       | 8,668,619                                 | 0                                                                            | 0                                                                                | 1,718,155                   | 54.00  |
| 56.00                           | 05600                          | RADIOISOTOPE                                       | 0.054461                                                       | 14,703,048                                | 0                                                                            | 0                                                                                | 800,743                     | 56.00  |
| 56.01                           | 05603                          | ULTRASOUND                                         | 0.098252                                                       | 3,642,410                                 | 0                                                                            | 0                                                                                | 357,874                     | 56.01  |
| 57.00                           | 05700                          | CT SCAN                                            | 0.027471                                                       | 19,284,714                                | 0                                                                            | 0                                                                                | 529,770                     | 57.00  |
| 58.00                           | 05800                          | MAGNETIC RESONANCE IMAGING (MRI)                   | 0.049258                                                       | 7,031,437                                 | 0                                                                            | 0                                                                                | 346,355                     | 58.00  |
| 59.00                           | 05900                          | CARDIAC CATHETERIZATION                            | 0.043542                                                       | 11,589,898                                | 0                                                                            | 0                                                                                | 504,647                     | 59.00  |
| 60.00                           | 06000                          | LABORATORY                                         | 0.102833                                                       | 10,995,428                                | 0                                                                            | 0                                                                                | 1,130,693                   | 60.00  |
| 60.01                           | 06001                          | LABORATORY                                         | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 60.01  |
| 63.00                           | 06300                          | BLOOD STORING, PROCESSING & TRANS.                 | 0.025279                                                       | 1,631,460                                 | 0                                                                            | 0                                                                                | 41,242                      | 63.00  |
| 65.00                           | 06500                          | RESPIRATORY THERAPY                                | 0.140870                                                       | 624,280                                   | 0                                                                            | 0                                                                                | 87,942                      | 65.00  |
| 65.01                           | 06501                          | STRESS TEST                                        | 0.052483                                                       | 3,955,462                                 | 0                                                                            | 0                                                                                | 207,595                     | 65.01  |
| 66.00                           | 06600                          | PHYSICAL THERAPY                                   | 0.296815                                                       | 192,790                                   | 0                                                                            | 0                                                                                | 57,223                      | 66.00  |
| 67.00                           | 06700                          | OCCUPATIONAL THERAPY                               | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 67.00  |
| 68.00                           | 06800                          | SPEECH PATHOLOGY                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 68.00  |
| 69.00                           | 06900                          | ELECTROCARDIOLOGY                                  | 0.066625                                                       | 1,445,922                                 | 0                                                                            | 0                                                                                | 96,335                      | 69.00  |
| 69.01                           | 06901                          | ECHOCARDIOGRAM                                     | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 69.01  |
| 69.02                           | 06902                          | CARDIOLOGY                                         | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 69.02  |
| 70.00                           | 07000                          | ELECTROENCEPHALOGRAPHY                             | 0.357564                                                       | 105,000                                   | 0                                                                            | 0                                                                                | 37,544                      | 70.00  |
| 71.00                           | 07100                          | MEDICAL SUPPLIES CHARGED TO PATIENTS               | 0.552614                                                       | 8,525,035                                 | 0                                                                            | 0                                                                                | 4,711,054                   | 71.00  |
| 71.30                           | 07101                          | IMPL. DEV. CHARGED TO PATIENT                      | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 71.30  |
| 72.00                           | 07200                          | IMPL. DEV. CHARGED TO PATIENT                      | 0.269055                                                       | 10,264,787                                | 0                                                                            | 0                                                                                | 2,761,792                   | 72.00  |
| 73.00                           | 07300                          | DRUGS CHARGED TO PATIENTS                          | 0.116359                                                       | 27,476,734                                | 0                                                                            | 106,724                                                                          | 3,197,165                   | 73.00  |
| 74.00                           | 07400                          | RENAL DIALYSIS                                     | 0.324039                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 74.00  |
| 75.02                           | 07501                          | OUTPATIENT SURGERY                                 | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 75.02  |
| 76.00                           | 03290                          | ELECTROMYOGRAPHY                                   | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 76.00  |
| 76.97                           | 07697                          | CARDIAC REHABILITATION                             | 0.688796                                                       | 1,867,245                                 | 0                                                                            | 0                                                                                | 1,286,151                   | 76.97  |
| OUTPATIENT SERVICE COST CENTERS |                                |                                                    |                                                                |                                           |                                                                              |                                                                                  |                             |        |
| 88.00                           | 08800                          | RURAL HEALTH CLINIC                                | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 88.00  |
| 89.00                           | 08900                          | FEDERALLY QUALIFIED HEALTH CENTER                  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 89.00  |
| 90.00                           | 09000                          | CLINIC                                             | 0.247991                                                       | 8,479,203                                 | 0                                                                            | 0                                                                                | 2,102,766                   | 90.00  |
| 90.01                           | 09001                          | ADDICTION RECOVERY CLINIC                          | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.01  |
| 90.03                           | 09002                          | LITHOTRIPSY                                        | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           | 90.03  |
| 91.00                           | 09100                          | EMERGENCY                                          | 0.187840                                                       | 18,051,651                                | 0                                                                            | 124                                                                              | 3,390,822                   | 91.00  |
| 91.20                           | 09101                          | ACUTE CARE CENTER                                  | 0.416545                                                       | 834,194                                   | 0                                                                            | 67                                                                               | 347,479                     | 91.20  |
| 92.00                           | 09200                          | OBSERVATION BEDS (NON-DISTINCT PART)               | 0.231183                                                       | 7,578,875                                 | 0                                                                            | 0                                                                                | 1,752,107                   | 92.00  |
| 200.00                          |                                | Subtotal (see instructions)                        |                                                                | 202,751,173                               | 0                                                                            | 106,915                                                                          | 30,516,105                  | 200.00 |
| 201.00                          |                                | Less PBP Clinic Lab. Services-Program Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                |                             | 201.00 |
| 202.00                          |                                | Net Charges (line 200 - line 201)                  |                                                                | 202,751,173                               | 0                                                                            | 106,915                                                                          | 30,516,105                  | 202.00 |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       | Provider CCN: 14-0202                                                        |                                                                                  | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>8/27/2020 4:57 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                                                                            | 0                                                                                |                                             | 50.00                                                             |
| 51.00                                                            | 05100 | RECOVERY ROOM                                         | 0                                                                            | 0                                                                                |                                             | 51.00                                                             |
| 52.00                                                            | 05200 | DELIVERY ROOM & LABOR ROOM                            | 0                                                                            | 0                                                                                |                                             | 52.00                                                             |
| 53.00                                                            | 05300 | ANESTHESIOLOGY                                        | 0                                                                            | 0                                                                                |                                             | 53.00                                                             |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0                                                                            | 0                                                                                |                                             | 54.00                                                             |
| 56.00                                                            | 05600 | RADIOISOTOPE                                          | 0                                                                            | 0                                                                                |                                             | 56.00                                                             |
| 56.01                                                            | 05603 | ULTRASOUND                                            | 0                                                                            | 0                                                                                |                                             | 56.01                                                             |
| 57.00                                                            | 05700 | CT SCAN                                               | 0                                                                            | 0                                                                                |                                             | 57.00                                                             |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0                                                                            | 0                                                                                |                                             | 58.00                                                             |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0                                                                            | 0                                                                                |                                             | 59.00                                                             |
| 60.00                                                            | 06000 | LABORATORY                                            | 0                                                                            | 0                                                                                |                                             | 60.00                                                             |
| 60.01                                                            | 06001 | LABORATORY                                            | 0                                                                            | 0                                                                                |                                             | 60.01                                                             |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0                                                                            | 0                                                                                |                                             | 63.00                                                             |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0                                                                            | 0                                                                                |                                             | 65.00                                                             |
| 65.01                                                            | 06501 | STRESS TEST                                           | 0                                                                            | 0                                                                                |                                             | 65.01                                                             |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0                                                                            | 0                                                                                |                                             | 66.00                                                             |
| 67.00                                                            | 06700 | OCCUPATIONAL THERAPY                                  | 0                                                                            | 0                                                                                |                                             | 67.00                                                             |
| 68.00                                                            | 06800 | SPEECH PATHOLOGY                                      | 0                                                                            | 0                                                                                |                                             | 68.00                                                             |
| 69.00                                                            | 06900 | ELECTROCARDIOLOGY                                     | 0                                                                            | 0                                                                                |                                             | 69.00                                                             |
| 69.01                                                            | 06901 | ECHOCARDIOGRAM                                        | 0                                                                            | 0                                                                                |                                             | 69.01                                                             |
| 69.02                                                            | 06902 | CARDIOLOGY                                            | 0                                                                            | 0                                                                                |                                             | 69.02                                                             |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0                                                                            | 0                                                                                |                                             | 70.00                                                             |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0                                                                            | 0                                                                                |                                             | 71.00                                                             |
| 71.30                                                            | 07101 | IMPL. DEV. CHARGED TO PATIENT                         | 0                                                                            | 0                                                                                |                                             | 71.30                                                             |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENT                         | 0                                                                            | 0                                                                                |                                             | 72.00                                                             |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0                                                                            | 12,418                                                                           |                                             | 73.00                                                             |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0                                                                            | 0                                                                                |                                             | 74.00                                                             |
| 75.02                                                            | 07501 | OUTPATIENT SURGERY                                    | 0                                                                            | 0                                                                                |                                             | 75.02                                                             |
| 76.00                                                            | 03290 | ELECTROMYOGRAPHY                                      | 0                                                                            | 0                                                                                |                                             | 76.00                                                             |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0                                                                            | 0                                                                                |                                             | 76.97                                                             |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |                                                                              |                                                                                  |                                             |                                                                   |
| 88.00                                                            | 08800 | RURAL HEALTH CLINIC                                   | 0                                                                            | 0                                                                                |                                             | 88.00                                                             |
| 89.00                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     | 0                                                                            | 0                                                                                |                                             | 89.00                                                             |
| 90.00                                                            | 09000 | CLINIC                                                | 0                                                                            | 0                                                                                |                                             | 90.00                                                             |
| 90.01                                                            | 09001 | ADDICTION RECOVERY CLINIC                             | 0                                                                            | 0                                                                                |                                             | 90.01                                                             |
| 90.03                                                            | 09002 | LITHOTRIPSY                                           | 0                                                                            | 0                                                                                |                                             | 90.03                                                             |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0                                                                            | 23                                                                               |                                             | 91.00                                                             |
| 91.20                                                            | 09101 | ACUTE CARE CENTER                                     | 0                                                                            | 28                                                                               |                                             | 91.20                                                             |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0                                                                            | 0                                                                                |                                             | 92.00                                                             |
| 200.00                                                           |       | Subtotal (see instructions)                           | 0                                                                            | 12,469                                                                           |                                             | 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                                                                            | 12,469                                                                           |                                             | 202.00                                                            |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet D  
Part V  
Date/Time Prepared:  
8/27/2020 4:57 pm

|                         |                                 |                                                       | Title XIX                                                      |                                           | Hospital                                                                     | Cost                                                                             |                             |
|-------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|
| 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                                        | 0.149320                                                       | 0                                         | 0                                                                            | 1,397,456                                                                        | 0                           |
| 51.00                   | 05100                           | RECOVERY ROOM                                         | 0.117216                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 52.00                   | 05200                           | DELIVERY ROOM & LABOR ROOM                            | 0.638277                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 53.00                   | 05300                           | ANESTHESIOLOGY                                        | 0.080642                                                       | 0                                         | 0                                                                            | 169,301                                                                          | 0                           |
| 54.00                   | 05400                           | RADIOLOGY-DIAGNOSTIC                                  | 0.198204                                                       | 0                                         | 0                                                                            | 658,314                                                                          | 0                           |
| 56.00                   | 05600                           | RADIOISOTOPE                                          | 0.054461                                                       | 0                                         | 0                                                                            | 1,553,463                                                                        | 0                           |
| 56.01                   | 05603                           | ULTRASOUND                                            | 0.098252                                                       | 0                                         | 0                                                                            | 576,138                                                                          | 0                           |
| 57.00                   | 05700                           | CT SCAN                                               | 0.027471                                                       | 0                                         | 0                                                                            | 1,590,529                                                                        | 0                           |
| 58.00                   | 05800                           | MAGNETIC RESONANCE IMAGING (MRI)                      | 0.049258                                                       | 0                                         | 0                                                                            | 304,622                                                                          | 0                           |
| 59.00                   | 05900                           | CARDIAC CATHETERIZATION                               | 0.043542                                                       | 0                                         | 0                                                                            | 145,445                                                                          | 0                           |
| 60.00                   | 06000                           | LABORATORY                                            | 0.102833                                                       | 0                                         | 0                                                                            | 2,265,437                                                                        | 0                           |
| 60.01                   | 06001                           | LABORATORY                                            | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 63.00                   | 06300                           | BLOOD STORING, PROCESSING & TRANS.                    | 0.025279                                                       | 0                                         | 0                                                                            | 46,005                                                                           | 0                           |
| 65.00                   | 06500                           | RESPIRATORY THERAPY                                   | 0.140870                                                       | 0                                         | 0                                                                            | 144,133                                                                          | 0                           |
| 65.01                   | 06501                           | STRESS TEST                                           | 0.052483                                                       | 0                                         | 0                                                                            | 186,964                                                                          | 0                           |
| 66.00                   | 06600                           | PHYSICAL THERAPY                                      | 0.296815                                                       | 0                                         | 0                                                                            | 912,031                                                                          | 0                           |
| 67.00                   | 06700                           | OCCUPATIONAL THERAPY                                  | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 68.00                   | 06800                           | SPEECH PATHOLOGY                                      | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 69.00                   | 06900                           | ELECTROCARDIOLOGY                                     | 0.066625                                                       | 0                                         | 0                                                                            | 154,850                                                                          | 0                           |
| 69.01                   | 06901                           | ECHOCARDIOGRAM                                        | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 69.02                   | 06902                           | CARDIOLOGY                                            | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 70.00                   | 07000                           | ELECTROENCEPHALOGRAPHY                                | 0.357564                                                       | 0                                         | 0                                                                            | 21,020                                                                           | 0                           |
| 71.00                   | 07100                           | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0.552614                                                       | 0                                         | 0                                                                            | 255,045                                                                          | 0                           |
| 71.30                   | 07101                           | IMPL. DEV. CHARGED TO PATIENT                         | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 72.00                   | 07200                           | IMPL. DEV. CHARGED TO PATIENT                         | 0.269055                                                       | 0                                         | 0                                                                            | 234,039                                                                          | 0                           |
| 73.00                   | 07300                           | DRUGS CHARGED TO PATIENTS                             | 0.116359                                                       | 0                                         | 0                                                                            | 1,677,115                                                                        | 0                           |
| 74.00                   | 07400                           | RENAL DIALYSIS                                        | 0.324039                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 75.02                   | 07501                           | OUTPATIENT SURGERY                                    | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 76.00                   | 03290                           | ELECTROMYOGRAPHY                                      | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 76.97                   | 07697                           | CARDIAC REHABILITATION                                | 0.688796                                                       | 0                                         | 0                                                                            | 20,705                                                                           | 0                           |
|                         | OUTPATIENT SERVICE COST CENTERS |                                                       |                                                                |                                           |                                                                              |                                                                                  |                             |
| 88.00                   | 08800                           | RURAL HEALTH CLINIC                                   | 0.000000                                                       |                                           |                                                                              |                                                                                  | 0                           |
| 89.00                   | 08900                           | FEDERALLY QUALIFIED HEALTH CENTER                     | 0.000000                                                       |                                           |                                                                              |                                                                                  | 0                           |
| 90.00                   | 09000                           | CLINIC                                                | 0.247991                                                       | 0                                         | 0                                                                            | 265,781                                                                          | 0                           |
| 90.01                   | 09001                           | ADDICTION RECOVERY CLINIC                             | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 90.03                   | 09002                           | LITHOTRIPSY                                           | 0.000000                                                       | 0                                         | 0                                                                            | 0                                                                                | 0                           |
| 91.00                   | 09100                           | EMERGENCY                                             | 0.187840                                                       | 0                                         | 0                                                                            | 4,683,357                                                                        | 0                           |
| 91.20                   | 09101                           | ACUTE CARE CENTER                                     | 0.416545                                                       | 0                                         | 0                                                                            | 326,964                                                                          | 0                           |
| 92.00                   | 09200                           | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0.231183                                                       | 0                                         | 0                                                                            | 546,306                                                                          | 0                           |
| 200.00                  |                                 | Subtotal (see instructions)                           |                                                                | 0                                         | 0                                                                            | 18,135,020                                                                       | 0                           |
| 201.00                  |                                 | Less PBP Clinic Lab. Services-Program<br>Only Charges |                                                                |                                           | 0                                                                            | 0                                                                                | 201.00                      |
| 202.00                  |                                 | Net Charges (line 200 - line 201)                     |                                                                | 0                                         | 0                                                                            | 18,135,020                                                                       | 0                           |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |       |                                                       |   | Provider CCN: 14-0202                                                        |                                                                                  | Period:<br>From 01/01/2019<br>To 12/31/2019 |  | Worksheet D<br>Part V<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |        |
|------------------------------------------------------------------|-------|-------------------------------------------------------|---|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|--|-------------------------------------------------------------------|--------|
|                                                                  |       |                                                       |   | Title XIX                                                                    |                                                                                  | Hospital                                    |  | Cost                                                              |        |
| 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 | 208,668                                                                      |                                                                                  |                                             |  |                                                                   | 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 | 13,653                                                                       |                                                                                  |                                             |  |                                                                   | 53.00  |
| 54.00                                                            | 05400 | RADIOLOGY-DIAGNOSTIC                                  | 0 | 130,480                                                                      |                                                                                  |                                             |  |                                                                   | 54.00  |
| 56.00                                                            | 05600 | RADIOISOTOPE                                          | 0 | 84,603                                                                       |                                                                                  |                                             |  |                                                                   | 56.00  |
| 56.01                                                            | 05603 | ULTRASOUND                                            | 0 | 56,607                                                                       |                                                                                  |                                             |  |                                                                   | 56.01  |
| 57.00                                                            | 05700 | CT SCAN                                               | 0 | 43,693                                                                       |                                                                                  |                                             |  |                                                                   | 57.00  |
| 58.00                                                            | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                      | 0 | 15,005                                                                       |                                                                                  |                                             |  |                                                                   | 58.00  |
| 59.00                                                            | 05900 | CARDIAC CATHETERIZATION                               | 0 | 6,333                                                                        |                                                                                  |                                             |  |                                                                   | 59.00  |
| 60.00                                                            | 06000 | LABORATORY                                            | 0 | 232,962                                                                      |                                                                                  |                                             |  |                                                                   | 60.00  |
| 60.01                                                            | 06001 | LABORATORY                                            | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 60.01  |
| 63.00                                                            | 06300 | BLOOD STORING, PROCESSING & TRANS.                    | 0 | 1,163                                                                        |                                                                                  |                                             |  |                                                                   | 63.00  |
| 65.00                                                            | 06500 | RESPIRATORY THERAPY                                   | 0 | 20,304                                                                       |                                                                                  |                                             |  |                                                                   | 65.00  |
| 65.01                                                            | 06501 | STRESS TEST                                           | 0 | 9,812                                                                        |                                                                                  |                                             |  |                                                                   | 65.01  |
| 66.00                                                            | 06600 | PHYSICAL THERAPY                                      | 0 | 270,704                                                                      |                                                                                  |                                             |  |                                                                   | 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 | 10,317                                                                       |                                                                                  |                                             |  |                                                                   | 69.00  |
| 69.01                                                            | 06901 | ECHOCARDIOGRAM                                        | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 69.01  |
| 69.02                                                            | 06902 | CARDIOLOGY                                            | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 69.02  |
| 70.00                                                            | 07000 | ELECTROENCEPHALOGRAPHY                                | 0 | 7,516                                                                        |                                                                                  |                                             |  |                                                                   | 70.00  |
| 71.00                                                            | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0 | 140,941                                                                      |                                                                                  |                                             |  |                                                                   | 71.00  |
| 71.30                                                            | 07101 | IMPL. DEV. CHARGED TO PATIENT                         | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 71.30  |
| 72.00                                                            | 07200 | IMPL. DEV. CHARGED TO PATIENT                         | 0 | 62,969                                                                       |                                                                                  |                                             |  |                                                                   | 72.00  |
| 73.00                                                            | 07300 | DRUGS CHARGED TO PATIENTS                             | 0 | 195,147                                                                      |                                                                                  |                                             |  |                                                                   | 73.00  |
| 74.00                                                            | 07400 | RENAL DIALYSIS                                        | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 74.00  |
| 75.02                                                            | 07501 | OUTPATIENT SURGERY                                    | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 75.02  |
| 76.00                                                            | 03290 | ELECTROMYOGRAPHY                                      | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 76.00  |
| 76.97                                                            | 07697 | CARDIAC REHABILITATION                                | 0 | 14,262                                                                       |                                                                                  |                                             |  |                                                                   | 76.97  |
| OUTPATIENT SERVICE COST CENTERS                                  |       |                                                       |   |                                                                              |                                                                                  |                                             |  |                                                                   |        |
| 88.00                                                            | 08800 | RURAL HEALTH CLINIC                                   | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 88.00  |
| 89.00                                                            | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                     | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 89.00  |
| 90.00                                                            | 09000 | CLINIC                                                | 0 | 65,911                                                                       |                                                                                  |                                             |  |                                                                   | 90.00  |
| 90.01                                                            | 09001 | ADDICTION RECOVERY CLINIC                             | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 90.01  |
| 90.03                                                            | 09002 | LITHOTRIPSY                                           | 0 | 0                                                                            |                                                                                  |                                             |  |                                                                   | 90.03  |
| 91.00                                                            | 09100 | EMERGENCY                                             | 0 | 879,722                                                                      |                                                                                  |                                             |  |                                                                   | 91.00  |
| 91.20                                                            | 09101 | ACUTE CARE CENTER                                     | 0 | 136,195                                                                      |                                                                                  |                                             |  |                                                                   | 91.20  |
| 92.00                                                            | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                  | 0 | 126,297                                                                      |                                                                                  |                                             |  |                                                                   | 92.00  |
| 200.00                                                           |       | Subtotal (see instructions)                           | 0 | 2,733,264                                                                    |                                                                                  |                                             |  |                                                                   | 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 | 2,733,264                                                                    |                                                                                  |                                             |  |                                                                   | 202.00 |

| COMPUTATION OF INPATIENT OPERATING COST |                                                                                                                                                                                           | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-1<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |       |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------|-------|
|                                         |                                                                                                                                                                                           | Title XVIII           | Hospital                                    | PPS                                                       |       |
| Cost Center Description                 |                                                                                                                                                                                           |                       |                                             | 1.00                                                      |       |
|                                         | PART I - ALL PROVIDER COMPONENTS                                                                                                                                                          |                       |                                             |                                                           |       |
|                                         | INPATIENT DAYS                                                                                                                                                                            |                       |                                             |                                                           |       |
| 1.00                                    | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                       |                                             | 69,851                                                    | 1.00  |
| 2.00                                    | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       |                                             | 69,851                                                    | 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)                                                                                                                     |                       |                                             | 63,346                                                    | 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) (see instructions)                                                      |                       |                                             | 29,395                                                    | 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)                                                                                                                           |                       |                                             | 84,747,286                                                | 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)                                                                                                      |                       |                                             | 84,747,286                                                | 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)                                                                   |                       |                                             | 84,747,286                                                | 37.00 |
|                                         | PART II - HOSPITAL AND SUBPROVIDERS ONLY                                                                                                                                                  |                       |                                             |                                                           |       |
|                                         | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS                                                                                                                     |                       |                                             |                                                           |       |
| 38.00                                   | Adjusted general inpatient routine service cost per diem (see instructions)                                                                                                               |                       |                                             | 1,213.26                                                  | 38.00 |
| 39.00                                   | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       |                                             | 35,663,778                                                | 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)                                                                                                                  |                       |                                             | 35,663,778                                                | 41.00 |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet D-1

Date/Time Prepared:  
8/27/2020 4:57 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            | 42.00                          |
| Intensive Care Type Inpatient Hospital Units                                  |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 43.00                                                                         | INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 13,966,113           | 4,862                | 2,872.50                           | 468          | 1,344,330                      |
| 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)                                                                                                                                                                                          |                      |                      |                                    |              | 41,301,202                     |
| 49.00                                                                         | Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |              | 78,309,310                     |
| PASS THROUGH COST ADJUSTMENTS                                                 |                                                                                                                                                                                                                                                                 |                      |                      |                                    |              |                                |
| 50.00                                                                         | Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |              | 4,701,139                      |
| 51.00                                                                         | Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |              | 2,342,554                      |
| 52.00                                                                         | Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |              | 7,043,693                      |
| 53.00                                                                         | Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |              | 71,265,617                     |
| 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)                                                                                                                                                                                                                   |                      |                      |                                    |              | 6,505                          |
| 88.00                                                                         | Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |              | 1,213.26                       |
| 89.00                                                                         | Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |              | 7,892,256                      |

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet D-1

Date/Time Prepared:  
8/27/2020 4:57 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        | 9,645,251                      | 84,747,286             | 0.113812                                           | 7,892,256                                                                             | 898,233 |
| 91.00                                            | Nursing School cost         | 0                              | 84,747,286             | 0.000000                                           | 7,892,256                                                                             | 0       |
| 92.00                                            | Allied health cost          | 508,120                        | 84,747,286             | 0.005996                                           | 7,892,256                                                                             | 47,322  |
| 93.00                                            | All other Medical Education | 0                              | 84,747,286             | 0.000000                                           | 7,892,256                                                                             | 0       |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0202       | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-3<br>Date/Time Prepared:<br>8/27/2020 4:57 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                                                |                             | 93,931,638                                  | 30.00                                                     |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 11,716,050                                  | 31.00                                                     |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           | 41.00                                                     |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           | 42.00                                                     |
| 43.00                                          | 04300 | NURSERY                                                            |                             |                                             | 43.00                                                     |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                           |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.149320                    | 29,996,020                                  | 50.00                                                     |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.117216                    | 3,586,020                                   | 51.00                                                     |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.638277                    | 900                                         | 52.00                                                     |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.080642                    | 3,345,568                                   | 53.00                                                     |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.198204                    | 7,660,368                                   | 54.00                                                     |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.054461                    | 2,697,692                                   | 56.00                                                     |
| 56.01                                          | 05603 | ULTRASOUND                                                         | 0.098252                    | 2,585,629                                   | 56.01                                                     |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.027471                    | 14,922,414                                  | 57.00                                                     |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.049258                    | 4,323,277                                   | 58.00                                                     |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.043542                    | 13,180,875                                  | 59.00                                                     |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.102833                    | 30,621,503                                  | 60.00                                                     |
| 60.01                                          | 06001 | LABORATORY                                                         | 0.000000                    | 0                                           | 60.01                                                     |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING & TRANS.                                 | 0.025279                    | 2,266,499                                   | 63.00                                                     |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.140870                    | 15,663,524                                  | 65.00                                                     |
| 65.01                                          | 06501 | STRESS TEST                                                        | 0.052483                    | 6,332,649                                   | 65.01                                                     |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.296815                    | 5,739,228                                   | 66.00                                                     |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.000000                    | 0                                           | 67.00                                                     |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.000000                    | 0                                           | 68.00                                                     |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.066625                    | 2,096,899                                   | 69.00                                                     |
| 69.01                                          | 06901 | ECHOCARDIOGRAM                                                     | 0.000000                    | 0                                           | 69.01                                                     |
| 69.02                                          | 06902 | CARDIOLOGY                                                         | 0.000000                    | 0                                           | 69.02                                                     |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.357564                    | 145,255                                     | 70.00                                                     |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                               | 0.552614                    | 14,744,284                                  | 71.00                                                     |
| 71.30                                          | 07101 | IMPL. DEV. CHARGED TO PATIENT                                      | 0.000000                    | 0                                           | 71.30                                                     |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENT                                      | 0.269055                    | 24,695,043                                  | 72.00                                                     |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.116359                    | 41,523,013                                  | 73.00                                                     |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.324039                    | 3,185,711                                   | 74.00                                                     |
| 75.02                                          | 07501 | OUTPATIENT SURGERY                                                 | 0.000000                    | 0                                           | 75.02                                                     |
| 76.00                                          | 03290 | ELECTROMYOGRAPHY                                                   | 0.000000                    | 0                                           | 76.00                                                     |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.688796                    | 52,405                                      | 76.97                                                     |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                           |
| 88.00                                          | 08800 | RURAL HEALTH CLINIC                                                | 0.000000                    |                                             | 88.00                                                     |
| 89.00                                          | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                                  | 0.000000                    |                                             | 89.00                                                     |
| 90.00                                          | 09000 | CLINIC                                                             | 0.247991                    | 63,946                                      | 90.00                                                     |
| 90.01                                          | 09001 | ADDICTION RECOVERY CLINIC                                          | 0.000000                    | 0                                           | 90.01                                                     |
| 90.03                                          | 09002 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 90.03                                                     |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.188259                    | 18,263,763                                  | 91.00                                                     |
| 91.20                                          | 09101 | ACUTE CARE CENTER                                                  | 0.416545                    | 18,915                                      | 91.20                                                     |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.231183                    | 5,281,310                                   | 92.00                                                     |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 252,992,710                                 | 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)                              |                             | 252,992,710                                 | 202.00                                                    |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       |                                                                    | Provider CCN: 14-0202       | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet D-3<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |        |
|------------------------------------------------|-------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------|-----------------------------------------------------------|--------|
|                                                |       |                                                                    | Title XIX                   | Hospital                                    | Cost                                                      |        |
| Cost Center Description                        |       |                                                                    | Ratio of Cost<br>To Charges | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x col.<br>2)        |        |
|                                                |       |                                                                    | 1.00                        | 2.00                                        | 3.00                                                      |        |
| INPATIENT ROUTINE SERVICE COST CENTERS         |       |                                                                    |                             |                                             |                                                           |        |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                             | 7,275,533                                   |                                                           | 30.00  |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                             | 1,219,128                                   |                                                           | 31.00  |
| 41.00                                          | 04100 | SUBPROVIDER - IRF                                                  |                             | 0                                           |                                                           | 41.00  |
| 42.00                                          | 04200 | SUBPROVIDER                                                        |                             | 0                                           |                                                           | 42.00  |
| 43.00                                          | 04300 | NURSERY                                                            |                             | 1,641,871                                   |                                                           | 43.00  |
| ANCILLARY SERVICE COST CENTERS                 |       |                                                                    |                             |                                             |                                                           |        |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.149320                    | 1,685,493                                   | 251,678                                                   | 50.00  |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.117216                    | 0                                           | 0                                                         | 51.00  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.638277                    | 715,190                                     | 456,489                                                   | 52.00  |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.080642                    | 232,076                                     | 18,715                                                    | 53.00  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.198204                    | 560,957                                     | 111,184                                                   | 54.00  |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.054461                    | 194,995                                     | 10,620                                                    | 56.00  |
| 56.01                                          | 05603 | ULTRASOUND                                                         | 0.098252                    | 269,420                                     | 26,471                                                    | 56.01  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.027471                    | 1,343,347                                   | 36,903                                                    | 57.00  |
| 58.00                                          | 05800 | MAGNETIC RESONANCE IMAGING (MRI)                                   | 0.049258                    | 365,040                                     | 17,981                                                    | 58.00  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.043542                    | 874,405                                     | 38,073                                                    | 59.00  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.102833                    | 2,330,773                                   | 239,680                                                   | 60.00  |
| 60.01                                          | 06001 | LABORATORY                                                         | 0.000000                    | 0                                           | 0                                                         | 60.01  |
| 63.00                                          | 06300 | BLOOD STORING, PROCESSING & TRANS.                                 | 0.025279                    | 186,015                                     | 4,702                                                     | 63.00  |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.140870                    | 983,896                                     | 138,601                                                   | 65.00  |
| 65.01                                          | 06501 | STRESS TEST                                                        | 0.052483                    | 306,494                                     | 16,086                                                    | 65.01  |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.296815                    | 256,733                                     | 76,202                                                    | 66.00  |
| 67.00                                          | 06700 | OCCUPATIONAL THERAPY                                               | 0.000000                    | 0                                           | 0                                                         | 67.00  |
| 68.00                                          | 06800 | SPEECH PATHOLOGY                                                   | 0.000000                    | 0                                           | 0                                                         | 68.00  |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.066625                    | 106,850                                     | 7,119                                                     | 69.00  |
| 69.01                                          | 06901 | ECHOCARDIOGRAM                                                     | 0.000000                    | 0                                           | 0                                                         | 69.01  |
| 69.02                                          | 06902 | CARDIOLOGY                                                         | 0.000000                    | 0                                           | 0                                                         | 69.02  |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.357564                    | 7,315                                       | 2,616                                                     | 70.00  |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS                               | 0.552614                    | 623,322                                     | 344,456                                                   | 71.00  |
| 71.30                                          | 07101 | IMPL. DEV. CHARGED TO PATIENT                                      | 0.000000                    | 0                                           | 0                                                         | 71.30  |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENT                                      | 0.269055                    | 622,534                                     | 167,496                                                   | 72.00  |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.116359                    | 3,215,898                                   | 374,199                                                   | 73.00  |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.324039                    | 106,345                                     | 34,460                                                    | 74.00  |
| 75.02                                          | 07501 | OUTPATIENT SURGERY                                                 | 0.000000                    | 0                                           | 0                                                         | 75.02  |
| 76.00                                          | 03290 | ELECTROMYOGRAPHY                                                   | 0.000000                    | 0                                           | 0                                                         | 76.00  |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.688796                    | 1,275                                       | 878                                                       | 76.97  |
| OUTPATIENT SERVICE COST CENTERS                |       |                                                                    |                             |                                             |                                                           |        |
| 88.00                                          | 08800 | RURAL HEALTH CLINIC                                                | 0.000000                    | 0                                           | 0                                                         | 88.00  |
| 89.00                                          | 08900 | FEDERALLY QUALIFIED HEALTH CENTER                                  | 0.000000                    | 0                                           | 0                                                         | 89.00  |
| 90.00                                          | 09000 | CLINIC                                                             | 0.247991                    | 0                                           | 0                                                         | 90.00  |
| 90.01                                          | 09001 | ADDICTION RECOVERY CLINIC                                          | 0.000000                    | 0                                           | 0                                                         | 90.01  |
| 90.03                                          | 09002 | LITHOTRIPSY                                                        | 0.000000                    | 0                                           | 0                                                         | 90.03  |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.187840                    | 1,605,106                                   | 301,503                                                   | 91.00  |
| 91.20                                          | 09101 | ACUTE CARE CENTER                                                  | 0.416545                    | 0                                           | 0                                                         | 91.20  |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.231183                    | 220,238                                     | 50,915                                                    | 92.00  |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                             | 16,813,717                                  | 2,727,027                                                 | 200.00 |
| 201.00                                         |       | Less PBP Clinic Laboratory Services-Program only charges (line 61) |                             | 0                                           | 0                                                         | 201.00 |
| 202.00                                         |       | Net charges (line 200 minus line 201)                              |                             | 16,813,717                                  | 0                                                         | 202.00 |

## CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A  
Date/Time Prepared:  
8/27/2020 4:57 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)                                                                                                                                  |             |          | 47,034,269 | 1.01  |
| 1.02                                                                      | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |             |          | 15,678,090 | 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)                                                                                                                                                                                     |             |          |            | 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  |
| 2.03                                                                      | Outlier payments for discharges occurring prior to October 1 (see instructions)                                                                                                                                                         |             |          | 0          | 2.03  |
| 2.04                                                                      | Outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                                                      |             |          | 944,147    | 2.04  |
| 3.00                                                                      | Managed Care Simulated Payments                                                                                                                                                                                                         |             |          | 0          | 3.00  |
| 4.00                                                                      | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |             |          | 255.18     | 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)                                                                                           |             |          | 0.00       | 5.00  |
| 6.00                                                                      | FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)                                                                                  |             |          | 0.00       | 6.00  |
| 7.00                                                                      | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)                                                                                                                                      |             |          | 0.00       | 7.00  |
| 7.01                                                                      | ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.                                                                          |             |          | 0.00       | 7.01  |
| 8.00                                                                      | Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002). |             |          | 0.00       | 8.00  |
| 8.01                                                                      | The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                                                                                  |             |          | 0.00       | 8.01  |
| 8.02                                                                      | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)                                                                                                |             |          | 0.00       | 8.02  |
| 9.00                                                                      | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)                                                                                                                                   |             |          | 0.00       | 9.00  |
| 10.00                                                                     | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |             |          | 0.00       | 10.00 |
| 11.00                                                                     | FTE count for residents in dental and podiatric programs.                                                                                                                                                                               |             |          | 0.00       | 11.00 |
| 12.00                                                                     | Current year allowable FTE (see instructions)                                                                                                                                                                                           |             |          | 0.00       | 12.00 |
| 13.00                                                                     | Total allowable FTE count for the prior year.                                                                                                                                                                                           |             |          | 0.00       | 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.                                                                                                             |             |          | 0.00       | 14.00 |
| 15.00                                                                     | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |             |          | 0.00       | 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                                                                                                                                                                                                      |             |          | 0.00       | 18.00 |
| 19.00                                                                     | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |             |          | 0.000000   | 19.00 |
| 20.00                                                                     | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |             |          | 0.000000   | 20.00 |
| 21.00                                                                     | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |             |          | 0.000000   | 21.00 |
| 22.00                                                                     | IME payment adjustment (see instructions)                                                                                                                                                                                               |             |          | 0          | 22.00 |
| 22.01                                                                     | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |             |          | 0          | 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)                                                                                                                                                                                      |             |          | 0.00       | 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)                                                                                                                                                                                             |             |          | 0          | 29.00 |
| 29.01                                                                     | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |             |          | 0          | 29.01 |
| Disproportionate Share Adjustment                                         |                                                                                                                                                                                                                                         |             |          |            |       |
| 30.00                                                                     | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |             |          | 3.25       | 30.00 |
| 31.00                                                                     | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |             |          | 12.56      | 31.00 |
| 32.00                                                                     | Sum of lines 30 and 31                                                                                                                                                                                                                  |             |          | 15.81      | 32.00 |
| 33.00                                                                     | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |             |          | 3.03       | 33.00 |
| 34.00                                                                     | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |             |          | 475,047    | 34.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                     |                                                                                                                                   | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |       |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------|-------|
|                                                                                             |                                                                                                                                   | Title XVIII           | Hospital                                    | PPS                                                               |       |
|                                                                                             |                                                                                                                                   |                       | Prior to 10/1                               | On/After 10/1                                                     |       |
|                                                                                             |                                                                                                                                   |                       | 1.00                                        | 2.00                                                              |       |
|                                                                                             | Uncompensated Care Adjustment                                                                                                     |                       |                                             |                                                                   |       |
| 35.00                                                                                       | Total uncompensated care amount (see instructions)                                                                                |                       | 0                                           | 0                                                                 | 35.00 |
| 35.01                                                                                       | Factor 3 (see instructions)                                                                                                       | 0.000000000           | 0.000000000                                 |                                                                   | 35.01 |
| 35.02                                                                                       | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)                              | 3,717,928             | 3,697,833                                   |                                                                   | 35.02 |
| 35.03                                                                                       | Pro rata share of the hospital uncompensated care payment amount (see instructions)                                               | 2,780,806             | 929,509                                     |                                                                   | 35.03 |
| 36.00                                                                                       | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                                   | 3,710,315             |                                             |                                                                   | 36.00 |
| Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46) |                                                                                                                                   |                       |                                             |                                                                   |       |
| 40.00                                                                                       | Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions) |                       | 0                                           |                                                                   | 40.00 |
| 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)                                                                                                       | 67,841,868            |                                             |                                                                   | 47.00 |
| 48.00                                                                                       | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)                        |                       | 0                                           |                                                                   | 48.00 |
|                                                                                             |                                                                                                                                   |                       |                                             | Amount                                                            |       |
|                                                                                             |                                                                                                                                   |                       |                                             | 1.00                                                              |       |
| 49.00                                                                                       | Total payment for inpatient operating costs (see instructions)                                                                    |                       | 67,841,868                                  |                                                                   | 49.00 |
| 50.00                                                                                       | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                                             |                       | 5,327,918                                   |                                                                   | 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).                                             |                       | 0                                           |                                                                   | 52.00 |
| 53.00                                                                                       | Nursing and Allied Health Managed Care payment                                                                                    |                       | 128,151                                     |                                                                   | 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).                                  |                       | 230,674                                     |                                                                   | 57.00 |
| 58.00                                                                                       | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)                                                |                       | 82,950                                      |                                                                   | 58.00 |
| 59.00                                                                                       | Total (sum of amounts on lines 49 through 58)                                                                                     |                       | 73,611,561                                  |                                                                   | 59.00 |
| 60.00                                                                                       | Primary payer payments                                                                                                            |                       | 31,272                                      |                                                                   | 60.00 |
| 61.00                                                                                       | Total amount payable for program beneficiaries (line 59 minus line 60)                                                            |                       | 73,580,289                                  |                                                                   | 61.00 |
| 62.00                                                                                       | Deductibles billed to program beneficiaries                                                                                       |                       | 6,121,316                                   |                                                                   | 62.00 |
| 63.00                                                                                       | Coinurance billed to program beneficiaries                                                                                        |                       | 147,641                                     |                                                                   | 63.00 |
| 64.00                                                                                       | Allowable bad debts (see instructions)                                                                                            |                       | 984,666                                     |                                                                   | 64.00 |
| 65.00                                                                                       | Adjusted reimbursable bad debts (see instructions)                                                                                |                       | 640,033                                     |                                                                   | 65.00 |
| 66.00                                                                                       | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                            |                       | 659,998                                     |                                                                   | 66.00 |
| 67.00                                                                                       | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                                             |                       | 67,951,365                                  |                                                                   | 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)                                                                                 |                       | -22,235                                     |                                                                   | 70.93 |
| 70.94                                                                                       | HRR adjustment amount (see instructions)                                                                                          |                       | -220,746                                    |                                                                   | 70.94 |
| 70.95                                                                                       | Recovery of accelerated depreciation                                                                                              |                       | 0                                           |                                                                   | 70.95 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                              |                                                                                                                                                | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>8/27/2020 4:57 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)                                                                          |                       | 67,708,384                                  | 71.00                                                             |        |
| 71.01                                                                                                                | Sequestration adjustment (see instructions)                                                                                                    |                       | 1,354,168                                   | 71.01                                                             |        |
| 71.02                                                                                                                | Demonstration payment adjustment amount after sequestration                                                                                    |                       | 0                                           | 71.02                                                             |        |
| 71.03                                                                                                                | Sequestration adjustment-PARHM pass-throughs                                                                                                   |                       | 0                                           | 71.03                                                             |        |
| 72.00                                                                                                                | Interim payments                                                                                                                               |                       | 66,179,459                                  | 72.00                                                             |        |
| 72.01                                                                                                                | Interim payments-PARHM                                                                                                                         |                       | 0                                           | 72.01                                                             |        |
| 73.00                                                                                                                | Tentative settlement (for contractor use only)                                                                                                 |                       | 0                                           | 73.00                                                             |        |
| 73.01                                                                                                                | Tentative settlement-PARHM (for contractor use only)                                                                                           |                       | 0                                           | 73.01                                                             |        |
| 74.00                                                                                                                | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)                                                                    |                       | 174,757                                     | 74.00                                                             |        |
| 74.01                                                                                                                | Balance due provider/program-PARHM (see instructions)                                                                                          |                       | 0                                           | 74.01                                                             |        |
| 75.00                                                                                                                | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |                       | 1,784,982                                   | 75.00                                                             |        |
| TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)                                                                  |                                                                                                                                                |                       |                                             |                                                                   |        |
| 90.00                                                                                                                | Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)                                              |                       | 0                                           | 90.00                                                             |        |
| 91.00                                                                                                                | Capital outlier from Wkst. L, Pt. I, line 2                                                                                                    |                       | 0                                           | 91.00                                                             |        |
| 92.00                                                                                                                | Operating outlier reconciliation adjustment amount (see instructions)                                                                          |                       | 0                                           | 92.00                                                             |        |
| 93.00                                                                                                                | Capital outlier reconciliation adjustment amount (see instructions)                                                                            |                       | 0                                           | 93.00                                                             |        |
| 94.00                                                                                                                | The rate used to calculate the time value of money (see instructions)                                                                          |                       | 0.00                                        | 94.00                                                             |        |
| 95.00                                                                                                                | Time value of money for operating expenses (see instructions)                                                                                  |                       | 0                                           | 95.00                                                             |        |
| 96.00                                                                                                                | Time value of money for capital related expenses (see instructions)                                                                            |                       | 0                                           | 96.00                                                             |        |
|                                                                                                                      |                                                                                                                                                |                       | Prior to 10/1                               | On/After 10/1                                                     |        |
|                                                                                                                      |                                                                                                                                                |                       | 1.00                                        | 2.00                                                              |        |
| HSP Bonus Payment Amount                                                                                             |                                                                                                                                                |                       |                                             |                                                                   |        |
| 100.00                                                                                                               | HSP bonus amount (see instructions)                                                                                                            |                       | 0                                           | 0                                                                 | 100.00 |
| HVBP Adjustment for HSP Bonus Payment                                                                                |                                                                                                                                                |                       |                                             |                                                                   |        |
| 101.00                                                                                                               | HVBP adjustment factor (see instructions)                                                                                                      |                       | 0.0000000000                                | 0.0000000000                                                      | 101.00 |
| 102.00                                                                                                               | HVBP adjustment amount for HSP bonus payment (see instructions)                                                                                |                       | 0                                           | 0                                                                 | 102.00 |
| HRR Adjustment for HSP Bonus Payment                                                                                 |                                                                                                                                                |                       |                                             |                                                                   |        |
| 103.00                                                                                                               | HRR adjustment factor (see instructions)                                                                                                       |                       | 0.0000                                      | 0.0000                                                            | 103.00 |
| 104.00                                                                                                               | HRR adjustment amount for HSP bonus payment (see instructions)                                                                                 |                       | 0                                           | 0                                                                 | 104.00 |
| Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment                                     |                                                                                                                                                |                       |                                             |                                                                   |        |
| 200.00                                                                                                               | Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.           |                       |                                             |                                                                   | 200.00 |
| Cost Reimbursement                                                                                                   |                                                                                                                                                |                       |                                             |                                                                   |        |
| 201.00                                                                                                               | Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)                                                                             |                       |                                             |                                                                   | 201.00 |
| 202.00                                                                                                               | Medicare discharges (see instructions)                                                                                                         |                       |                                             |                                                                   | 202.00 |
| 203.00                                                                                                               | Case-mix adjustment factor (see instructions)                                                                                                  |                       |                                             |                                                                   | 203.00 |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) |                                                                                                                                                |                       |                                             |                                                                   |        |
| 204.00                                                                                                               | Medicare target amount                                                                                                                         |                       |                                             |                                                                   | 204.00 |
| 205.00                                                                                                               | Case-mix adjusted target amount (line 203 times line 204)                                                                                      |                       |                                             |                                                                   | 205.00 |
| 206.00                                                                                                               | Medicare inpatient routine cost cap (line 202 times line 205)                                                                                  |                       |                                             |                                                                   | 206.00 |
| Adjustment to Medicare Part A Inpatient Reimbursement                                                                |                                                                                                                                                |                       |                                             |                                                                   |        |
| 207.00                                                                                                               | Program reimbursement under the \$410A Demonstration (see instructions)                                                                        |                       |                                             |                                                                   | 207.00 |
| 208.00                                                                                                               | Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)                                                                         |                       |                                             |                                                                   | 208.00 |
| 209.00                                                                                                               | Adjustment to Medicare IPPS payments (see instructions)                                                                                        |                       |                                             |                                                                   | 209.00 |
| 210.00                                                                                                               | Reserved for future use                                                                                                                        |                       |                                             |                                                                   | 210.00 |
| 211.00                                                                                                               | Total adjustment to Medicare IPPS payments (see instructions)                                                                                  |                       |                                             |                                                                   | 211.00 |
| Comparison of PPS versus Cost Reimbursement                                                                          |                                                                                                                                                |                       |                                             |                                                                   |        |
| 212.00                                                                                                               | Total adjustment to Medicare Part A IPPS payments (from line 211)                                                                              |                       |                                             |                                                                   | 212.00 |
| 213.00                                                                                                               | Low-volume adjustment (see instructions)                                                                                                       |                       |                                             |                                                                   | 213.00 |
| 218.00                                                                                                               | Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)               |                       |                                             |                                                                   | 218.00 |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
8/27/2020 4:57 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                  | 47,034,269                  | 0                       | 47,034,269               |                          | 47,034,269                 |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                  | 15,678,090                  | 0                       |                          | 62,712,358               | 62,712,358                 |
| 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                  |                             |                         |                          |                          |                            |
| 2.01                                                                            | Outlier payments for discharges for Model 4 BPCI                                                      | 2.02                  | 0                           | 0                       | 0                        | 0                        | 0                          |
| 2.02                                                                            | Outlier payments for discharges occurring prior to October 1 (see instructions)                       | 2.03                  | 0                           | 0                       | 0                        |                          | 0                          |
| 2.03                                                                            | Outlier payments for discharges occurring on or after October 1 (see instructions)                    | 2.04                  | 944,147                     | 0                       |                          | 944,147                  | 944,147                    |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 2.01                  | 0                           | 0                       | 0                        | 0                        | 0                          |
| 4.00                                                                            | Managed care simulated payments                                                                       | 3.00                  | 0                           | 0                       | 0                        | 0                        | 0                          |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                       |                             |                         |                          |                          |                            |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                 | 0.000000                    | 0.000000                | 0.000000                 | 0.000000                 |                            |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 22.00                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 22.01                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 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                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                 | 0                           | 0                       | 0                        | 0                        | 0                          |
| Disproportionate Share Adjustment                                               |                                                                                                       |                       |                             |                         |                          |                          |                            |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        | 33.00                 | 0.0303                      | 0.0303                  | 0.0303                   | 0.0303                   |                            |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 34.00                 | 475,047                     | 0                       | 356,285                  | 118,762                  | 475,047                    |
| 11.01                                                                           | Uncompensated care payments                                                                           | 36.00                 | 3,710,315                   | 0                       | 2,780,806                | 929,509                  | 3,710,315                  |
| 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                 | 67,841,868                  | 0                       | 50,171,360               | 17,670,508               | 67,841,868                 |
| 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                 | 67,841,868                  | 0                       | 50,171,360               | 17,670,508               | 67,841,868                 |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                 | 5,327,918                   | 0                       | 0                        | 5,327,918                | 5,327,918                  |

## LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
8/27/2020 4:57 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                       |        |
| 17.00  | Special add-on payments for new technologies                                    | 54.00                 | 0                           | 0                       | 0                        | 0                        | 0                          | 17.00  |
| 17.01  | Net organ aquisition cost                                                       |                       |                             |                         |                          |                          |                            | 17.01  |
| 17.02  | Credits received from manufacturers for replaced devices for applicable MS-DRGs | 68.00                 | 0                           | 0                       | 0                        | 0                        | 0                          | 17.02  |
| 18.00  | Capital outlier reconciliation adjustment amount (see instructions)             | 93.00                 | 0                           | 0                       | 0                        | 0                        | 0                          | 18.00  |
| 19.00  | SUBTOTAL                                                                        |                       |                             | 0                       | 50,171,360               | 22,998,426               | 73,169,786                 | 19.00  |
|        |                                                                                 | W/S L, line           | (Amounts from<br>L)         |                         |                          |                          |                            |        |
|        |                                                                                 | 0                     | 1.00                        | 2.00                    | 3.00                     | 4.00                     | 5.00                       |        |
| 20.00  | Capital DRG other than outlier                                                  | 1.00                  | 5,075,450                   | 0                       | 0                        | 5,075,450                | 5,075,450                  | 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                  | 87,516                      | 0                       | 0                        | 87,516                   | 87,516                     | 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                  | 0.0000                      | 0.0000                  | 0.0000                   | 0.0000                   |                            | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)                        | 6.00                  | 0                           | 0                       | 0                        | 0                        | 0                          | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)                  | 10.00                 | 0.0325                      | 0.0325                  | 0.0325                   | 0.0325                   |                            | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)                            | 11.00                 | 164,952                     | 0                       | 0                        | 164,952                  | 164,952                    | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)                           | 12.00                 | 5,327,918                   | 0                       | 0                        | 5,327,918                | 5,327,918                  | 26.00  |
|        |                                                                                 | W/S E, Part A<br>line | (Amounts to E,<br>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.                              |                       | Y                           |                         |                          |                          |                            | 100.00 |

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

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
8/27/2020 4:57 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                 | 47,034,269               | 0               |                       | 0                     | 1.01  |
| 1.02                                                                            | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                 | 15,678,090               |                 | 62,712,358            | 62,712,358            | 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                 |                          |                 |                       |                       | 2.00  |
| 2.01                                                                            | Outlier payments for discharges for Model 4 BPCI                                                      | 2.02                 | 0                        | 0               | 0                     | 0                     | 2.01  |
| 2.02                                                                            | Outlier payments for discharges occurring prior to October 1 (see instructions)                       | 2.03                 | 0                        | 0               |                       | 0                     | 2.02  |
| 2.03                                                                            | Outlier payments for discharges occurring on or after October 1 (see instructions)                    | 2.04                 | 944,147                  |                 | 944,147               | 944,147               | 2.03  |
| 3.00                                                                            | Operating outlier reconciliation                                                                      | 2.01                 | 0                        | 0               | 0                     | 0                     | 3.00  |
| 4.00                                                                            | Managed care simulated payments                                                                       | 3.00                 | 0                        | 0               | 0                     | 0                     | 4.00  |
| Indirect Medical Education Adjustment                                           |                                                                                                       |                      |                          |                 |                       |                       |       |
| 5.00                                                                            | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                | 0.000000                 | 0.000000        | 0.000000              |                       | 5.00  |
| 6.00                                                                            | IME payment adjustment (see instructions)                                                             | 22.00                | 0                        | 0               | 0                     | 0                     | 6.00  |
| 6.01                                                                            | IME payment adjustment for managed care (see instructions)                                            | 22.01                | 0                        | 0               | 0                     | 0                     | 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                | 0                        | 0               | 0                     | 0                     | 9.00  |
| 9.01                                                                            | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                | 0                        | 0               | 0                     | 0                     | 9.01  |
| Disproportionate Share Adjustment                                               |                                                                                                       |                      |                          |                 |                       |                       |       |
| 10.00                                                                           | Allowable disproportionate share percentage (see instructions)                                        | 33.00                | 0.0303                   | 0.0303          | 0.0303                |                       | 10.00 |
| 11.00                                                                           | Disproportionate share adjustment (see instructions)                                                  | 34.00                | 475,047                  | 0               | 475,047               | 475,047               | 11.00 |
| 11.01                                                                           | Uncompensated care payments                                                                           | 36.00                | 3,710,315                | 2,780,806       | 929,509               | 3,710,315             | 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                | 67,841,868               | 2,780,806       | 65,061,062            | 67,841,868            | 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                | 67,841,868               | 2,780,806       | 65,061,062            | 67,841,868            | 15.00 |
| 16.00                                                                           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                | 5,327,918                | 0               | 5,327,918             | 5,327,918             | 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                                                                                              |                      |                          | 2,780,806       | 70,388,980            | 73,169,786            | 19.00 |

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

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
8/27/2020 4:57 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                 | 5,075,450                  | 0        | 5,075,450 | 5,075,450                | 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                 | 87,516                     | 0        | 87,516    | 87,516                   | 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                 | 0.0000                     | 0.0000   | 0.0000    |                          | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)         | 6.00                 | 0                          | 0        | 0         | 0                        | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)   | 10.00                | 0.0325                     | 0.0325   | 0.0325    |                          | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)             | 11.00                | 164,952                    | 0        | 164,952   | 164,952                  | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)            | 12.00                | 5,327,918                  | 0        | 5,327,918 | 5,327,918                | 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                | -22,235                    | 0        | -22,235   | -22,235                  | 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                | -220,746                   | 0        | -220,746  | -220,746                 | 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: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>8/27/2020 4:57 pm |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-------------------------------------------------------------------|
|                                                                   |                                                                                                                                                                      | Title XVIII           | Hospital                                    | PPS                                                               |
|                                                                   |                                                                                                                                                                      |                       |                                             | 1.00                                                              |
| PART B - MEDICAL AND OTHER HEALTH SERVICES                        |                                                                                                                                                                      |                       |                                             |                                                                   |
| 1.00                                                              | Medical and other services (see instructions)                                                                                                                        |                       | 12,469                                      | 1.00                                                              |
| 2.00                                                              | Medical and other services reimbursed under OPPS (see instructions)                                                                                                  |                       | 30,430,849                                  | 2.00                                                              |
| 3.00                                                              | OPPS payments                                                                                                                                                        |                       | 32,481,460                                  | 3.00                                                              |
| 4.00                                                              | Outlier payment (see instructions)                                                                                                                                   |                       | 65,808                                      | 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                                                                                   |                       | 85,256                                      | 9.00                                                              |
| 10.00                                                             | Organ acquisitions                                                                                                                                                   |                       | 0                                           | 10.00                                                             |
| 11.00                                                             | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                |                       | 12,469                                      | 11.00                                                             |
| COMPUTATION OF LESSER OF COST OR CHARGES                          |                                                                                                                                                                      |                       |                                             |                                                                   |
| Reasonable charges                                                |                                                                                                                                                                      |                       |                                             |                                                                   |
| 12.00                                                             | Ancillary service charges                                                                                                                                            |                       | 106,915                                     | 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)                                                                                                                    |                       | 106,915                                     | 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)                                                                                                                           |                       | 106,915                                     | 18.00                                                             |
| 19.00                                                             | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                       |                       | 94,446                                      | 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)                                                                                                                         |                       | 12,469                                      | 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)                                                                                                         |                       | 32,632,524                                  | 24.00                                                             |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                           |                                                                                                                                                                      |                       |                                             |                                                                   |
| 25.00                                                             | Deductibles and coinsurance amounts (for CAH, see instructions)                                                                                                      |                       | 0                                           | 25.00                                                             |
| 26.00                                                             | Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)                                                                        |                       | 5,841,838                                   | 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)                                                     |                       | 26,803,155                                  | 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)                                                                                                                                |                       | 26,803,155                                  | 30.00                                                             |
| 31.00                                                             | Primary payer payments                                                                                                                                               |                       | 2,101                                       | 31.00                                                             |
| 32.00                                                             | Subtotal (line 30 minus line 31)                                                                                                                                     |                       | 26,801,054                                  | 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)                                                                                                                               |                       | 897,655                                     | 34.00                                                             |
| 35.00                                                             | Adjusted reimbursable bad debts (see instructions)                                                                                                                   |                       | 583,476                                     | 35.00                                                             |
| 36.00                                                             | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                               |                       | 639,634                                     | 36.00                                                             |
| 37.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 27,384,530                                  | 37.00                                                             |
| 38.00                                                             | MSP-LCC reconciliation amount from PS&R                                                                                                                              |                       | 101                                         | 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)                                                                          |                       | 3,500                                       | 39.98                                                             |
| 39.99                                                             | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                 |                       | 0                                           | 39.99                                                             |
| 40.00                                                             | Subtotal (see instructions)                                                                                                                                          |                       | 27,384,429                                  | 40.00                                                             |
| 40.01                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                       | 547,689                                     | 40.01                                                             |
| 40.02                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                       | 0                                           | 40.02                                                             |
| 40.03                                                             | Sequestration adjustment-PARHM pass-throughs                                                                                                                         |                       | 0                                           | 40.03                                                             |
| 41.00                                                             | Interim payments                                                                                                                                                     |                       | 26,972,379                                  | 41.00                                                             |
| 41.01                                                             | Interim payments-PARHM                                                                                                                                               |                       | 0                                           | 41.01                                                             |
| 42.00                                                             | Tentative settlement (for contractors use only)                                                                                                                      |                       | 0                                           | 42.00                                                             |
| 42.01                                                             | Tentative settlement-PARHM (for contractor use only)                                                                                                                 |                       | 0                                           | 42.01                                                             |
| 43.00                                                             | Balance due provider/program (see instructions)                                                                                                                      |                       | -135,639                                    | 43.00                                                             |
| 43.01                                                             | Balance due provider/program-PARHM (see instructions)                                                                                                                |                       | 0                                           | 43.01                                                             |
| 44.00                                                             | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                               |                       | 0                                           | 44.00                                                             |
| TO BE COMPLETED BY CONTRACTOR                                     |                                                                                                                                                                      |                       |                                             |                                                                   |
| 90.00                                                             | Original outlier amount (see instructions)                                                                                                                           |                       | 0                                           | 90.00                                                             |
| 91.00                                                             | Outlier reconciliation adjustment amount (see instructions)                                                                                                          |                       | 0                                           | 91.00                                                             |
| 92.00                                                             | The rate used to calculate the Time Value of Money                                                                                                                   |                       | 0.00                                        | 92.00                                                             |
| 93.00                                                             | Time Value of Money (see instructions)                                                                                                                               |                       | 0                                           | 93.00                                                             |
| 94.00                                                             | Total (sum of lines 91 and 93)                                                                                                                                       |                       | 0                                           | 94.00                                                             |

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet E-1  
Part I  
Date/Time Prepared:  
8/27/2020 4:57 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                                                                                                                                                                                |                  | 66,317,975 |                   | 26,972,379           | 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                                                                                                                                                                                                 | 08/26/2019       | 138,516    |                   | 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)                                                                                                                                                         |                  | -138,516   |                   | 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)                                                                                                |                  | 66,179,459 |                   | 26,972,379           | 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                                                                                                                                                                                                 |                  | 174,757    |                   | 0                    | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0          |                   | 135,639              | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 66,354,216 |                   | 26,836,740           | 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: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet E-1<br>Part II<br>Date/Time Prepared:<br>8/27/2020 4:57 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                                                                |

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

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G

Date/Time Prepared:  
8/27/2020 4:57 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                                                          | 449,712,000    | 0                     | 0              | 0          | 1.00  |
| 2.00                         | Temporary investments                                                          | 106,529,000    | 0                     | 0              | 0          | 2.00  |
| 3.00                         | Notes receivable                                                               | 0              | 0                     | 0              | 0          | 3.00  |
| 4.00                         | Accounts receivable                                                            | 1,620,938,000  | 0                     | 0              | 0          | 4.00  |
| 5.00                         | Other receivable                                                               | 0              | 0                     | 0              | 0          | 5.00  |
| 6.00                         | Allowances for uncollectible notes and accounts receivable                     | 0              | 0                     | 0              | 0          | 6.00  |
| 7.00                         | Inventory                                                                      | 0              | 0                     | 0              | 0          | 7.00  |
| 8.00                         | Prepaid expenses                                                               | 0              | 0                     | 0              | 0          | 8.00  |
| 9.00                         | Other current assets                                                           | 637,826,000    | 0                     | 0              | 0          | 9.00  |
| 10.00                        | Due from other funds                                                           | 0              | 0                     | 0              | 0          | 10.00 |
| 11.00                        | Total current assets (sum of lines 1-10)                                       | 2,815,005,000  | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |                |                       |                |            |       |
| 12.00                        | Land                                                                           | 497,363,000    | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 0              | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | 0              | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 7,875,340,000  | 0                     | 0              | 0          | 15.00 |
| 16.00                        | Accumulated depreciation                                                       | 0              | 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                                                        | 2,496,988,000  | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | -4,967,768,000 | 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)                                        | 5,901,923,000  | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>          |                                                                                |                |                       |                |            |       |
| 31.00                        | Investments                                                                    | 9,140,565,000  | 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                                                                   | 1,075,876,000  | 0                     | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 10,216,441,000 | 0                     | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 18,933,369,000 | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |                |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 1,863,035,000  | 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)                                           | 77,957,000     | 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                                                      | 767,958,000    | 0                     | 0              | 0          | 44.00 |
| 45.00                        | Total current liabilities (sum of lines 37 thru 44)                            | 2,708,950,000  | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b> |                                                                                |                |                       |                |            |       |
| 46.00                        | Mortgage payable                                                               | 2,729,366,000  | 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                                                    | 1,796,389,000  | 0                     | 0              | 0          | 49.00 |
| 50.00                        | Total long term liabilities (sum of lines 46 thru 49)                          | 4,525,755,000  | 0                     | 0              | 0          | 50.00 |
| 51.00                        | Total liabilities (sum of lines 45 and 50)                                     | 7,234,705,000  | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |                |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 11,698,664,000 | 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)                                  | 11,698,664,000 | 0                     | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 18,933,369,000 | 0                     | 0              | 0          | 60.00 |

## STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-1

Date/Time Prepared:  
8/27/2020 4:57 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                                    |                | 10,242,977,000 |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (from Wkst. G-3, line 29)                             |                | 38,117,089     |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 10,281,094,089 |                      | 0    |                | 3.00  |
| 4.00  | CORPORATE ADJUSTMENTS                                                   | 1,417,569,911  |                | 0                    |      | 0              | 4.00  |
| 5.00  |                                                                         | 0              |                | 0                    |      | 0              | 5.00  |
| 6.00  |                                                                         | 0              |                | 0                    |      | 0              | 6.00  |
| 7.00  |                                                                         | 0              |                | 0                    |      | 0              | 7.00  |
| 8.00  |                                                                         | 0              |                | 0                    |      | 0              | 8.00  |
| 9.00  |                                                                         | 0              |                | 0                    |      | 0              | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       |                | 1,417,569,911  |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 11,698,664,000 |                      | 0    |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                | 0              |                | 0                    |      | 0              | 12.00 |
| 13.00 |                                                                         | 0              |                | 0                    |      | 0              | 13.00 |
| 14.00 |                                                                         | 0              |                | 0                    |      | 0              | 14.00 |
| 15.00 |                                                                         | 0              |                | 0                    |      | 0              | 15.00 |
| 16.00 |                                                                         | 0              |                | 0                    |      | 0              | 16.00 |
| 17.00 |                                                                         | 0              |                | 0                    |      | 0              | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   |                | 0              |                      | 0    |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | 11,698,664,000 |                      | 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  | CORPORATE ADJUSTMENTS                                                   |                | 0              |                      |      |                | 4.00  |
| 5.00  |                                                                         |                | 0              |                      |      |                | 5.00  |
| 6.00  |                                                                         |                | 0              |                      |      |                | 6.00  |
| 7.00  |                                                                         |                | 0              |                      |      |                | 7.00  |
| 8.00  |                                                                         |                | 0              |                      |      |                | 8.00  |
| 9.00  |                                                                         |                | 0              |                      |      |                | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       | 0              |                | 0                    |      |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          | 0              |                | 0                    |      |                | 11.00 |
| 12.00 | Deductions (debit adjustments) (specify)                                |                | 0              |                      |      |                | 12.00 |
| 13.00 |                                                                         |                | 0              |                      |      |                | 13.00 |
| 14.00 |                                                                         |                | 0              |                      |      |                | 14.00 |
| 15.00 |                                                                         |                | 0              |                      |      |                | 15.00 |
| 16.00 |                                                                         |                | 0              |                      |      |                | 16.00 |
| 17.00 |                                                                         |                | 0              |                      |      |                | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   | 0              |                | 0                    |      |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | 0              |                | 0                    |      |                | 19.00 |

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/27/2020 4:57 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                                                                                       | 218,268,000 |             | 218,268,000   | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              |             |             |               | 2.00  |
| 3.00                                                   | SUBPROVIDER - IRF                                                                              | 0           |             | 0             | 3.00  |
| 4.00                                                   | SUBPROVIDER                                                                                    | 0           |             | 0             | 4.00  |
| 5.00                                                   | Swing bed - SNF                                                                                | 0           |             | 0             | 5.00  |
| 6.00                                                   | Swing bed - NF                                                                                 | 0           |             | 0             | 6.00  |
| 7.00                                                   | SKILLED NURSING FACILITY                                                                       |             |             |               | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               | 0           |             | 0             | 8.00  |
| 8.01                                                   | ICF/MR                                                                                         | 0           |             | 0             | 8.01  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |             |             |               | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 218,268,000 |             | 218,268,000   | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |             |             |               |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 27,957,163  |             | 27,957,163    | 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)                     | 27,957,163  |             | 27,957,163    | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 246,225,163 |             | 246,225,163   | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 564,172,681 | 669,488,285 | 1,233,660,966 | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 67,677      | 13,085,103  | 13,152,780    | 19.00 |
| 20.00                                                  | RURAL HEALTH CLINIC                                                                            | 0           | 0           | 0             | 20.00 |
| 21.00                                                  | FEDERALLY QUALIFIED HEALTH CENTER                                                              | 0           | 0           | 0             | 21.00 |
| 22.00                                                  | HOME HEALTH AGENCY                                                                             |             | 0           | 0             | 22.00 |
| 23.00                                                  | AMBULANCE SERVICES                                                                             |             |             |               | 23.00 |
| 24.00                                                  | CMHC                                                                                           |             |             |               | 24.00 |
| 24.10                                                  | CORF                                                                                           | 0           | 0           | 0             | 24.10 |
| 24.20                                                  | OPT                                                                                            | 0           | 0           | 0             | 24.20 |
| 24.30                                                  | OOT                                                                                            | 0           | 0           | 0             | 24.30 |
| 24.40                                                  | OSP                                                                                            | 0           | 0           | 0             | 24.40 |
| 25.00                                                  | AMBULATORY SURGICAL CENTER (D.P.)                                                              |             |             |               | 25.00 |
| 26.00                                                  | HOSPICE                                                                                        | 0           | 0           | 0             | 26.00 |
| 27.00                                                  | OBSERVATION                                                                                    | 10,382,581  | 23,755,940  | 34,138,521    | 27.00 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 820,848,102 | 706,329,328 | 1,527,177,430 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |             |             |               |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |             | 329,101,886 |               | 29.00 |
| 30.00                                                  | ADD (SPECIFY)                                                                                  | 0           |             |               | 30.00 |
| 31.00                                                  |                                                                                                | 0           |             |               | 31.00 |
| 32.00                                                  |                                                                                                | 0           |             |               | 32.00 |
| 33.00                                                  |                                                                                                | 0           |             |               | 33.00 |
| 34.00                                                  |                                                                                                | 0           |             |               | 34.00 |
| 35.00                                                  |                                                                                                | 0           |             |               | 35.00 |
| 36.00                                                  | Total additions (sum of lines 30-35)                                                           |             | 0           |               | 36.00 |
| 37.00                                                  | DEDUCT (SPECIFY)                                                                               | 0           |             |               | 37.00 |
| 38.00                                                  |                                                                                                | 0           |             |               | 38.00 |
| 39.00                                                  |                                                                                                | 0           |             |               | 39.00 |
| 40.00                                                  |                                                                                                | 0           |             |               | 40.00 |
| 41.00                                                  |                                                                                                | 0           |             |               | 41.00 |
| 42.00                                                  | Total deductions (sum of lines 37-41)                                                          |             | 0           |               | 42.00 |
| 43.00                                                  | Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4) |             | 329,101,886 |               | 43.00 |

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0202

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-3

Date/Time Prepared:  
8/27/2020 4:57 pm

|              |                                                                           | 1.00          |       |
|--------------|---------------------------------------------------------------------------|---------------|-------|
| 1.00         | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 1,527,177,430 | 1.00  |
| 2.00         | Less contractual allowances and discounts on patients' accounts           | 1,163,503,081 | 2.00  |
| 3.00         | Net patient revenues (line 1 minus line 2)                                | 363,674,349   | 3.00  |
| 4.00         | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 329,101,886   | 4.00  |
| 5.00         | Net income from service to patients (line 3 minus line 4)                 | 34,572,463    | 5.00  |
| OTHER INCOME |                                                                           |               |       |
| 6.00         | Contributions, donations, bequests, etc                                   | 3,607         | 6.00  |
| 7.00         | Income from investments                                                   | 0             | 7.00  |
| 8.00         | Revenues from telephone and other miscellaneous communication services    | 8,570         | 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                           | 1,179,246     | 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                        | 57,312        | 18.00 |
| 19.00        | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 196,724       | 19.00 |
| 20.00        | Revenue from gifts, flowers, coffee shops, and canteen                    | 276,055       | 20.00 |
| 21.00        | Rental of vending machines                                                | 0             | 21.00 |
| 22.00        | Rental of hospital space                                                  | 820,671       | 22.00 |
| 23.00        | Governmental appropriations                                               | 4,386         | 23.00 |
| 24.00        | OTHER OPER INCOME                                                         | 1,637,848     | 24.00 |
| 25.00        | Total other income (sum of lines 6-24)                                    | 4,184,419     | 25.00 |
| 26.00        | Total (line 5 plus line 25)                                               | 38,756,882    | 26.00 |
| 27.00        | NET NON OPERATING                                                         | 639,793       | 27.00 |
| 28.00        | Total other expenses (sum of line 27 and subscripts)                      | 639,793       | 28.00 |
| 29.00        | Net income (or loss) for the period (line 26 minus line 28)               | 38,117,089    | 29.00 |

| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 14-0202 | Period:<br>From 01/01/2019<br>To 12/31/2019 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>8/27/2020 4:57 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                                                                                                                               |                       | 5,075,450                                   | 1.00                                                                   |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                   |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 87,516                                      | 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)                                                               |                       | 187.64                                      | 3.00                                                                   |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 0.00                                        | 4.00                                                                   |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 0.00                                        | 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)                                 |                       | 0                                           | 6.00                                                                   |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    |                       | 3.25                                        | 7.00                                                                   |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 12.56                                       | 8.00                                                                   |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 15.81                                       | 9.00                                                                   |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 3.25                                        | 10.00                                                                  |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 164,952                                     | 11.00                                                                  |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 5,327,918                                   | 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                                                                  |